



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Note: Laboratory Tests Post Transplant and for Heart Failure is addressed separately in medical policy 00148.

Note: Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes is addressed separately in medical policy 00190.

Note: Genetic Testing for Alzheimer's Disease is addressed separately in medical policy 00204.

Note: Genetic Testing for Familial Cutaneous Malignant Melanoma is addressed separately in medical policy 00206.

Note: Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer is addressed separately in medical policy 00211.

Note: KRAS, NRAS and BRAF Variant Analysis (including Liquid Biopsy) in Metastatic Colorectal Cancer is addressed separately in medical policy 00233.

Note: Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease is addressed separately in medical policy 00238.

Note: Gene Expression Profile Testing and Circulating Tumor DNA Testing for Predicting Recurrence in Colon Cancer is addressed separately in medical policy 00257.

Note: Use of Common Genetic Variants (Single Nucleotide Variants) to Predict Risk of Nonfamilial Breast Cancer is addressed separately in medical policy 00268.

Note: Gene Expression-Based Assays for Cancers of Unknown Primary is addressed separately in medical policy 00271.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

Note: Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer addressed separately in medical policy 00272.

Note: Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients With Cancer is addressed separately in medical policy 00291.

Note: Molecular Testing for the Management of Pancreatic Cysts or Barrett Esophagus, and Solid Pancreaticobiliary Lesions is addressed separately in medical policy 00334.

Note: Genetic Cancer Susceptibility Panels Using Next Generation Sequencing is addressed separately in medical policy 00382.

Note: Cardiovascular Risk Panels is addressed separately in medical policy 00398.

Note: Microarray-Based Gene Expression Profile Testing for Multiple Myeloma Risk Stratification is addressed separately in medical policy 00461.

Note: Gene Expression Profiling for Uveal Melanoma is addressed separately in medical policy 00548.

Note: Molecular Testing in the Management of Pulmonary Nodules is addressed separately in medical policy 00562.

Note: Gene Expression Profiling for Cutaneous Melanoma is addressed separately in medical policy 00622.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers all tests listed in this policy to be **investigational*** as there is insufficient evidence to determine that the technology results in an improvement in the net health outcome (see Policy Guidelines).

Policy Guidelines

Genetic testing is considered **investigational*** when criteria are not met, including when there is insufficient evidence to determine that the technology results in an improvement in the net health outcome. The following tests are considered investigational.

Test Name	Laboratory	PLA code
Polygenic Risk Score	Many	N/A
Thyroid GuidePx ^{®‡}	Protean Biodiagnostics	0362U
ColoScape ^{™‡} Colorectal Cancer Detection Test	DiaCarta Clinical Lab	0368U
PersonalisedRX	Lab Genomics LLC, Agena Bioscience, Inc.	0380U
BTG Early Detection of Pancreatic Cancer	Breakthrough Genomics, Inc.	0405U
CyPath ^{®‡} Lung	Precision Pathology Services	0406U
Avantect Pancreatic Cancer Test	ClearNote Health	0410U
Prometheus ^{®‡} Celiac PLUS	Prometheus Laboratories	No specific code
Prometheus ^{®‡} Crohn's Prognostic	Prometheus Laboratories	No specific code
DNA Methylation Pathway Profile	Mosaic Diagnostics (formerly Great Plains Laboratory)	No specific code
Prometheus ^{®‡} IBD sgi Diagnostic ^{®‡}	Prometheus Laboratories	No specific code
know error ^{®C}	Strand Diagnostics	No specific code

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

Genetics Nomenclature Update

The Human Genome Variation Society nomenclature is used to report information on variants found in DNA and serves as an international standard in DNA diagnostics. It is being implemented for genetic testing medical evidence review updates starting in 2017 (see Table PG1). The Society's nomenclature is recommended by the Human Variome Project, the Human Genome Organization, and by the Human Genome Variation Society itself.

The American College of Medical Genetics and Genomics and the Association for Molecular Pathology standards and guidelines for interpretation of sequence variants represent expert opinion from both organizations, in addition to the College of American Pathologists. These recommendations primarily apply to genetic tests used in clinical laboratories, including genotyping, single genes, panels, exomes, and genomes. Table PG3 shows the recommended standard terminology to describe variants identified that cause Mendelian disorders.

Table PG1. Nomenclature to Report on Variants Found in DNA

Previous	Updated	Definition
Mutation	Disease-associated variant	Disease-associated change in the DNA sequence
	Variant	Change in the DNA sequence
	Familial variant	Disease-associated variant identified in a proband for use in subsequent targeted genetic testing in first-degree relatives

Table PG2. American College of Medical Genetics and Genomics and the Association for Molecular Pathology Standards and Guidelines for Variant Classification

Variant Classification	Definition
Pathogenic	Disease-causing change in the DNA sequence
Likely pathogenic	Likely disease-causing change in the DNA sequence
Variant of uncertain significance	Change in DNA sequence with uncertain effects on disease

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

Likely benign	Likely benign change in the DNA sequence
Benign	Benign change in the DNA sequence

Genetic Counseling

Experts recommend formal genetic counseling for patients who are at-risk for inherited disorders and who wish to undergo genetic testing. Interpreting the results of genetic tests and understanding risk factors can be difficult for some patients; genetic counseling helps individuals understand the impact of genetic testing, including the possible effects the test results could have on the individual or their family members. It should be noted that genetic counseling may alter the utilization of genetic testing substantially and may reduce inappropriate testing; further, genetic counseling should be performed by an individual with experience and expertise in genetic medicine and genetic testing methods.

Background/Overview

This policy applies if there is not a separate evidence review that outlines specific criteria for testing. If a separate evidence review does exist, then the criteria for medical necessity therein supersede the guidelines herein.

This policy addresses laboratory services considered to be investigational. These tests are often available on a clinical basis before the required and necessary evidence base to support clinical validity and utility is established. Because these tests are often proprietary, there may be no independent test evaluation data available in the early stages to support the laboratory's claims regarding test performance and utility. While studies using these tests may generate information that may help elucidate the biologic mechanisms of disease and eventually help design treatments, the tests listed in this policy are currently in a developmental phase, with limited evidence of clinical utility for diagnosis, prognosis, or risk assessment.

FDA or Other Governmental Regulatory Approval

Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratory-developed tests must meet the general regulatory standards of the Clinical Laboratory Improvement Amendments. Laboratories that offer laboratory-developed tests must be

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

licensed by the Clinical Laboratory Improvement Amendments for high-complexity testing. To date, the U.S. Food and Drug Administration has chosen not to require any regulatory review of this test.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology assessment centers and other non-affiliated technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Description

There are numerous commercially available genetic and molecular diagnostic, prognostic, and therapeutic tests for individuals with certain diseases or asymptomatic individuals with future risk. This review relates to genetic and molecular diagnostic tests not addressed in a separate review. If a separate evidence review exists, then conclusions reached there supersede conclusions here. The main criterion for inclusion in this review is the limited evidence on the clinical utility for the test. As these tests do not have clinical utility, the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Summary of Evidence

For individuals with various indications for diagnostic, prognostic, therapeutic, or future risk assessment testing who receive the genetic and molecular tests addressed in this review, the evidence on clinical utility is insufficient or non-evaluable. For each test addressed, a brief description is provided for informational purposes. No formal evidence review was conducted. To sufficiently evaluate clinical utility, features of well-defined test, intended use, and clinical management pathway characteristics are summarized. If it is determined that enough evidence has accumulated to reevaluate its potential clinical utility, the test will be removed from this review and addressed separately. The lack of demonstrated clinical utility of these tests is based on the following factors: (1) there is no or extremely limited published data addressing the test; and/or (2) it is unclear where in the clinical pathway the test fits (replacement, triage, add-on); and/or (3) it is unclear how the test leads to changes in management that would improve health outcomes and/or avoiding existing burdensome and invasive testing; and/or (4) thresholds for decision making have not been

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

established; (5) and/or the outcome from the test result does not result in a clinically meaningful improvement relative to the outcomes(s) obtained without the test.

Additional Information

Not applicable.

Supplemental Information

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American College of Gastroenterology

In 2023, the American College of Gastroenterology published a clinical practice update for the diagnosis and management of celiac disease. A recommendation for genetic testing using a multigene panel test (eg, Celiac PLUS) was not included.

In 2018, the American College of Gastroenterology practice guidelines on Crohn disease state that genetic and routine serologic testing is not indicated to establish the diagnosis of Crohn's disease.

American Urological Association et al

In 2019, the American Urological Association (AUA) published joint guidelines with the Canadian Urological Association (CUA) and the Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) on the management of recurrent uncomplicated urinary tract infections in women. Regarding the use of polymerase chain reaction (PCR) and next-generation sequencing (NGS) techniques for the identification of bacterial species, the guideline states that "more evidence is needed before these technologies become incorporated into the guideline, as there is concern that adoption of this technology in the evaluation of lower urinary tract symptoms may lead to over treatment with antibiotics."

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

In 2016, the AUA published joint guidelines with the Society of Urologic Oncology on the diagnosis and treatment of non-muscle invasive bladder cancer. For use of urinary biomarkers after diagnosis, the guidelines state: "a clinician should not use urinary biomarkers in place of cystoscopic evaluation" (Strong Recommendation; Evidence Strength: Grade B); that "in a patient with a history of low-risk cancer and a normal cystoscopy, a clinician should not routinely use a urinary biomarker or cytology during surveillance (Expert Opinion); and that "in a patient with NMIBC, a clinician may use biomarkers to assess response to intravesical BCG (UroVysion FISH) and adjudicate equivocal cytology (UroVysion FISH and ImmunoCyt) (Expert Opinion)."

National Comprehensive Cancer Network

National Comprehensive Cancer Network clinical practice guidelines on bladder cancer (v.3.2023) state the following regarding urine molecular tests for urothelial tumor markers: "Many of these tests have a better sensitivity for detecting bladder cancer than urinary cytology, but specificity is lower. Considering this, evaluation of urinary urothelial tumor markers may be considered during surveillance of high-risk [non-muscle invasive bladder cancer (NMIBC)]. However, it remains unclear whether these tests offer additional useful information for detection and management of non-muscle invasive bladder tumors. Therefore, the panel considers this to be a category 2B recommendation."

NCCN clinical practice guidelines on colon cancer (v.3.2023) state that "it has not been established if molecular markers (other than MSI-H/dMMR) are useful in treatment determination (predictive markers) and prognosis.

National Human Genome Research Institute et al

In 2021, the National Human Genome Research Institute's ClinGen Complex Disease Working Group updated the Genetic Risk Prediction (GRIPS) Reporting Statement in collaboration with the Polygenic Score (PGS) Catalog. The 22-item reporting framework developed to define the minimal information needed to interpret and evaluate polygenic risk scores is summarized in Table 1.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

Table 1. Polygenic Risk Score Reporting Statement

Reporting Standard	
Background	Study Type
	Risk Model Purpose & Predicted Outcome
Study Population and Data	Study Design & Recruitment
	Participant Demographic and Clinical Characteristics
	Ancestry
	Genetic Data
	Non-Genetic Variables
	Outcome of Interest
	Missing Data
Risk Model Development & Application	Polygenic Risk Score Construction & Estimation
	Risk Model Type
	Integrated Risk Model(s) Description & Fitting
Risk Model Evaluation	PRS Distribution
	Risk Model Predictive Ability
	Risk Model Discrimination
	Risk Model Calibration
	Subgroup Analyses
Limitations & Clinical Implications	Risk Model Interpretation
	Limitations
	Generalizability
	Risk Model Intended Uses
Data Transparency & Availability	

PRS: polygenic risk score.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in Table 2

Table 2. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
<i>Ongoing</i>			
NCT05276466 ^a	Assessment of Urinary Polymerase Chain Reaction (PCR) and Next Generation Sequencing (NGS) Technology in the Evaluation and Management of Females With Chronic Bladder Pain and Cystitis-like Symptoms	100	Dec 2023
NCT05287438 ^a	Next Generation Sequencing Versus Traditional Cultures for Clinically Infected Penile Implants: Impact of Culture Identification on Outcomes	40	Oct 2024

NCT: national clinical trial.

^a Denotes industry-sponsored or cosponsored trial.

References

1. Quest Diagnostics. Apolipoprotein L1 (APOL1) Renal Risk Variant Genotyping. December 16, 2022; <https://www.questdiagnostics.com/healthcare-professionals/clinical-education-center/faq/faq287#accordion-48070ca605-item-e92bca3e39>.
2. Protean Biodiagnostics. Thyroid GuidePx. n.d.; <https://www.proteanbiodx.com/thyroidguidepx>.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

3. Murakami K, Kamat AM, Dai Y, et al. Application of a multiplex urinalysis test for the prediction of intravesical BCG treatment response: A pilot study. *Cancer Biomark*. 2022; 33(1): 151-157. PMID 34511488
4. DiaCarta. ColoScape Colorectal Cancer Detection Test. 2018; <https://www.diacarta.com/services/coloscape>.
5. Lab Genomics. Respiratory Panel (RP) Rapid Molecular Diagnostic Test. 2018; <https://labgenomic.com/wp-content/uploads/2018/11/RPPanelPamphlet1.pdf>.
6. The University of Chicago Genetic Services Laboratories. Single Gene Repeat Expansion Analysis. 2023; <https://dnatesting.uchicago.edu/tests/single-gene-repeat-expansion-analysis>.
7. Lab Genomics. Drug Metabolism. n.d.; <https://labgenomic.com/drug-metabolism/>.
8. Journey Biosciences. NaviDKD: A Powerful Predictive Screening. 2023; <https://www.journeybio.life/solution#start-your-journey>.
9. Sonic Reference Laboratory. PromarkerD Diabetic Kidney Disease Risk Assessment. 2023; <https://www.sonicreferencelab.com/featured-testing/diabetic-kidney-disease-risk-assessment/>.
10. mProbe, Inc. Kawasaki Disease. 2023; <https://www.mprobe.com/kawasakidx>.
11. Breakthrough Genomics. Welcome to Breakthrough Genomics. 2023; <https://btgenomics.com/>.
12. Precision Pathology Services. Why Use CyPath Lung. 2022; <https://cypath.precisionpath.us/cypath-physician/>.
13. ClearNote Health. Avantect Pancreatic Cancer Test. 2023; <https://www.avantect.com/avantect-test/>.
14. SmartHealth Dx. SmartVascular Dx. 2023; <https://www.smarthealthdx.com/smartvascular-dx/>.
15. Prometheus Laboratories. Prometheus Celiac Plus. 2023; <https://prometheuslabs.com/disease-tests/celiac-plus/>.
16. Prometheus Laboratories. Prometheus Crohn's Prognostics. 2023; <https://prometheuslabs.com/disease-tests/crohns-prognostic/>.
17. Mosaic Diagnostics. DNA Methylation Pathway Profile. 2023; <https://mosaicdx.com/test/dna-methylation-pathway-profile/>.
18. Genova Diagnostics. GI effects. n.d.; <https://www.gdx.net/products/gi-effects>.
19. Prometheus Laboratories. Prometheus IBD sgi Diagnostic. 2023; <https://prometheuslabs.com/disease-tests/ibd-sgi-diagnostic/>.
20. Strand Diagnostics. Know Error: Be DNA Certain. 2020; <https://knowerror.com/index.html>.
21. Singh S, Ananthakrishnan AN, Nguyen NH, et al. AGA Clinical Practice Guideline on the Role of Biomarkers for the Management of Ulcerative Colitis. *Gastroenterology*. Mar 2023; 164(3): 344-372. PMID 36822736

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

22. Lichtenstein GR, Loftus EV, Isaacs KL, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. Am J Gastroenterol. Apr 2018; 113(4): 481-517. PMID 29610508
23. Anger J, Lee U, Ackerman AL, et al. Recurrent Uncomplicated Urinary Tract Infections in Women: AUA/CUA/SUFU Guideline. J Urol. Aug 2019; 202(2): 282-289. PMID 31042112
24. Chang SS, Boorjian SA, Chou R, et al. Diagnosis and Treatment of Non-Muscle Invasive Bladder Cancer: AUA/SUO Guideline. J Urol. Oct 2016; 196(4): 1021-9. PMID 27317986
25. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Bladder Cancer [Version 3.2023]. May 25, 2023; https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf.
26. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Colon Cancer [Version 3.2023]. September 21, 2023; https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf.
27. Wand H, Lambert SA, Tamburro C, et al. Improving reporting standards for polygenic scores in risk prediction studies. Nature. Mar 2021; 591(7849): 211-219. PMID 33692554

Policy History

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

10/05/2017	Medical Policy Committee review
10/18/2017	Medical Policy Implementation Committee approval. New policy.
01/12/2018	Coding update
10/04/2018	Medical Policy Committee review
10/17/2018	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
12/03/2018	Coding update
08/14/2019	Coding update
10/03/2019	Medical Policy Committee review
10/09/2019	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
03/23/2020	Coding update
09/23/2020	Coding update
10/01/2020	Medical Policy Committee review

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

10/07/2020	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/07/2021	Medical Policy Committee review
10/13/2021	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
02/04/2022	Coding update
03/25/2022	Coding update
11/03/2022	Medical Policy Committee review
11/09/2022	Medical Policy Implementation Coverage eligibility unchanged.
12/16/2022	Coding update
11/02/2023	Medical Policy Committee review
11/08/2023	Medical Policy Implementation Committee approval. Title changed from "Miscellaneous Genetic and Molecular Diagnostic Tests" to "Laboratory Testing Investigational Services." Expanded policy to include Services that are Considered Investigational specific for Laboratory Testing Investigational Services with rational and background to support policy position. Significant coding updates to this policy.

Next Scheduled Review Date: 11/2024

Coding

The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)†, copyright 2022 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

The responsibility for the content of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines is with Blue Cross and Blue Shield of Louisiana and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	81266, 81479, 84999 Delete code effective 01/01/2023: 0203U Add codes effective 12/01/2023: 0362U, 0368U, 0380U, 0405U, 0406U, 0410U, 81265, 81554
HCPCS	No codes
ICD-10 Diagnosis	All related diagnoses

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 1. Consultation with technology evaluation center(s);

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Laboratory Testing Investigational Services

Policy # 00577

Original Effective Date: 01/01/2018

Current Effective Date: 12/11/2023

2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
3. Reference to federal regulations.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.