PROPOSED/DRAFT Local Coverage Determination (LCD):
MolDX: Chromosome 1p/19q deletion analysis (DL36483)

Please Note: This is a Proposed/Draft policy. Proposed/Draft LCDs are works in progress that are available on the Medicare Coverage Database site for public review. Proposed/Draft LCDs are not necessarily a reflection of the current policies or practices of the contractor.

Contractor Information

Contractor Information Table

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Number</th>
<th>Contract Type</th>
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</thead>
<tbody>
<tr>
<td>Palmetto GBA</td>
<td>11302</td>
<td>MAC - Part B</td>
</tr>
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</table>

Proposed/Draft LCD Information

Document Information

Source LCD ID
N/A

Proposed/Draft LCD ID
DL36483

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 situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure

Note: Only ONE chromosome 1p-/19q analysis service per patient will be considered reasonable and necessary for tumor management.
Background

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.

Over half of oligodendrogliomas have 1p/19q deletions that can help distinguish them from other types of gliomas. Over 1p/19q deletions can differentiate low-grade oligodendrogliomas from oligoastrocytomas. 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.

Proposed/Draft Process Information

Associated Information
Sources of Information and Basis for Decision


Open Meetings/Part B MAC Contractor Advisory Committee (CAC) Meetings

https://localcoverage.cms.gov/local_coverage/view/lcd_public.aspx?contractInfo=229%3a...
<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Meeting Type</th>
<th>Meeting State(s)</th>
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<tbody>
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<td>South Carolina</td>
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Comment Period Start Date  
10/13/2015  

Comment Period End Date  
11/27/2015  

Released to Final LCD Date  
Not yet released.  

Reason for Proposed LCD  
New/Updated Technology  

Proposed Contact  
Part B Policy  
PO Box 100238  
AG-275  
Columbia, South Carolina 29202-3238  
B.Policy@PalmettoGBA.com

Coding Information

[ PROPOSED/DRAFT ]

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply...
equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the article services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph:

<table>
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<tr>
<th>Group 1 Codes:</th>
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<tr>
<td>81402 MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, &gt;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, DUPICATION/DELETION VARIANTS OF 1 EXON, LOSS OF HETEROZYGOSITY [LOH], UNIPARENTAL DISOMY [UPD])</td>
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<tr>
<td>88367 MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), USING COMPUTER-ASSISTED TECHNOLOGY, PER SPECIMEN; INITIAL SINGLE PROBE STAIN PROCEDURE</td>
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<tr>
<td>88368 MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), MANUAL, PER SPECIMEN; INITIAL SINGLE PROBE STAIN PROCEDURE</td>
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ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

<p>| C71.0 | Malignant neoplasm of cerebrum, except lobes and ventricles |
| C71.1 | Malignant neoplasm of frontal lobe |</p>
<table>
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<th>Code</th>
<th>Description</th>
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<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>
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<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>
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ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:
N/A

Group 1 Codes:

Associated Documents

Attachments
There are no attachments for this LCD.

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.

Public Version(s)
Updated on 09/22/2015 with effective dates N/A - N/A
Updated on 09/22/2015 with effective dates N/A - N/A
Updated on 09/21/2015 with effective dates N/A - N/A
Updated on 09/21/2015 with effective dates N/A - N/A