

Premier Health Insuring Corporation

POLICY AND PROCEDURE MANUAL

Policy Number: PA.018.PC
Last Review Date: 11/30/2017
Effective Date: 02/01/2018

PA.018.PC – Gene Expression Testing for Breast Cancer (Medicare Only)

This policy applies to the following line(s) of business:

- ✓ Premier Health Insuring Corporation MA – DSNP

Premier Health Insuring Corporation considers **gene expression testing for breast cancer** medically necessary for the following indications:

Prosigna is considered medically necessary **only for post-menopausal women who meet all of the following criteria:**

1. Diagnosed with Stage I or II breast cancer within the previous six months; and
2. Lymph node-negative or Stage II with 1-3 positive nodes; and
3. Estrogen receptor (ER) positive tumor; and
4. Her2 negative tumor; and
5. The woman would be a candidate for adjuvant chemotherapy and
6. The result of the test will guide the decision whether or not to use chemotherapy; and
7. The woman would choose to receive chemotherapy if offered.

Mammaprint is considered medically necessary **only for women who meet all of the following criteria:**

1. Diagnosed with stage I or II breast cancer within the previous six months; and
2. Lymph node-negative; and
3. Tumor smaller than 5.0 centimeters; and
4. Estrogen receptor (ER) positive or negative tumor; and
5. Her2 negative tumor; and
6. The woman would be a candidate for adjuvant chemotherapy and
7. The result of the test will guide the decision whether or not to use chemotherapy; and
8. The woman would choose to receive chemotherapy if offered.

Oncotype DX is considered medically necessary **only for women who meet all the following criteria:**

1. Diagnosed with Stage I or II breast cancer within the previous six months; and
2. Lymph node-negative; and
3. Estrogen receptor (ER) positive tumor; and
4. Her2 negative tumor; and

PA.018.PC – Gene Expression Testing for Breast Cancer Medicare Only Policy

Policy Number: PA.018.PC
Last Review Date: 11/30/2017
Effective Date: 02/01/2018

5. The woman would be a candidate for adjuvant chemotherapy and
6. The result of the test will guide the decision whether or not to use chemotherapy;
and
7. The woman would choose to receive chemotherapy if offered.

Limitations

1. **A maximum of one genomic assay per breast tumor is considered medically necessary and therefore second or subsequent genomic assays on the same tumor are not covered.**
2. Gene expression testing for breast cancer will only be covered if the test is ordered by an oncologist.
3. Since gene expression assays analyze ribonucleic acid (RNA) and RNA is unstable:
 - Assay samples are to be obtained at the time of tumor excision;
 - Time from excision to fixation should be less than 1 hour (see College of American Pathologists/American Society of Clinical Oncology (CAP/ASCO) protocol; reference below);
 - Formalin fixed paraffin blocks that are greater than six months old should not be tested.
4. Premier Health Insuring Corporation considers MammaPrint, Oncotype DX, and Prosigna to be **experimental/investigational for any other uses, reasons, or tissue type.**

Background

About one in eight women will develop breast cancer during their lifetime in the United States. Breast cancer is the second most commonly diagnosed cancer among women behind skin cancer. Breast cancer refers to a malignant tumor in the breast caused by an uncontrolled growth in cells and it is always caused by a genetic abnormality. Leading risk factors include increasing in age and being of the female sex.

If breast cancer is detected, various tests can be performed for additional insight on the rate of growth, likelihood of spreading or return and the potential effectiveness of treatment options. Multigene tests are one set of tests utilized and they can include:

- Oncotype DX: multigene test that predicts whether Stage I or Stage II breast cancer that is estrogen receptor positive and node negative will spread to other parts of the body.
- MammaPrint: multigene test that predicts whether Stage I or Stage II breast cancer that is node negative will spread to other parts of the body.

PA.018.PC – Gene Expression Testing for Breast Cancer Medicare Only Policy

Policy Number: PA.018.PC
Last Review Date: 11/30/2017
Effective Date: 02/01/2018

- Prosigna: multigene test for post-menopausal women that predicts whether Stage I or Stage II breast cancer that is estrogen receptor positive and node negative will spread to other parts of the body

If these tests indicate a high chance of spreading, chemotherapy may be given to lower the risk.

Oncotype DX Scores (risk of recurrence)

- 0 < 18: low risk
- 18-31: intermediate risk
- ≥ 31: high risk

Prosigna Scores (risk of recurrence):

- 0-40: low risk
- 41-60: intermediate risk
- 61-100: high risk

Codes:

CPT/HCPCS Codes	
Code	Description
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score
84999	Unlisted chemistry procedure

References

1. About Oncotype DX- Illuminating Breast Cancer Recurrence Risk- www.genomichealth.com
2. Azim HA, Jr., Michiels S, Zagouri F, et al. Utility of prognostic genomic tests in breast cancer practice: The IMPAKT 2012 Working Group Consensus Statement. Ann Oncol. 2013 Mar; 24(3):647-654. <http://www.ncbi.nlm.nih.gov/pubmed/23337633>
3. Badve S. Sentinel Lymph Node Biopsy. Ch. 7. In: Breast Pathology. (Dabbs DJ, ed.). Elsevier/Saunders; Philadelphia. 2012. ISBN. 978-1-4377-0604-8.
4. Barton MK: Researchers Find Discordance between standard human epidermal growth factor receptor 2 (HER2) testing and HER2 status reported on Oncotype DX. CA Cancer J Clin. 2012 Jan 18. doi: 10.3322/caac.21133 <http://www.ncbi.nlm.nih.gov/pubmed/22259018><http://www.ncbi.nlm.nih.gov/pubmed/22259018>

PA.018.PC – Gene Expression Testing for Breast Cancer Medicare Only Policy

Policy Number: PA.018.PC
Last Review Date: 11/30/2017
Effective Date: 02/01/2018

5. Breast Cancer Treatment (PDQ®), Stages of Breast Cancer, National Cancer Institute at the National Institute of Health, (last modified: 05/23/2014)
<http://www.cancer.gov/cancertopics/pdq/treatment/breast/Patient/page2#Keypoint13>
6. Breastcancer.org, MammaPrint Test. Last modified March 5, 2015.
<http://www.breastcancer.org/symptoms/testing/types/mammaprint>
7. Breastcancer.org, Oncotype DX Test. Last Modified June 23, 2015.
http://www.breastcancer.org/symptoms/testing/types/oncotype_dx
8. Breastcancer.org, Prosigna Breast Cancer Prognostic Gene Signature Assay. Last modified March 5, 2015.
<http://www.breastcancer.org/symptoms/testing/types/prosigna>
9. Breastcancer.org, U.S. Breast Cancer Statistics. Last modified May 11, 2015.
http://www.breastcancer.org/symptoms/understand_bc/statistics
10. Carlson RW, Allred DC, Anderson BO, et al.: Invasive breast cancer: clinical practice guidelines in oncology. J Natl Compr Canc Netw. 2011;9:136-222
<http://www.jnccn.org/content/9/2/136.full.pdf+html?sid=e2e09de5-3097-49b0-a749-298856d07c8a>
11. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) L36021 - Molecular Diagnostic Tests (MDT) (Contractor: CGS Administrators, LLS). Revision Effective Date: 01/01/2017.
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36021&ver=17&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=Molecular+Diagnostic+Tests&KeywordLookup=Title&KeywordSearchType=And&bc=gAAACAAAAAAAAA%3d%3d&>
12. Centers for Medicare and Medicaid Services (CMS). Technology Assessment of Molecular Pathology Testing for the Estimation of Prognosis for Common Cancers. Final May 29, 2014. <https://www.cms.gov/medicare-coverage-database/details/technology-assessments-details.aspx?TAId=94&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=molecular+diagnostic+tests&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAABAAAAAAAAA%3d%3d&>
13. Dvorak L, Dolan M, Fink J, et al. Correlation between HER2 determined by fluorescence in situ hybridization and reverse transcription-polymerase chain reaction of the Oncotype DX test. Appl Immunohistochem Mol Morphol. 2013 May; 21:196-199. <http://www.ncbi.nlm.nih.gov/pubmed/22914611>
14. EGAPP Working Group (Berg AO, Armstrong K, Botkin J, et al): Recommendations from the EGAPP Working Group: can tumor gene expression profiling improve outcomes in patients with breast cancer?, Genet Med; 2009; 11:66-73 <http://www.egappreviews.org/recommendations/breastcancer.htm>

PA.018.PC – Gene Expression Testing for Breast Cancer Medicare Only Policy

Policy Number: PA.018.PC
Last Review Date: 11/30/2017
Effective Date: 02/01/2018

15. Goncalves R, Bose R:Using multigene tests to select treatment for early-stage breast cancer. J Natl Compr Canc Netw. 2013 Feb; 11(2):174-182 ;, <http://www.jnccn.org/content/11/2/174.full.pdf+html?sid=e2e09de5-3097-49b0-a749-298856d07c8a>
16. Hammond ME, Hayes DF, Allred DC, et al., American Society of Clinical Oncology/College of American Pathologists Guideline Recommendations for Immunohistochemical Testing of Estrogen and Progesterone Receptors in Breast Cancer. ASCO; 2010. http://www.asco.org/sites/www.asco.org/files/unabridged_er_pr_revised_6.28.10_1.pdf
17. Klein ME, Dabbs DJ, Shuai Y, et al. Prediction of the Oncotype DX recurrence score: use of pathology-generated equations derived by linear regression analysis, Mod Pathol 2013 Mar 15. Doi 10.1038/modpathol.2013.36 <http://www.ncbi.nlm.nih.gov/pubmed/23503643>
18. Markopoulos, C. Overview of the Use of Oncotype DX as an Additional Treatment Decision Tool in Early Breast Cancer. 2013. http://www.medscape.com/viewarticle/779859_1
19. National Institute for Health and Clinical Excellence (NICE). Diagnostics Consultation Document 3: Gene expression profiling and expanded immunohistochemistry tests to guide the use of adjuvant chemotherapy in early breast cancer management - MammaPrint, Oncotype DX, IHC4 and Mammostrat. Issued: Feb. 18, 2013, <http://guidance.nice.org.uk/DT/4/Consultation3>
20. Paik S, Shak S, Tang G, et al. A multigene assay to predict recurrence of tamoxifen-treated, node-negative breast cancer. N Engl J Med. 2004;351(27):2817-2826

Disclaimer:

Premier Health Insuring Corporation medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Insuring Corporation and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Premier Health Insuring Corporation reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such

PA.018.PC – Gene Expression Testing for Breast Cancer Medicare Only Policy

Policy Number: PA.018.PC
Last Review Date: 11/30/2017
Effective Date: 02/01/2018

changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.