

Effective Date: 08/29/2024 Revision Date: 08/29/2024 Review Date: 08/29/2024 Policy Number: HUM-0531-024 Line of Business: Commercial

Medical Coverage Policy

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Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. Refer to the CMS website. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Related Medical/Pharmacy Coverage Policies

Genetic Testing

Pharmacogenomics - Noncancer Indications

Cerdelga (eliglustat) Pharmacy Coverage Policy Preferred Multiple Sclerosis Products Pharmacy Coverage Policy Xenazine (tetrabenazine) Pharmacy Coverage Policy

Description

Pharmacogenomics testing is laboratory testing which has the potential to determine how an individual's genetic factors may affect the safety and effectiveness of that individual's response to a specific medication. The goal of pharmacogenomics testing is to reduce the incidence of adverse medication reactions while improving an individual's positive response to the medication. Additionally, some tests may help provide information on how well a specific treatment may work for an individual.

Cytochrome P450 enzymes are a group of enzymes that account for approximately 75 percent of drug metabolism in the human body. Enzymes encoded by the *P450* genes (eg, *CYP2C9*, *CYP2C19*, *CYP2D6*, *CYP3A4*, *CYP3A5*) are found primarily in the liver. The action of the P450 enzymes affects the blood levels of

many drugs. Genotyping for cytochrome P450 has been proposed for possible use in medical management of drug therapies including, but may not be limited to, anticoagulants, antiplatelet, barbiturates, opioid analgesics, proton pump inhibitors, psychotropic medications and selective estrogen receptor modulator (SERM). Examples of pharmacogenomic tests include, but may not be limited to, GeneSight Psychotropic, IDGenetix, Neuropsychiatric Panel EffectiveRX, PersonalisedRX, Roche Amplichip CYP450 Test, STA2R SureGene, VerifyNow and Warfarin Response Genotype. (Refer to Coverage Limitations)

Coverage Determination

Services provided by a psychiatrist, psychologist or other behavioral health professionals are subject to the provisions of the applicable behavioral health benefit.

Any state mandates for pharmacogenomic/pharmacogenetic testing take precedence over this medical coverage policy.

Apply General Criteria for Genetic and Pharmacogenomics Tests when disease- or gene-specific criteria are not available on a medical coverage policy. For information regarding **general criteria for genetic and pharmacogenomics tests**, please refer to <u>Genetic Testing</u> Medical Coverage Policy.

CYP2C9 Genotyping

Humana members may be eligible under the Plan for *CYP2C9* genotyping when the following criteria are met:

- Individual has been diagnosed with multiple sclerosis; AND
- Testing performed prior to initiation of treatment with siponimod (Mayzent)

CYP2D6 Genotyping

Humana members may be eligible under the Plan for *CYP2D6* genotyping (eg, Roche Amplichip CYP450 Test) when the following criteria are met:

- Individual has been diagnosed with Gaucher type I disease; AND
 - Testing performed using a US Food & Drug Administration (FDA)-approved test prior to initiation of treatment with eliglustat (Cerdelga); OR
- Individual has been diagnosed with chorea associated with Huntington's disease; AND
 - Prior to initiation of treatment with a daily dose of tetrabenazine (Xenazine) over 50 mg to determine dosing regimen

Coverage Limitations

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Humana members may **NOT** be eligible under the Plan for **pharmacogenomics/pharmacogenetic testing** for any indications other than those listed above including, but may not be limited to, the following:

- Assessment of multiple conditions including, but not limited to:
 - Single gene analysis for any of the following:
 - COMT (eg, Mayo Clinic Catechol-O-Methyltransferase [COMT] Genotype [0032U])
 - Mayo Clinic CYP2D6 Common Variants and Copy Number (0070U)
 - Mayo Clinic CYP2D6 Full Gene Sequencing (0071U)
 - Mayo Clinic CYP2D6-2D7 Hybrid Gene Targeted Sequence Analysis (0072U)
 - Mayo Clinic CYP2D7-2D6 Hybrid Gene Targeted Sequence Analysis (0073U)
 - Mayo Clinic CYP2D7-2D6 trans-duplication/multiplication non-duplicated gene targeted sequence analysis (0074U)
 - Mayo Clinic CYP2D6 5' gene duplication/multiplication targeted sequence analysis (0075U)
 - Mayo Clinic CYP2D6 3' gene duplication/multiplication targeted sequence analysis (0076U)
 - Multigene panel analysis including, but may not be limited to:
 - Drug metabolism (eg, pharmacogenomic testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis [81418])
 - EffectiveRX Comprehensive Panel (0438U)
 - Focused Pharmacogenomics Panel (0029U)
 - MyGenVar Pharmacogenomics Test (0516U)
 - PersonalisedRX (0380U)
 - RightMed Comprehensive Test (0349U)
 - RightMed Comprehensive Test exclude F2 and F5 (0348U)
 - RightMed Gene Report (0350U)
 - RightMed Gene Test Exclude F2 and F5 (0434U)
 - RightMed Oncology Gene Report (0460U)

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- RightMed Oncology Medication Report (0461U)
- RightMed PGx16 (0347U)
- SyncView Pain (0518U)
- SyncView PainPlus (0519U)
- SyncView Rx (0520U)
- Cardiovascular conditions including, but not limited to:
 - Single gene analysis for any of the following:
 - CYP2C19
 - CYP2C9
 - *CYP4F2*
 - *P2Y12* (eg, VerifyNow)
 - *SLCO1B1*
 - VKORC1 (81355)
 - o Multigene panel analysis including, but may not be limited to, Warfarin Drug Response (0030U)
- Psychiatric conditions including, but not limited to:
 - Single gene analysis for any of the following:
 - CYP1A2 (eg, Cytochrome P450 1A2 Genotype [0031U])
 - CYP2C19
 - *CYP2C9*
 - CYP2D6
 - CYP2D7
 - CYP3A4
 - CYP3A5
 - CYP4F2
 - HTR2A
 - HTR2C
 - Multigene panel analysis including, but may not be limited to:
 - EffectiveRX Neuropsychiatric Panel (0392U)
 - GeneSight Psychotropic (0345U)
 - Genomind Pharmacogenetics Report Full (0423U)
 - Genomind Professional PGx Express CORE (0175U)
 - IDGenetix (0411U)
 - PrecisView CNS (0517U)

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- Psych HealthPGx Panel (0173U)
- RightMed Mental Health Gene Report (0476U)
- RightMed Mental Health Medication Report (0477U)
- Serotonin Receptor Genotype (0033U)
- SureGene STA2R
- Tempus nP (0419U)

These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

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
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Not Covered
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Not Covered if used to report any test outlined in Coverage Limitations section
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Not Covered if used to report any test outlined in Coverage Limitations section
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Not Covered
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Not Covered
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Not Covered
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Not Covered

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81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	Not Covered
81479	Unlisted molecular pathology procedure	Not Covered if used to report any test outlined in Coverage Limitations section
85576	Platelet, aggregation (in vitro), each agent	Not Covered if used to report any test outlined in Coverage Limitations section
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Not Covered
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	Not Covered
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Not Covered
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Not Covered
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c759C>T] and rs1414334 [c.551-3008C>G])	Not Covered
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	Not Covered
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	Not Covered
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	Not Covered

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0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	Not Covered
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	Not Covered
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	Not Covered
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)	Not Covered
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Not Covered
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Not Covered
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	Not Covered
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	Not Covered
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	Not Covered
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	Not Covered
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	Not Covered
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	Not Covered New Code Effective 04/01/2023

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0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	Not Covered New Code Effective 07/01/2023
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 (For additional PLA code with identical clinical descriptor, see 0345U. See Appendix O to determine appropriate code assignment)	Not Covered New Code Effective 10/01/2023
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	Not Covered New Code Effective 10/01/2023
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	Not Covered New Code Effective 01/01/2024
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	Not Covered New Code Effective 01/01/2024
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	Not Covered New Code Effective 01/01/2024
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	Not covered New Code 07/01/2024
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	Not covered New Code 07/01/2024
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes	Not covered New Code 10/01/2024

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G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Not Covered
HCPCS Code(s)	Description	Comments
No code(s) io	dentified	
CPT® Category III Code(s)	Description	Comments
CDT®		10/01/2024
0520U	minimally effective range of prescribed and non-prescribed medications	New Code 10/01/2024
	Therapeutic drug monitoring, 200 or more drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic	Not covered
0519U	minimally effective range of prescribed, non-prescribed, and illicit medications in circulation	New Code 10/01/2024
	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LC-MS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic	Not covered
0518U	quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	New Code 10/01/2024
	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and	Not covered
0517U	therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications	New Code 10/01/2024
	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative	Not covered
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	New Code 10/01/2024
		Not covered
0477U	schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	New Code 10/01/2024
	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD],	Not covered

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Change Summary

01/25/2024 Update, Coverage Change, Updated Coding Information. 07/01/2024 Updated Coding Information 08/29/2024 Annual Review, Coverage Change