Medical Policy

PARAMOUNT

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

Gene Expression Profiling for Colorectal Cancer

Policy Number: PG0357
Last Review: 06/01/2024

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:

Gene expression profiling (GEP) is a method of laboratory testing that measures the activity (or expression) of many genes at one time to determine prognosis, refine risk stratification and/or optimize treatment regimens primarily for cancer. Over a dozen different gene expression profile (GEP) tests have been developed and reported for use as prognostic markers in stage II or stage III colon cancer. These assays are intended to help identify patients with stage 2 or stage 3 colon cancer who are at high risk for recurrent disease and would be good candidates for adjuvant chemotherapy. The gene signatures range from as small as 5 to as many as 634 genes. Independent validation studies ranging in size from 33 to 1,436 patients have been reported on these assays.

Four assays are currently being marketed for clinical use in the United States:

Oncotype DX® Colon Cancer Assay is purported to predict the likelihood of disease recurrence in individuals with stage II colon cancer following surgery. Oncotype DX® Colon Cancer Assay is a reverse transcription PCR (RT-PCR)-based profiling test that measure the RNA gene expression pattern of 12 genes (7 associated with recurrence and 5 reference genes) from FFPE tumor tissue from a patient with stage II or stage III colon cancer. A proprietary algorithm is used to calculate a Recurrence Score (RS) that quantifies patient risk for colon cancer recurrence.

ColoPrint® is a microarray-based, 18 GEP designed to predict the risk of distant recurrence of the disease in individuals with stage II and III colon cancer. The ColoPrint test determines the risk of recurrence independent of other risk factors such as T stage, perforation, and tumor grade. Higher recurrence scores are associated with shorter time to progression and shorter overall survival.

GeneFx Colon® is a 634-transcript DNA microarray-based gene signature developed for stage II colon cancer using formalin-fixed and paraffin-embedded (FFPE) specimens. Following surgery, GeneFx Colon assesses the individual's risk of recurrence within 5 years.

OncoDefender-CRC® is a 5-gene assay used to assess the risk of recurrence of cancer in individuals previously treated with surgical resection of stage I or II colon cancer or stage I rectal cancer.

In summary, much of the scientific literature for this topic primarily addresses the diagnostic validity and clinical validity of these tests, that is, the ability of the test to detect specific gene variants and the possible association of those variants with development or recurrence of colon cancer. Thus far, there is no information in the published peer-reviewed medical literature demonstrating the clinical utility of GEP assays to improve outcomes in individuals at risk for or with a history of colon cancer. There is limited data suggesting that gene expression profiling may be used to alter clinical management decisions for some individuals with colon cancer. However, evidence that these changes in management resulted in improved patient outcomes is currently lacking.

POLICY:

Paramount Commercial Insurance Plans

- **Oncotype DX® Colon (81525) is non-covered.**

Elite (Medicare Advantage) Plans

- **Oncotype DX® Colon (81525) does not require prior authorization.**

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- **ColoPrint®, GeneFx Colon®, OncoDefender-CRC® are non-covered.**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans

Paramount has determined that multigene expression assays for predicting recurrence in colon cancer (e.g., ColoPrint®, GeneFx Colon®, OncoDefender-CRC®, Oncotype DX® Colon) are experimental/investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.

Elite (Medicare Advantage) Plans

While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy, and long-term outcomes of Oncotype DX® Colon, CMS requires this test be covered for Elite (Medicare Advantage) Plan members with a diagnosis as listed below.

To report a Oncotype DX® Colon service, submit the following claim information:

- For services use CPT code 81525
- Select the appropriate ICD-10 Diagnosis Code

Paramount has determined that ColoPrint®, GeneFx Colon®, OncoDefender-CRC® are experimental/investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.

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	
81525	Oncology (colon), 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 a recurrence score
ICD-10 CODES FOR COVERAGE OF Oncotype DX® Colon	
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure

C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.1	Malignant neoplasm of anal canal

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 04/22/2016

Date	Explanation & Changes
04/22/2016	• Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
11/14/2017	• Removed codes 81479, 84999, & 88299 • Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
08/23/2018	• Added ICD-10 codes per CMS guidelines for coverage of Oncotype DX® Colon • Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
12/22/2022	• Medical policy placed on the new Paramount Medical Policy Format
03/11/2024	• Medical policy placed on the new Paramount Medical Policy Format
06/01/2024	• Medical Policy reviewed and updated to reflect the most current clinical evidence

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

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting https://www.cms.gov/medicare/coding/icd10

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs) https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf

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

Hayes, Inc., Lansdale, PA: Author. Health Technology Assessments. https://www.hayesinc.com/

Industry Standard Review

Medical Policy History – Prior to 06/01/2024

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans and Paramount Medicaid Advantage
Oncotype DX® Colon (81525) is non-covered for Paramount Commercial Plans and Paramount Medicaid Advantage.

Oncotype DX® Colon (81525) does not require prior authorization for Elite (Medicare Advantage) Plans.

ColoPrint®, GeneFx Colon®, OncoDefender-CRC® are non-covered for all product lines.

COVERAGE CRITERIA:
Paramount Commercial Insurance Plans and Paramount Medicaid Advantage
Paramount has determined that multigene expression assays for predicting recurrence in colon cancer (e.g., ColoPrint®, GeneFx Colon®, OncoDefender-CRC®, Oncotype DX® Colon) are experimental and investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.

Elite (Medicare Advantage) Plans
While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy, and long-term outcomes of Oncotype DX® Colon, CMS requires this test be covered for Elite/ProMedica Medicare Plan members with a diagnosis as listed below.

To report a Oncotype DX® Colon service, submit the following claim information:

- For services use CPT code 81525

Paramount has determined that ColoPrint®, GeneFx Colon®, OncoDefender-CRC® are experimental and investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.