

# Genomic and Molecular Biomarker Testing for Cancer



Medicaid Medical Coverage Policy

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### Disclaimer

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## HEMATOLOGIC MALIGNANCIES AND SUSPECTED MYELOID DISORDERS

### Comprehensive Genomic Profiling/Multigene Panel Testing

#### Description

**Comprehensive genomic profiling** (CGP) (also referred to as comprehensive molecular profiling) is a type of test that involves a combination of laboratory methodologies to detect genetic alterations and biomarkers in blood or bone marrow to aid in the management of hematologic malignancies and suspected myeloid disorders. Testing is performed by removing a small sample of tissue for evaluation (eg, bone marrow biopsies, bone marrow aspirates, bone marrow clots), blood draw (peripheral blood samples), or sites located outside of the bone marrow (extramedullary) suspected of harboring a myeloid malignancy. Techniques can vary from test to test and may include but are not limited to, next-generation sequencing (NGS), fluorescence in situ hybridization (FISH) and immunohistochemistry (IHC). Examples of CGP tests include, but are not limited to, **FoundationOne Heme and Neogenomics myeloid and/or heme panels**.

**Multigene (or expanded) panels** analyze a broad set of genes simultaneously (as opposed to single gene testing that searches for variants in one specific gene). Panels often include medically actionable genes but may also include those with unclear medical management. Targeted (or focused) multigene panels analyze a limited number of genes targeted to a specific condition. An example of a multigene panel includes, but may not be limited to, **MyAML Gene Panel Assay**.

#### Coverage Determination

##### Comprehensive Genomic Profiling or Multigene Panel Testing for Hematologic Malignancies and Suspected Myeloid Disorders

Humana members may be eligible under the Plan for **comprehensive genomic profiling or multigene panel testing (81450, 81455)** for any of the following indications:

- Cancer of the blood and bone marrow (eg, acute myelogenous leukemia [AML])<sup>14</sup>; **OR**
- Myelodysplastic syndrome (MDS)<sup>15</sup>; **OR**
- Myeloproliferative neoplasms (MPNs) which include polycythemia vera (PV), essential thrombocythemia (ET) or primary myelofibrosis (PMF)<sup>16</sup>; **OR**
- Suspected myeloid malignancy (does not have a diagnosis of cancer) with [undefined cytopenia](#)\* for greater than four months without a known cause<sup>13</sup>; **OR**
- Systemic mastocytosis<sup>18</sup>

\*Clinical, laboratory and pathologic assessment are nondiagnostic (such as demonstration of persistent cytopenias [eg, four months] by complete blood count, microscopic examination of a bone marrow biopsy

and bone marrow cytogenetic studies. Other than the clinical feature of the number of cytopenias and specific cytogenetic changes found recurrently in myelodysplastic syndrome [MDS], all other diagnostic criteria in MDS rely upon light microscopy findings).<sup>13</sup>

## Coverage Limitations

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA	
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

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## HEMATOLOGIC MALIGNANCIES AND SUSPECTED MYELOID DISORDERS

### Single Gene Testing

#### Description

**Single gene testing** may also be performed for hematologic malignancies and suspected myeloid disorders and may be indicated for an individual who exhibits disease symptoms and may be necessary to diagnose or rule out suspected cancer or monitor known cancer. These include, but are not limited to, *ASXL1*, *BTK*, *CCND1*, *CEBPA*, *EZH2*, *IDH1*, *IDH2*, *MYD88*, *NPM1*, *PLCG2*, *RUNX1*, *SF3B1*, *SRSF2*, *U2AF1*, and *ZRSR2*.

#### Coverage Determination

##### **ASXL1 Gene Testing**

Humana members may be eligible under the Plan for **ASXL1 gene testing (81175)** for any of the following indications:

- AML (includes acute promyelocytic leukemia [APL]); **OR**
- Blastic plasmacytoid dendritic cell neoplasm (BPDCN); **OR**
- Chronic myeloid leukemia (CML) <sup>13</sup>; **OR**
- Myelodysplastic syndrome (MDS); **OR**
- Myeloproliferative neoplasms (MPN); **OR**
- Suspected myeloid malignancy with [undefined cytopenia](#)\*; **OR**
- Systemic mastocytosis

**BTK Gene Testing**

Humana members may be eligible under the Plan for **BTK gene testing (81233)** for chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) in an individual with disease progression or no response while taking BTK inhibitor therapy including if poor adherence is considered as a possible cause.

**EZH2 Gene Testing**

Humana members may be eligible under the Plan for **EZH2 gene testing (81236/81237)** for any of the following indications:

- AML (includes APL); **OR**
- Diffuse large b-cell lymphoma; **OR**
- Follicular lymphoma to determine benefit of treatment with tazemetostat (Tazverik) performed with an FDA-approved test; **OR**
- MDS; **OR**
- MPNs

**MYD88 Gene Testing**

Humana members may be eligible under the Plan for **MYD88 gene testing (81305)** for any of the following indications:

- Extranodal marginal zone B-cell lymphoma of nongastric sites (noncutaneous); **OR**
- Extranodal marginal zone B-cell lymphoma of the stomach; **OR**
- Monoclonal gammopathy of neurological significance (MGNS); **OR**
- Monoclonal gammopathy of renal significance (MGRS); **OR**
- Multiple myeloma; **OR**
- Nodal marginal zone lymphoma; **OR**
- Splenic marginal zone lymphoma; **OR**
- Systemic light chain amyloidosis if lymphoplasmacytic clone is present; **OR**
- Waldenstrom's macroglobulinemia/lymphoplasmacytic lymphoma

**PLCG2 Gene Testing**

Humana members may be eligible under the Plan for **PLCG2 gene testing (81233)** for chronic lymphocytic leukemia/small lymphocytic lymphoma in an individual with disease progression or no response while taking BTK inhibitor therapy including if poor adherence is considered as a possible cause.

**SRSF2 Gene Testing**

Humana members may be eligible under the Plan for **SRSF2 gene testing (81348)** for any of the following indications:

- AML (includes APL); **OR**
- MDS; **OR**
- MPN; **OR**
- Suspected myeloid malignancy with [undefined cytopenia\\*](#); **OR**
- Systemic mastocytosis

\*Clinical, laboratory and pathologic assessment are nondiagnostic (such as demonstration of persistent cytopenias [eg, four months] by complete blood count, microscopic examination of a bone marrow biopsy and bone marrow cytogenetic studies. Other than the clinical feature of the number of cytopenias and specific cytogenetic changes found recurrently in myelodysplastic syndrome [MDS], all other diagnostic criteria in MDS rely upon light microscopy findings).

**Coverage Limitations**

There are no limitations; refer to Coverage Determination Section.

**Coding Information**

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CPT® Code(s)	Description	Comments
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	

81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

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  11. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Systemic light chain amyloidosis. <https://nccn.org>. Updated June 11, 2025.
  12. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Systemic mastocytosis. <https://nccn.org>. Updated February 21, 2025.
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## Molecular Markers in Fine Needle Aspirates of Thyroid Nodules

### Description

Laboratory examination of cells in thyroid nodules acquired through fine needle aspiration (FNA) has been proposed to assist in exploring the possibility of thyroid cancer. These tests are used to detect molecular markers that are associated with thyroid cancer and are performed when cytopathology cannot determine if the nodule is malignant or benign. This classification is referred to as indeterminate.

Thyroid nodules are abnormal growths or lumps that develop in the thyroid gland. While most are benign, a small percentage are malignant. To determine the likelihood of malignancy, FNA is used to obtain cells from the nodule that is evaluated by cytopathology. FNA results are then assigned to one of 5 categories based on a classification system known as The Bethesda System for Reporting Thyroid Cytopathology (TBSRTC). Results categorized as indeterminate warrant further evaluation, which may include repeat FNA, thyroid surgery and/or histopathology. Even with the additional examinations, most cases are ultimately classified as benign. Testing for molecular markers in specimens already attained via FNA potentially eliminates the need for repeat FNA or for surgery.

**Testing for molecular markers in thyroid nodules specimens differs from germline genetic mutation testing.** Analysis of molecular markers evaluates specimens for mutations acquired over an individual's

lifetime and are present only in the tissue sampled. Germline DNA is constant and identical in all body tissue types and mutations are inheritable.

### Coverage Determination

There are no covered indications; refer to Coverage Limitations Section.

### Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **molecular markers in thyroid nodule specimens obtained by FNA** for any indications or tests other than those listed above including, but may not be limited to:

- Use of more than one molecular marker assay

A review of the current medical literature shows that the **evidence is insufficient** to determine that this service is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.

### Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

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## SOLID TUMORS

### Comprehensive Genomic Profiling and Multigene Panel Testing

#### Description

**Comprehensive genomic profiling (CGP)** (also referred to as comprehensive molecular profiling or tumor profiling) is a laboratory diagnostic method used to analyze the genetic makeup of solid tumors. CGP examines a wide range of genetic variations including mutations, insertions, deletions, amplifications and rearrangements across hundreds of genes. CGP can help guide targeted treatment options. Some CGP tests analyze DNA to detect genetic alterations. These DNA-based tests focus on identifying somatic mutations which occur in tumor cells and are not inherited. Examples include, but are not limited to, **Guardant360 TissueNext, MSK-IMPACT, Oncotype MAP Pan-Cancer Tissue Test and PGDx elio tissue complete**.

#### Coverage Determination

##### Comprehensive Genomic Profiling

Humana members may be eligible under the Plan for **comprehensive genomic profiling for solid tumors** for any of the following tests when the criteria below are met:

- Oncotype MAP PanCancer Tissue Test (0244U)

**AND** both of the following:

- Individual to be tested has been diagnosed with recurrent, relapsed, refractory, metastatic, or advanced stage III or IV cancer; **AND**
- Individual has decided to seek further cancer treatment (eg, therapeutic chemotherapy)

## Coverage Limitations

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

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## SOLID TUMORS

### Single Gene Testing

#### Description

**Single gene tests** analyze only one gene for variants specific to cancer type. Examples of single gene tests include *PIK3CA* and *TERT*.

#### Coverage Determination

##### ***PIK3CA* Gene Testing**

Humana members may be eligible under the Plan for ***PIK3CA* gene testing (81309)** for the following indications:

- Breast cancer – advanced or metastatic; **AND**
  - Disease progression on or after endocrine-based therapy; **AND**
  - HR-positive and HER2-negative disease; **AND**
  - Test is FDA approved; **AND**
  - To determine eligibility for treatment with either of the following:
    - Alpelisib (Piqray) in combination with fulvestrant (Faslodex); **OR**
    - Inavolisib (Itovebi) in combination with palbociclib (Ibrance) and fulvestrant (Faslodex); **OR**

- Breast cancer; **AND**
  - Disease progression on or after endocrine-based therapy; **AND**
  - HR-positive and HER2-negative disease; **AND**
  - To determine eligibility for treatment with alpelisib (Piqray) in combination with fulvestrant (Faslodex)

**TERT Gene Testing**

Humana members may be eligible under the Plan for **TERT gene testing (81345)** for the following indications:

- Glioma; **OR**
- Melanoma, cutaneous; **OR**
- Uterine carcinoma

**Coverage Limitations**

There are no limitations; refer to Coverage Determination Section.

**Coding Information**

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

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## Tumor Markers

### Description

A **tumor marker** is a protein, antibody, antigen or hormone in the body that may indicate the presence of cancer. Generally, these markers are specific to certain types of cancer and can be detected in blood, body fluids (eg, cerebral spinal fluid [CSF]), stool, tissue and urine samples. The body may produce the marker in response to cancer or the tumor itself may produce the marker. The detection of tumor markers may be used to determine a diagnosis or as an indicator of disease (cancer) progression. It can also be used to document clinical response to treatment. Examples of tumor markers include, but are not limited to:

- **Human epididymis protein 4 (HE4) (eg, Elecsys HE4 Assay)** has been proposed to aid in the detection and monitoring of ovarian cancer.

### Coverage Determination

#### Human Epididymis Protein 4 (HE4)

Humana members may be eligible under the Plan for **human epididymis protein 4 (HE4) testing (86305)** for the following indications:

- Newly diagnosed ovarian, fallopian tube or primary peritoneal cancer; **OR**
- Suspicious palpable pelvic mass on abdomen/pelvis examination; **AND/OR**
- Ascites, abdominal distention; **AND/OR**
- Symptoms without source of malignancy (eg, bloating, difficulty eating or feeling full quickly, pelvis/abdomen pain, urinary symptoms [frequency or urgency])

### Coverage Limitations

### Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
86305	Human epididymis protein 4 (HE4)	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

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## Change Summary

08/05/2025 New Policy.