

Subject: Genetic Testing, InvisionFirst Liquid Biopsy for Lung Cancer

Medical Policy #: 39.1

Status: Review

Original Effective Date: 05-20-2020

Last Review Date: 05-24-2023

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 for Commercial, Medicaid and Medicare.

[See also Genetic Testing, Plasma-Based Genomic Profiling in Solid Tumors, MPM 39.0.](#)

Presbyterian Health Plan follows LCD [L37921](#), MoIDX: 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:

Coding

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

CPT/HCPCS Codes	Description
81479	InVisionFirst®-Lung, ctDNA Liquid biopsy testing for 36 or 37 genes relevant to advanced NSCLC includes:

ICD-10	Description
	For ICD-10 Codes that support medical necessity please access related policy article Inivata™, InVisionFirst®, Liquid Biopsy for Patients with Lung Cancer (A56333)

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: [Gray Clarke MD](#)

Senior Medical Director: [David Yu MD](#)

Medical Director: [Ana Maria Rael MD](#)

Date Approved: 05-24-2023

References

1. CMS, Wisconsin Physician Service Ins. Corp, Local Coverage Determination (LCD), MoIDX: Inivata™, InVisionFirst™, Liquid Biopsy for Patients with Lung Cancer (L37921), Revision Effective Date:10/14/2021, R5 [Cited 03/23/2023]
2. CMS related Local Coverage Article, Billing and Coding MoIDX: Inivata™, InVisionFirst®, Liquid Biopsy for Patients with Lung Cancer (A56333). Revision Effective Date 10/14/2021, R3, [Cited 03-23-2023]
3. Hayes, A TractManager Company Cell-Free Tumor DNA Testing for EGFR T790M Targeted Mutation in Non-Small Cell Lung Cancer Patients, Feb 09, 2017. [Cited 03-23-2023]
4. Hayes A TractManager Company, Guardant360 (Guardant Health Inc.), Molecular Test Assessment, 12/11/2018, Annual Review Nov 19, 2021. [Cited 03/23/2023]
5. Hayes A TractManager Company, FoundationOne Liquid CDx (Foundation Medicine Inc.) Mar 14, 2023. [Cited 03-23/2023]
6. NCCN Clinical Practice Guidelines in Oncology, Guidelines Version 2.2023 — February 17, 2023. [Cited 03-23-2023]

Publication History

05-20-2020 New Policy - Technology Assessment Committee evaluation on 04-22-2020: Agreed to create separate

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].

policy specific to InvisionFirst for Medicare Only. Policy is to follow LCD L37921 by Wisconsin Physician Service, (in JH). Prior Authorization will be required for CPT 81479.

Reviewed by PHP Medical Policy Committee on 04-29-20 and agreed with TAC recommendations and to place PA requirement for this policy for CPT 81479.

- 05-26-2021 Annual review. Reviewed on 05/06/2021. Continue to follow (LCD L37921), MoIDX: Inivata, InVisionFirst for Medicare only. Continuation for Commercial/Medicaid as investigational. Removed the exclusions language in regard to "Other noninvasive blood test for non-small cell lung cancer (NSCLC) which are not covered: GeneStrat (Biodesix Inc.) and FoundationOne Liquid (Foundation Medicine Inc)". Continue PA for 81479.
- 05-25-2022 Annual review. Reviewed by PHP Medical Policy Committee on 04/06/2022. Continue to follow LCD L37921 Inivata™, InVisionFirst®, Liquid Biopsy for Patients with Lung Cancer. Coverage has been expanded to Commercial and Medicaid. Rationale: Both LCD and NCCN mention liquid biopsy testing should only be ordered when tissue-based is infeasible. The coverage determination guideline language removed from policy and reformatted to only include CMS LCD weblinks. The Medical Policy Manual (MPM) number changed from 37.0 to MPM 39.1 to consolidate the Liquid biopsies testing under the MPM 39 category. Throughout the policy added trademark symbol to Inivata and registered symbol to InVisionFirst were added.
- 05-24-2023 Annual review. Reviewed by PHP Medical Policy Committee on 03-24-2023. Continue to follow LCD L37921 Inivata™, InVisionFirst®, Liquid Biopsy for Patients with Lung Cancer for all LOB.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.