Disclaimer

Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

Covered services to members of Medicare only based on the following.

Presbyterian Health Plan follows LCD L37921, MolDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer. Blood-based liquid biopsy InVisionFirst® - Lung test supports the therapeutic decisions at different stages for patients with advanced (Stage IIIB/IV) non-small cell lung cancer (NSCLC) whose tissue is unavailable due to insufficient and/or unobtainable material for tissue-based:

Upon diagnosis:
When results for EGFR single nucleotide variants (SNVs) and insertions and deletions (indels); rearrangements in ALK and ROS1; and SNVs for BRAF are not available

AND

When tissue-based CGP is infeasible [i.e., quantity not sufficient (QNS) for tissue-based comprehensive genomic profile (CGP) or invasive biopsy is medically contraindicated],

OR

At progression:
For patients progressing on or after chemotherapy or immunotherapy who have not been tested for EGFR SNVs and indels; rearrangements in ALK, and ROS1; and SNVs for BRAFs, and for whom tissue based CGP is infeasible;

OR

For patients progressing on EGFR tyrosine kinase inhibitors (TKIs)

NOTE: If no genetic alteration is detected by InVision®-Lung or if circulating tumor DNA (ctDNA) is insufficient/not detected, tissue-based genotyping should be considered.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

<table>
<thead>
<tr>
<th>CPT/HCPCS Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81479</td>
<td>InVisionFirst®-Lung, ctDNA Liquid biopsy testing for 36 or 37 genes relevant to advanced NSCLC includes:</td>
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</tbody>
</table>

<table>
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<tr>
<th>ICD-10</th>
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<tbody>
<tr>
<td>A563333</td>
<td>For ICD-10 Codes that support medical necessity please access related policy article Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer (A563333)</td>
</tr>
</tbody>
</table>

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].
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