

MoIDX: Chromosome 1p/19q deletion analysis

CGS Administrators, LLC

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Please Note: This is a Proposed LCD.

Proposed LCDs are works in progress and not necessarily a reflection of the current policies or practices. Proposed LCDs in an approval status display on the CMS MCD for public review.

Contractor Information	
	
Contractor Name	CGS Administrators, LLC
Contract Number	15102
Contract Type	MAC - Part B
Associated Contract Numbers	(MAC - Part B - 15202) CGS Administrators, LLC, (MAC - Part A - 15101) CGS Administrators, LLC, (MAC - Part A - 15201) CGS Administrators, LLC

Proposed LCD Information	
	
Source LCD ID	N/A
Proposed LCD ID	DL36487

Original ICD-9 LCD ID	N/A
Proposed LCD Version	2
Proposed LCD Title	MoIDX: Chromosome 1p/19q deletion analysis
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CMS National Coverage Policy	<p>CMS Internet Online Manual Pub. 100-02 (Medicare Benefit Policy Manual), Chapter 15, Section 80, "Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests"</p> <p>CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.</p> <p>CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD</p>

	Diagnosis and Procedure Codes" CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 12, §30-Correct Coding Policy
Jurisdiction	Kentucky

Coverage Guidance



Coverage Indications, Limitations and/or Medical Necessity

Indications for testing

Chromosome 1p-/19q- (eg, glial tumors), deletion analysis is considered medically necessary for the management of following glial tumors:


- Astrocytoma
- Ependymoma
- Oligoastrocytoma (Mixed Glioma)
- Oligodendroglioma
- Optic Glioma
- Gliomatosis Cerebri

Limitations of coverage

Chromosome 1p-/19q- deletion analysis may be accomplished by molecular sequencing (81402) or morphometric analysis (e.g. in situ hybridization (FISH) 88367 or 88368). Physicians with patients who meet the indications of chromosome 1p-/19q testing - may select from one of the following test services:

- 81402 Chromosome 1p-/19q- (eg, glial tumors), deletion analysis
- 88367 Chromosome 1p-/19q- Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure
- 88368 Chromosome 1p-/19q- Morphometric analysis, in

	<p>situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure</p> <p>Note: Only ONE chromosome 1p-/19q analysis service per patient will be considered reasonable and necessary for tumor management.</p> <p>Background</p> <p>The presence of chromosome 1p/19q deletions in gliomas can assist in tumor differentiation, prognosis and treatment plan. Deletion studies specific to the 1p (short arm of chromosome #1) and 19q (long arm of chromosome #9) are performed on tumor tissue to determine if one or both 1p and 19q are deleted.</p> <p>Over half of oligodendrogliomas have 1p/19q deletions that can help distinguish them from other types of gliomas.³ 1p/19q deletions can differentiate low-grade oligodendrogliomas from oligoastrocytomas.¹ The choice of adjuvant therapy depends on factors including tumor pathology and 1p/19q deletion status. Research observing improved survival has established combined procarbazine, lomustine, and vincristine (PCV) chemotherapy and radiation therapy as the new standard for treating anaplastic oligodendroglioma with the 1p/19q co-deletion.^{2,4,5,6}</p>
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Proposed Process Information	
	
Associated Information	
Sources of Information and Basis for Decision	1. Buckner JC, et al. Phase II trial of procarbazine, lomustine, and vincristine as initial therapy for patients with low-grade oligodendroglioma or oligoastrocytoma: efficacy and associations with chromosomal

abnormalities. J Clin Oncol. 2003. 21(2):251-5.

2. Cairncross G, et al. Phase III trial of chemoradiotherapy for anaplastic oligodendroglioma: long-term results of RTOG 9402. J Clin Oncol. 2013. 31(3):337-43. doi: 10.1200/JCO.2012.43.2674. Epub.
3. Cairncross JG, et al. Specific genetic predictors of chemotherapeutic response and survival in patients with anaplastic oligodendrogliomas. J Natl Cancer Inst. 1998. 90(19):1473-9.
4. Hoang-Xuan K, et al. Temozolomide as initial treatment for adults with low-grade oligodendrogliomas or oligoastrocytomas and correlation with chromosome 1p deletions. J Clin Oncol. 2004. 22(15):3133-8.
5. Ino Y, et al. Molecular subtypes of anaplastic oligodendroglioma: implications for patient management at diagnosis. Clin Cancer Res. 2001. 7(4):839-45.
6. Kaloshi G, et al. Temozolomide for low-grade gliomas: predictive impact of 1p/19q loss on response and outcome. Neurology. 2007. 68(21):1831-6.

Open Meetings	Meeting Date	Meeting Information	State
Part B MAC Contractor Advisory Committee (CAC) Meetings	Meeting Date	Meeting Information	State
	10/19/2015	This policy will be presented at the Kentucky CAC meeting October 19, 2015.	Kentucky
	10/20/2015	This policy will be presented at the Ohio CAC meeting October 20, 2015.	Ohio
Comment Period Start Date	10/21/2015		
Comment Period End Date	12/07/2015		
Released to Final	Not yet released.		

LCD Date	
Reason for Proposed LCD	Provider Education/Guidance
Proposed LCD Contact	Earl Berman, MD Attn Medical Review Two Vantage Way Nashville, Tennessee 37228- cmd.inquiry@cgsadmin.com

Coding Information



Bill Type Codes							
Revenue Codes	N/A						
CPT/HCPCS Codes	<p>Group 1: Paragraph</p> <p>Group 1: Codes</p> <table border="1"> <tr> <td>81402</td> <td>MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS [TYPICALLY USING NON-SEQUENCING TARGET VARIANT ANALYSIS], IMMUNOGLOBULIN AND T-CELL RECEPTOR GENE REARRANGMENTS, DUPLICATION/DELETION VARIANTS OF 1 EXON, LOSS OF HETEROZYGOSITY [LOH], UNIPARENTAL DISOMY [UPD])</td> </tr> <tr> <td>88367</td> <td>MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), USING COMPUTER-ASSISTED TECHNOLOGY, PER SPECIMEN; INITIAL SINGLE PROBE STAIN PROCEDURE</td> </tr> <tr> <td>88368</td> <td>MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), MANUAL, PER SPECIMEN; INITIAL SINGLE PROBE STAIN PROCEDURE</td> </tr> </table>	81402	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS [TYPICALLY USING NON-SEQUENCING TARGET VARIANT ANALYSIS], IMMUNOGLOBULIN AND T-CELL RECEPTOR GENE REARRANGMENTS, DUPLICATION/DELETION VARIANTS OF 1 EXON, LOSS OF HETEROZYGOSITY [LOH], UNIPARENTAL DISOMY [UPD])	88367	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), USING COMPUTER-ASSISTED TECHNOLOGY, PER SPECIMEN; INITIAL SINGLE PROBE STAIN PROCEDURE	88368	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), MANUAL, PER SPECIMEN; INITIAL SINGLE PROBE STAIN PROCEDURE
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<p>Does the CPT 30% Coding Rule Apply?</p>	<p>No</p>																					
<p>ICD-10 Codes that Support Medical Necessity</p> <p>Note: Performance is optimized by using code ranges.</p>	<p>Group 1: Paragraph N/A Group 1: Codes</p> <table border="1" data-bbox="496 359 1520 1058"> <tr> <td>C71.0</td> <td>Malignant neoplasm of cerebrum, except lobes and ventricles</td> </tr> <tr> <td>C71.1</td> <td>Malignant neoplasm of frontal lobe</td> </tr> <tr> <td>C71.2</td> <td>Malignant neoplasm of temporal lobe</td> </tr> <tr> <td>C71.3</td> <td>Malignant neoplasm of parietal lobe</td> </tr> <tr> <td>C71.4</td> <td>Malignant neoplasm of occipital lobe</td> </tr> <tr> <td>C71.5</td> <td>Malignant neoplasm of cerebral ventricle</td> </tr> <tr> <td>C71.6</td> <td>Malignant neoplasm of cerebellum</td> </tr> <tr> <td>C71.7</td> <td>Malignant neoplasm of brain stem</td> </tr> <tr> <td>C71.8</td> <td>Malignant neoplasm of overlapping sites of brain</td> </tr> <tr> <td>C71.9</td> <td>Malignant neoplasm of brain, unspecified</td> </tr> </table>		C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	C71.1	Malignant neoplasm of frontal lobe	C71.2	Malignant neoplasm of temporal lobe	C71.3	Malignant neoplasm of parietal lobe	C71.4	Malignant neoplasm of occipital lobe	C71.5	Malignant neoplasm of cerebral ventricle	C71.6	Malignant neoplasm of cerebellum	C71.7	Malignant neoplasm of brain stem	C71.8	Malignant neoplasm of overlapping sites of brain	C71.9	Malignant neoplasm of brain, unspecified
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<p>ICD-10 Codes that DO NOT Support Medical Necessity</p> <p>Note: Performance is optimized by using code ranges.</p>	<p>Group 1: Paragraph N/A Group 1: Codes</p> <table border="1" data-bbox="496 1255 1520 1276"> <tr> <td> </td> <td> </td> </tr> </table>																					
<p>Additional ICD-10 Information</p>																						

<p>Associated Documents</p>	
<div style="text-align: center;">  </div>	
<p>Attachments</p>	<p>There are no attachments for this LCD.</p>

Related Local Coverage Documents	This LCD version has no Related Local Coverage Documents.
Related National Coverage Documents	This LCD version has no Related National Coverage Documents.
All Versions	Version 2 - Updated on 09/23/2015 08:27:38, by derita.wardell@cgsadmin.com, with effective dates N/A - N/A (Approved). Version 1 - Updated on 09/23/2015 08:19:05, by derita.wardell@cgsadmin.com, with effective dates N/A - N/A.

Additional Information	
	
Contractor Only Notes	
Keywords	
Saved By	derita.wardell@cgsadmin.com
Saved On	09/23/2015