

05-86000-27

Original Effective Date: 07/15/08

Reviewed: 09/24/20

Revised: 10/15/20

Subject: Molecular Testing for the Management of Pancreatic Cysts, Barrett Esophagus, and Solid Pancreatic Lesions

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Topographic genotyping (TG), also called molecular anatomic pathology, integrates microscopic analysis (anatomic pathology) with molecular tissue analysis. Under microscopic examination of tissue and other specimens, areas of interest may be identified and microdissected to increase tumor cell yield for subsequent molecular analysis. Topographic genotyping may permit pathologic diagnosis when first-line analyses are inconclusive.

Interpace Diagnostics has patented a proprietary platform called PathFinderTG[®]; it provides mutational analyses of patient specimens. Two patented tests, available only through Interpace Diagnostics, that use the PathFinderTG platform are BarreGEN[™] and PancrGEN[™]. These molecular tests are intended to be used adjunctively when a definitive pathologic diagnosis cannot be made, because of the inadequate specimen or equivocal histologic or cytologic findings, to inform appropriate surveillance or surgical strategies.

POSITION STATEMENT:

Molecular testing using the PathFinderTG[®] platform (eg, BarreGEN[™], PancraGEN[™]) is considered **experimental or investigational** for all indications including the evaluation of pancreatic cyst fluid, Barrett esophagus, and solid pancreaticobiliary lesions. The evidence is insufficient to determine the effects of the technology on health outcomes.

BILLING/CODING INFORMATION:

There is no specific CPT or HCPCS code for molecular testing using the PathFinderTG platform; unlisted code 81479 or 84999 may be used.

REIMBURSEMENT INFORMATION:

None applicable.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products: The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Loss of Heterozygosity Based Topographic Genotyping with PathfinderTG[®] (L34864) located at novitas-solutions.com.

DEFINITIONS:

None applicable.

RELATED GUIDELINES:

Tumor/Genetic Markers, 05-86000-22

OTHER:

None applicable.

REFERENCES:

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4. ClinicalTrials.gov. Early Detection of Pancreatic Cystic Neoplasms; accessed August 2020.
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14. Novitas Solutions, Inc. Local Coverage Determination (LCD): Loss of Heterozygosity Based Topographic Genotyping with PathfinderTG[®] (L34864), accessed at novitas-solutions.com.
15. Sawhney MS, Devarajan S, O' Farrel P, et al, Comparison of Carcinoembryonic Antigen and Molecular Analysis in Pancreatic Cyst Fluid, Gastrointest Endosc. 2009; 69(6): 1106-10.
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17. Vege SS, Ziring B, et al. American Gastroenterological Association institute guideline on the diagnosis and management of asymptomatic neoplastic pancreatic cysts. Gastroenterology. Apr 2015;148(4):819-822;quize812-813.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 09/24/20.

GUIDELINE UPDATE INFORMATION:

07/15/08	New Medical Coverage Guideline.
06/15/09	Annual review: position statement maintained, and references updated.
04/15/10	Annual review: position statement maintained, and the description and references updated.
03/15/11	Annual review: position statement maintained and references updated.
03/15/12	Annual review; position statement maintained and references updated.
03/15/13	Annual review; position statement maintained, program exception section and references updated.
03/15/14	Annual review; position statement maintained; Medicare program exception and references updated.
11/01/15	Revision: ICD-9 Codes deleted.
11/15/17	Review; investigational position maintained; title, description section, position statement, and references updated.
12/15/18	Review; investigational status maintained; title, description, position statements, & references updated.
10/15/20	Review; position statement maintained and references updated.

