



Client Communication

Medicare Local Coverage Determination Policy: CGS

Coverage Policy

L36908 - MoIDX: Percepta® Bronchial Genomic Classifier

CPT: 81479

Revision Effective Date: 12/07/2023

Coverage Indications, Limitations, and/or Medical Necessity

This Medicare contractor will provide limited coverage for the Percepta® Bronchial Genomic Classifier (Veracyte, Inc., South San Francisco, CA) to identify patients with clinical low- or intermediate-risk of malignancy, after a non-diagnostic bronchoscopy, who may be followed with CT surveillance in lieu of further invasive biopsies or surgery. A patient's clinical risk of malignancy may be ascertained by the McWilliams or Gould risk assessment models. Coverage does not include clinical high risk patients or patients with known lung cancer.

Criteria for Coverage

- Percepta® BGC is covered only when the following clinical conditions are met:
- Current or former smokers age 21 and greater, **and**
- Physician-assessed low or intermediate pretest risk of malignancy based upon the following clinical characteristic stratification^{3, 4}, **and**:

• Low Risk (<10%)	• Intermediate Risk (10-60%)	• High Risk (>60%)
• Nodules < 10 mm <10 pk/yr smoking history	• Nodules 10 - 30 mm 10 to 60 pk/yr smoking history	• Nodules >30 mm >60 pk/yr smoking history

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- Bronchoscopy is non-diagnostic (actionable benign or malignant diagnosis cannot be reached), **and**
- Percepta® BGC results will be utilized to determine whether CT surveillance is appropriate in lieu of further invasive biopsies or surgical procedures as outlined below, **and**

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Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with the patient's medical record. Sonic Healthcare does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff.

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• Pre-Test Risk:	• Post-Test Risk:	• Post-Test Diagnostic Strategy:
• Intermediate	• Intermediate	• Proceed to further work up
• Intermediate	• Low Risk	• CT surveillance
• Low Risk	• Low Risk	• CT surveillance
• Low Risk	• Very Low Risk	• CT surveillance

- Test is ordered by physician certified in Percepta® Certification and Training Registry (CTR), **and**
- Patient is monitored for malignancy (suggested monitoring includes serial CT scans at 3 to 6, 9 to 12, and 18 to 24 months, using thin sections and non-contrast, low-dose techniques), **and**
- Physician will report outcomes in all risk groups including those monitored initially and those who undergo immediate intervention, **and**
- Clinical management is consistent with the post-test diagnostic strategy described above in ≥80% of tested patients.
- Note: The Percepta® BGC test should not be ordered if a physician does not intend to act upon the test result.

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The ICD10 codes listed below are the top 40 diagnosis codes Sonic most commonly receives from ordering physicians for this limited-coverage test. Medicare supports provider utilization of all the diagnosis codes listed below, except those notated in bold. **If you are providing a diagnosis code that is bolded below, please submit a valid ABN form with the order.** To view the complete policy and the full list of medically supported diagnosis codes, please refer to the CMS website for guidance:

<https://www.cms.gov/medicare-coverage-database/search.aspx>

Code	Description
E03.8	Other specified hypothyroidism
E29.1	Testicular hypofunction
E72.11	Homocystinuria
E78.2	Mixed Hyperlipidemia
R53.83	Other Fatigue
R79.82	Elevated C-reactive protein (CRP)
R94.4	Abnormal results of kidney function studies

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