Medical Policy

PARAMOUNT

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

Genetic Expression Assays for Breast Cancer Prognosis

Policy Number: PG0301
Last Review: 08/01/2022

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

X Professional
X Facility

DESCRIPTION:

Clinical evidence has demonstrated that among individuals with breast cancer there is a continuum of disease recurrence risk, based on many factors including age, the presence of various hormone receptors in tumor samples, tumor size, whether or not the cancer has spread outside the breast, and others. Per the National Cancer Institute, risk categories for women with node-negative breast cancer are defined into three risk categories: (1) low-risk, (2) intermediate-risk, and (3) high-risk. These risk categories have been used as a method of helping to determine what treatment methods to use for specific individuals. In individuals deemed at high-risk for disease recurrence, the medical evidence has shown that the use of chemotherapy in addition to other treatment may provide a significant survival benefit. In low-risk individuals, the data has shown that chemotherapy in addition to other treatment does not provide any significant benefits. However, the available information regarding whether or not intermediate-risk individuals benefit from chemotherapy is unclear. Traditionally, treating clinicians have to balance each individual's risk of disease recurrence with the risks of chemotherapy, which include hair loss, nausea, vomiting, weakness, infection, and others.

Recently a new type of test, the gene expression-profiling assay, via messenger RNA, has been developed to help clinicians determine which populations of intermediate-risk individuals would benefit from chemotherapy. Gene expression profiling assays measure the presence of a variety of genes that have been associated with the recurrence of breast cancer. Test results may help providers and patients decide whether to include adjuvant chemotherapy in the postsurgical management of breast cancer, to alter treatment in patients with ductal carcinoma in situ or triple-negative (estrogen receptor, progesterone receptor, human epidermal growth factor receptor 2) breast cancer (TNBC), or to recommend extended endocrine therapy in patients who are recurrence-free at five years. Using these tests, in conjunction with other traditional risk assessment methods, clinicians may be able to more accurately determine which intermediate risk individuals would benefit from chemotherapy, and which individuals would not. In this way, individuals most likely to benefit from chemotherapy are identified and receive needed care, and those individuals who would not benefit are spared the unnecessary treatment and risks associated with chemotherapy without adversely affecting disease-free and overall survival outcomes.

This medical policy review focuses on 4 decision points:

- The decision to pursue adjuvant chemotherapy following locoregional therapy, with or without neoadjuvant chemotherapy, based on the predicted risk of recurrence, for women who are hormone receptor-positive but HER2-negative.

- The decision to pursue adjuvant endocrine therapy from 5 to 10 years for women who are hormone receptor-positive but HER2-negative and who have survived without recurrence for 5 years.
- The decision to pursue adjuvant radiotherapy in women with ductal carcinoma in situ (DCIS).
- The decision to pursue neoadjuvant chemotherapy in women with Triple-Negative Breast Cancer (TNBC).

The Oncotype Dx Breast Recurrence Score (21-gene panel) (Genomic Health, Inc.) uses a Recurrence Score (RS) calculated by a prespecified algorithm. This information can help individualize breast cancer treatment planning and identify options. The Oncotype DX® breast cancer test is the only multigene expression test commercially available that has clinical evidence validating its ability to predict the likelihood of chemotherapy benefit as well as recurrence in early-stage breast cancer. The Oncotype DX® gene expression assay is intended to be used by women with early-stage (stage I or II), node-negative, estrogen receptor-positive (ER+) invasive breast cancer who will be treated with therapy.

MammaPrint® is a multigene expression test that evaluates a set of 70 genes involved in cell proliferation, invasion, metastasis, and angiogenesis, and provides a determination of high or low risk of distant metastasis. Although it appears to have prognostic validity for identifying women whose early-stage breast cancer is more likely to metastasize, it is not clear how much value MammaPrint adds to existing risk estimation techniques.

Prosigna Breast Cancer Prognostic Gene Signature Assay integrates expression data from the PAM50 assay, with clinical variables to generate a Risk of Recurrence (ROR) score to predict the probability of DRFS at 10 years for endocrine-treated HR+ breast cancer patients. This is used to assess a patient's risk of distant recurrence of disease.

Breast Cancer Index^{SM} is a real-time reverse transcription PCR assay performed using formalin-fixed paraffin-embedded tissue. The test has 2 components: the BCI Prognostic (risk of recurrence) and BCI Predictive (likelihood of benefit). The Prognostic component combines 2 indexes to provide an individualized risk of late (5 to 10 years post-diagnosis) distant recurrence and risk of overall (0 to 10 years post-diagnosis) distant recurrence for breast cancer. The BCI Predictive component is based on the homeobox B13/interleukin 17 receptor B (*HOXB13*:*IL17BR*) (H/I) index and may identify a subset of postmenopausal women who are at increased risk of late relapses for ER+ breast cancer and who may derive a greater benefit from extended hormone therapy.

EndoPredict is a real-time, reverse transcription PCR assay of RNA isolated from tumor tissue samples that are either from a formalin-fixed paraffin-embedded block or a core needle biopsy that is used to calculate the EP score and the EPclin score to assess the risk of distant recurrence within 10 years of testing and to predict the benefit of chemotherapy.

HERmark® Breast Cancer Assay is used to help determine prognosis and therapeutic choices for metastatic breast cancer. Retrospective study analysis using HERmark has shown that the assay may predict a worse response to trastuzumab in certain populations. However, findings have been inconsistent, and no clear association with clinical outcomes has been shown. Additionally, cut points for defining patient groups varied across studies. The clinical utility of the HERmark assay has not been demonstrated. The evidence is insufficient to determine the effects of the technology on health outcomes. Palmetto GBA, the designated national contractor for its Oncotype DX® breast cancer test, has expanded its coverage policy for all qualified Medicare patients to include patients with ductal carcinoma in situ (DCIS).

Oncotype DCIS (0045U)
Ductal carcinoma *in situ* (DCIS) is a heterogeneous group of neoplastic lesions confined to the breast ducts and lobules. Women diagnosed with DCIS are at risk for local recurrence, which may be either DCIS or progression to invasive breast carcinoma. Clinical and pathologic features do not reliably predict the risk of recurrence; therefore, validated biomarkers are needed that identify patients at low risk of local recurrence for whom less treatment is indicated and conversely distinguish patients at high risk of progression to invasive disease for whom more intensive treatment regimens are appropriate. Studies have shown that the test stratifies patients

into high-and low-risk groups, they have not yet demonstrated with sufficient precision that the risk of disease recurrence in patients identified with a Breast DCIS Score is low enough to consider changing the management of DCIS. The evidence is insufficient to determine the effects of the technology on health outcomes.

Urokinase Plasminogen Activator Protein Inhibitor Test
If a patient has ER/PgR-positive, HER2-negative (node-negative) breast cancer, the clinician may use urokinase plasminogen activator (uPA), plasminogen activator inhibitor type 1 (PAI-1), the Breast Cancer Index, the PAM50 risk of recurrence (ROR) score, the 12-gene risk score (EndoPredict), and the 21-gene recurrence score (Oncotype DX) to guide decisions on adjuvant systemic therapy. If the patient has had 5 years of endocrine therapy without evidence of recurrence, the clinician should not use multiparameter gene expression or protein assays (Oncotype DX, EndoPredict, PAM50, Breast Cancer Index, or IHC4) to guide decisions on extended endocrine therapy.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Prior authorization is required for all product lines:

- **Oncotype DX® Breast Cancer Assay (81519)**
- **MammaPrint® (81521, 81523)**
- **Prosigna Breast Cancer Prognostic Gene Signature Assay (81520)**
- **Breast Cancer Index℠ (81518)**
- **EndoPredict (81522, S3854) (Code S3854 is Non-Medicare.)**

Elite (Medicare Advantage) Plans

- **Oncotype DX® Breast DCIS Score™ Test (0045U) requires prior authorization for Elite (Medicare Advantage) Plans.**
- **HERmark® Assay (81479) requires prior authorization for Elite (Medicare Advantage) Plans.**

Paramount Commercial Insurance Plans

- **Oncotype DX® Breast DCIS Score™ Test (0045U) is non-covered for Paramount Commercial Insurance Plans.**
- **HERmark® Assay (81479) is non-covered for Paramount Commercial Insurance Plans.**

All other gene expression profiling assays for breast cancer prognosis are non-covered because the safety and/or effectiveness of this service cannot be established by review of the available published peer-reviewed literature, for all product lines, not an all-inclusive listing):

- **BBDRisk Dx®**
- **BluePrint™ Molecular Subtyping Profile (81479) (CMS A55116 - To date, there is insufficient evidence to support the required clinical utility for the established Medicare benefit category. Therefore, the BluePrint® test is a statutorily excluded test.)**
- **Breast Cancer Gene Expression Ratio (also known as Theros H/I℠)**
- **BreastOncPX™**
- **BreastPRS**
- **Combimatrix™ Breast Cancer Profile**
- **DCISionRT® (0295U)**
- **eXagen®**
- **Invasiveness Signature™**
- **Insight® DX Breast Cancer Profile**
- **Insight TNBCtype (0153U)**
- **Mammostrat™**

- **MapQuant Dx™**
- **NexCourse® Breast IHC4**
- **NuvoSelect™ eRx 200-Gene Assay**
- **PAM50 Breast Cancer Intrinsic Classifier™**
- **PreludeDx™'s DCISionRT® Test (0295U)**
- **Randox Assay**
- **Rotterdam Signature 76-Panel**
- **SYMPHONY™ Genomic Breast Cancer Profile**
- **TargetPrint®**
- **TheraPrint ™**
- **The 41-gene signature assay**
- **The 76-gene "Rotterdam signature" assay**
- **THEROS Breast Cancer Index℠**

Related Paramount Medical Policies
PG0041 Genetic Testing

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

The following assays have been medically proven supporting the guidance in decision making related to the need for adjuvant chemotherapy in patients with newly diagnosed breast cancer, therefore, are considered medically appropriate

Gene expression classifiers/risk scores should only be ordered on a tissue specimen obtained during surgical removal of the tumor and after subsequent pathology examination of the tumor has been completed and determined to meet the below criteria (i.e., the test should not be ordered on a preliminary core biopsy). The test should be ordered in the context of a physician-patient discussion regarding risk preferences when the test result will aid in making decisions regarding chemotherapy. Testing is limited to one test per lifetime.

Paramount Commercial Insurance Plans

Paramount covers Oncotype DX® Breast Cancer Assay **(81519)** as medically necessary to determine recurrence risk for assessing the need for adjuvant chemotherapy in an individual with recently diagnosed breast cancer when ALL of the following criteria are met:

- Tumor size greater than 0.5 cm (stage T1b-T3)
- There is no evidence of distant metastatic breast cancer
- Hormone receptor positive (i.e., estrogen receptor-positive [ER+] or progesterone receptor-positive [PR+]);
- Human epidermal growth factor receptor 2 (HER2)-negative
- EITHER of the following criteria:
  - Axillary-node status is negative (micrometastasis is no greater than 2.0 millimeters) whether the woman is pre- or post-menopausal
  - Up to three positive axillary nodes in a post-menopausal woman
- Adjuvant chemotherapy (i.e., chemotherapy not precluded due to other factors) is being considered and this testing is being ordered specifically to guide decision making as to whether or not adjuvant chemotherapy should be utilized
- When the test result will aid the patient in making the decision regarding chemotherapy (i.e., when chemotherapy is a therapeutic option such as tamoxifen or aromatase inhibitors)
- When ordered within 6 months following diagnosis, since the value of the test for making decisions regarding delayed chemotherapy is unknown.

Elite (Medicare Advantage) Plans
Paramount covers Oncotype DX® Breast Cancer Assay **(81519)** as medically necessary to assess the need for adjuvant chemotherapy in an individual with recently diagnosed breast cancer when one of the following criteria are met:

- Estrogen-receptor positive, node-negative carcinoma of the breast
- Estrogen-receptor positive micrometastases of carcinoma of the breast, and
- Estrogen-receptor positive breast carcinoma with 1-3 positive nodes

Paramount Commercial Plans and Elite (Medicare Advantage) Plans
Paramount covers MammaPrint® **(81521, 81523)** as medically necessary to determine recurrence risk for assessing the need for adjuvant chemotherapy in a woman with recently diagnosed breast cancer when ALL of the following criteria are met:

- Tumor size greater than 0.5 cm (stage T1b-T3)
- There is no evidence of distant metastatic breast cancer
- Hormone receptor positive (i.e., estrogen receptor-positive [ER+] or progesterone receptor-positive [PR+]);
- Human epidermal growth factor receptor 2 (HER2)-negative
- EITHER of the following criteria:
    - Axillary-node status is negative (micrometastasis is no greater than 2.0 millimeters) whether the woman is pre- or post-menopausal
    - Up to three positive axillary nodes in a post-menopausal woman
- Adjuvant chemotherapy (i.e., chemotherapy not precluded due to other factors) is being considered and this testing is being ordered specifically to guide decision making as to whether or not adjuvant chemotherapy should be utilized
- The individual is Tamoxifen independent (i.e., the individual has not received Tamoxifen therapy) at the time of MammaPrint® testing, but the individual is a candidate for possible adjuvant chemotherapy (i.e., chemotherapy is not precluded due to other factors advanced age and/or significant comorbidities)
- When the test result will aid the patient in making the decision regarding chemotherapy (i.e., when chemotherapy is a therapeutic option such as tamoxifen or aromatase inhibitors)
- When ordered within 6 months following diagnosis, since the value of the test for making decisions regarding delayed chemotherapy is unknown.

Use of MammaPrint to determine recurrence risk for deciding whether to undergo adjuvant chemotherapy is considered NOT MEDICALLY NECESSARY in women with low clinical risk per MINDACT categorization with primary, invasive breast cancer.

Paramount covers Prosigna Breast Cancer Prognostic Gene Signature Assay, Breast Cancer Index^{SM} **(81520)** as medically necessary to determine recurrence risk for assessing the need for adjuvant chemotherapy in a woman with recently diagnosed breast cancer when ALL of the following criteria are met:

- Tumor size greater than 0.5 cm (stage T1b-T3)
- There is no evidence of distant metastatic breast cancer
- Hormone receptor positive (i.e., estrogen receptor-positive [ER+] or progesterone receptor-positive [PR+]);
- Human epidermal growth factor receptor 2 (HER2)-negative
- EITHER of the following criteria:
    - Axillary-node status is negative (micrometastasis is no greater than 2.0 millimeters) whether the woman is pre- or post-menopausal
    - Up to three positive axillary nodes in a post-menopausal woman
- Adjuvant chemotherapy (i.e., chemotherapy not precluded due to other factors) is being considered and this testing is being ordered specifically to guide decision making as to whether or not adjuvant chemotherapy should be utilized
- When the test result will aid the patient in making the decision regarding chemotherapy (i.e., when chemotherapy is a therapeutic option)

- When ordered within 6 months following diagnosis, since the value of the test for making decisions regarding delayed chemotherapy is unknown.

Paramount covers EndoPredict **(81522)** as medically necessary to determine recurrence risk for assessing the need for adjuvant chemotherapy in a woman with recently diagnosed breast cancer when ALL of the following criteria are met:

- Tumor size greater than 0.5 cm (stage T1b-T3)
- There is no evidence of distant metastatic breast cancer
- Hormone receptor positive (i.e., estrogen receptor-positive [ER+] or progesterone receptor-positive [PR+]);
- Human epidermal growth factor receptor 2 (HER2)-negative
- EITHER of the following criteria:
  - Axillary-node status is negative (micrometastasis is no greater than 2.0 millimeters) whether the woman is pre- or post-menopausal
  - Up to three positive axillary nodes in a post-menopausal woman
- Adjuvant chemotherapy (i.e., chemotherapy not precluded due to other factors) is being considered and this testing is being ordered specifically to guide decision making as to whether or not adjuvant chemotherapy should be utilized
- When the test result will aid the patient in making the decision regarding chemotherapy (i.e., when chemotherapy is a therapeutic option)
- When ordered within 6 months following diagnosis, since the value of the test for making decisions regarding delayed chemotherapy is unknown.

Paramount covers Breast Cancer Index (BCI) **(81518)** as medically necessary to determine recurrence risk for assessing the need for adjuvant chemotherapy in woman with recently diagnosed breast cancer when ALL of the following criteria are met:

- Tumor size greater than 0.5 cm (stage T1b-T3)
- There is no evidence of distant metastatic breast cancer
- Hormone receptor positive (i.e., estrogen receptor-positive [ER+] or progesterone receptor-positive [PR+]);
- Human epidermal growth factor receptor 2 (HER2)-negative
- EITHER of the following criteria:
  - Axillary-node status is negative (micrometastasis is no greater than 2.0 millimeters) whether the woman is pre- or post-menopausal
  - Up to three positive axillary nodes in a post-menopausal woman
- Adjuvant chemotherapy (i.e., chemotherapy not precluded due to other factors) is being considered and this testing is being ordered specifically to guide decision making as to whether or not adjuvant chemotherapy should be utilized
- When the test result will aid the patient in making the decision regarding chemotherapy (i.e., when chemotherapy is a therapeutic option)
- When ordered within 6 months following diagnosis, since the value of the test for making decisions regarding delayed chemotherapy is unknown.

Use of Breast Cancer Index (BCI) test to determine benefit of extended adjuvant endocrine therapy is considered MEDICALLY NECESSARY in individuals with T1 and T2 HR-positive, HER2- negative and lymph node-negative tumors.

Elite (Medicare Advantage) Plans

Oncotype DCIS **(0045U)**

Paramount will provide limited coverage for the Oncotype DX® DCIS assay for women diagnosed with DCIS who are planning on having breast conserving surgery and considering adjuvant radiation therapy, for the Elite/Paramount Medicare Plan product lines only. The Oncotype DX® DCIS assay is covered only when the following clinical conditions are met:

- Pathology (excisional or core biopsy) reveals ductal carcinoma in situ of the breast (no pathological evidence of invasive disease), and
- FFPE specimen with at least 0.5 mm of DCIS length, and
- Patient is a candidate for and is considering breast conserving surgery alone as well as breast conserving surgery combined with adjuvant radiation therapy, and
- Test result will be used to determine treatment choice between surgery alone vs. surgery with radiation therapy, and Patient has not received and is not planning to receive a mastectomy.

Paramount Commercial Plans and Elite (Medicare Advantage) Plans
Limitations:
Paramount does not cover Oncotype DX®, MammaPrint®, Prosigna Breast Cancer Prognostic Gene Signature Assay, Breast Cancer Index^{SM}, and EndoPredict breast cancer tests for ANY other clinical evaluation than that listed above because it is considered experimental, investigational or unproven.

Paramount considers use of more than one type of test to determine necessity of adjuvant therapy in the same breast cancer (Oncotype DX®, MammaPrint®, Prosigna Breast Cancer Prognostic Gene Signature Assay, Breast Cancer IndexSM, and EndoPredict) experimental and investigational.

Paramount does not cover repeat testing of a breast cancer tumor using ANY assay of genetic expression because it is considered not medically necessary.

Gene expression profiling as a technique of managing the treatment of ductal carcinoma in situ (DCIS) (when DCIS is the sole breast cancer histology) is considered not medically necessary under all circumstances.

All other indications for the 21-gene RT-PCR assay (i.e., Oncotype DX®), the 70-Gene Signature assay (i.e., MammaPrint®), EndoPredict, the Breast Cancer Index, and PROSIGNA™ breast cancer prognostic gene signature assay / PAM50 Breast Cancer Intrinsic Subtype Classifier, including determination of recurrence risk in individuals with invasive breast cancer with positive lymph nodes or individuals with bilateral disease, are considered experimental/investigational and, therefore, not covered because the safety and/or effectiveness of this service cannot be established by review of the available published peer-reviewed literature.

Paramount Commercial Plans and Elite (Medicare Advantage) Plans
Gene expression profiling as a technique of managing the treatment of breast cancer is considered experimental/investigational and not medically necessary when a gene-profiling test other than those identified above is being used.

CODING/BILLING INFORMATION:
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
81479	Unlisted molecular pathology procedure (may be used to represent Mammostrat, Breast Cancer Index (BCI), BluePrint, TargetPrint)
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy (Used to report the Breast Cancer Index (BCI) test)
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score (Used to report the Oncotype DX Breast test)
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin embedded tissue, algorithm reported as a recurrence risk score (Used to report the Prosigna (PAM50) test)

81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin embedded tissue, algorithm reported as index related to risk of distant metastasis (Used to report the MammaPrint test)
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score (Used to report the EndoPredict test)
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis (Used to report the MammaPrint test)
84999	Unlisted chemistry procedure (may be used to represent Mammostrat, Breast Cancer Index (BCI), BluePrint, TargetPrint)
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score (Used to report Oncotype DX® Breast DCIS Score™ Test)
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement (Used to report Insight TNBCtype™)
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report (Used to report the Theralink® Reverse Phase Protein Array (RPPA) test)
0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score (Used to report the DCISionRT® test)
HCPCS	**CODE**
S3854	Gene expression profiling panel for use in the management of breast cancer treatment

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 09/09/2014

Date	Explanation & Changes
09/09/14	• Policy created to reflect most current clinical evidence per Medical Policy Steering Committee
10/22/15	• Removed CPT codes 81599 & 84999 and added 81519 & 0008M to policy • Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
03/25/16	• Code 81519 is now covered with prior authorization per ODM guidelines • Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
04/22/16	• Deleted Code Effective 12/31/2015 S3854 • Added code 84999. Prosigna Breast Cancer Prognostic Gene Signature Assay (0008M), HERmark® (81479) and Breast Cancer IndexSM (81479) are covered for Elite only per CMS guidelines • Added MammaPrint® (84999) as covered for all product lines • Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
09/01/16	• Clarified InterQual® criteria sets for Oncotype DX® breast cancer test only
01/01/17	• Code S3854 reinstated effective 01/01/17 with same description per HCPCS book
08/25/17	• Paramount does not utilize InterQual® criteria sets for Oncotype DX® Breast Cancer Assay • Prosigna Breast Cancer Prognostic Gene Signature Assay (0008M), Breast Cancer IndexSM (81479) & EndoPredict (81479, S3854) are now covered with prior authorization for all product lines Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
12/15/17	• Added effective 01/01/2018 new codes 81520 (Prosigna) & 81521 (MammaPrint) as covered with prior authorization for all product lines

	• Effective 12/31/17 deleted code 0008M • Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
07/26/18	• Added effective 07/01/2018 new code 0045U (The Oncotype DX® Breast DCIS Score™ Test) & as non-covered for all product lines • FoundationOne™ removed from policy. Refer to PG0438 Next Generation Sequencing (NGS) Tests for Advanced Cancer for coverage determination of FoundationOne CDx™ (F1CDx) • Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
12/19/2020	• Medical policy placed on the new Paramount Medical Policy Format
10/27/2020	• Corrected a typo error. Page 3 presently indicates - Breast tumor is ER positive or ER negative and should indicate - Estrogen receptor positive or progesterone receptor positive
07/11/2022	• Policy reviewed and updated to reflect most current clinical evidence
02/20/2023	• Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
03/07/2024	• Medical policy placed on the new Paramount Medical Policy format

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to https://www.paramounthealthcare.com/providers/medical-policies/policy-library

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services https://www.ama-assn.org/amaone/cpt-current-procedural-terminology

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

U.S. Preventive Services Task Force, https://www.uspreventiveservicestaskforce.org/uspstf/
Industry Standard Review

Hayes, Inc., https://www.hayesinc.com/

Industry Standard Review