Local Coverage Determination (LCD):
MolDX: Chromosome 1p/19q Deletion Analysis (L37009)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Alaska Alabama Arkansas Arizona Connecticut Florida Georgia Iowa Idaho Illinois Indiana Kansas Kentucky Louisiana Massachusetts Maine Michigan Minnesota Missouri - Entire State Mississippi Montana North Carolina North Dakota Nebraska New Hampshire New Jersey Ohio Oregon Rhode Island South Carolina South Dakota Tennessee Utah

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
				Virginia Virgin Islands Vermont Washington Wisconsin West Virginia Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

Back to Top

LCD Information

Document Information

LCD ID
L37009

LCD Title
MolDX: Chromosome 1p/19q Deletion Analysis

Proposed LCD in Comment Period
N/A

Source Proposed LCD
DL37009

Original Effective Date
For services performed on or after 07/17/2017

Revision Effective Date
N/A

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
06/01/2017

Notice Period End Date
07/16/2017

CMS National Coverage Policy 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"

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.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes"

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 12, §30-Correct Coding Policy

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 the following glial tumors:

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

Chromosome 1p-/19q-deletion analysis may also be indicated in the diagnosis of neoplasms that exhibit small round cell features (e.g. small glioblastomas and neurocytic tumors)

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
- 88373 Chromosome 1p-/19q- Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional 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

- 88369 Chromosome 1p-/19q-Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional 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.[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]

Back to Top

Coding Information

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 policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A
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 policy, 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 policy should be assumed to apply equally to all Revenue Codes.

N/A
N/A
CPT/HCPCS Codes
Group 1 Paragraph: N/A

Group 1 Codes:

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 REARRANGEMENTS, 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
88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), MANUAL, PER SPECIMEN; EACH ADDITIONAL SINGLE PROBE STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88373	

MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), USING COMPUTER-ASSISTED TECHNOLOGY, PER SPECIMEN; EACH ADDITIONAL SINGLE PROBE STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

ICD-10 Codes that Support Medical Necessity
Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes	Description
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
C72.0	Malignant neoplasm of spinal cord

ICD-10 Codes that DO NOT Support Medical Necessity
Group 1 Paragraph: N/A

Group 1 Codes: N/A

ICD-10 Additional Information Back to Top

General Information

Associated Information
N/A

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.

Back to Top

Revision History Information

N/A Back to Top

Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) A55541 - Response to Comments: MolDX: Chromosome 1p/19q Deletion Analysis (DL37009). LCD(s) DL37009 - MolDX: Chromosome 1p/19q Deletion Analysis

Related National Coverage Documents N/A

Public Version(s) Updated on 05/15/2017 with effective dates 07/17/2017 - N/A Back to Top

Keywords

N/A Read the **LCD Disclaimer** Back to Top