

Subject: Genetic Testing for Pancreatic Cyst (PathfinderTG®/PancaGen™)**Medical Policy #:** 7.6**Original Effective Date:** 09/25/2019**Status:** Reviewed**Last Annual Review Date:** 12-11-2024

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.

Description

PathfinderTG® also known as Integrated Molecular Pathology, PancaGEN® test. It is offered in conjunction with first-line testing or as a second-line test when the standard evaluation provides inconclusive information. Combining pathologic study with molecular analyses of micro dissected tissue, has shown to enhance the ability to provide more precise diagnostic information, to help guide treatment decisions. These testing combinations are generally known as "topographic genotyping."

Topographic genotyping molecular diagnostic testing PathfinderTG®, is now called PancaGEN™ (Interpace Diagnostics) that permits pathologic diagnosis when first-line analyses are inconclusive.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request:

<https://ds.phs.org/preslogin/index.jsp>

PathfinderTG®/PancaGEN™ coverage includes Medicare, Medicaid and Commercial members.

PHP follows LCD [L34864](#) Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG, for Pancreatic Cyst testing.

Coding

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

| CPT code | Description |
|--|--|
| 81479 | Unlisted molecular pathology, (PathFinderTG® now called PancaGEN™) |
| For covered ICD-10, see LCA (A56897) | |

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Clinton White MD

Medical Director: Jim Romero MD

Date Approved: 12-11-2024

References

1. CMS, Local Coverage Determination LCD (L34864), by Novitas Solutions, Inc. for Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG®, 11-14-2019, R6 [Cited 10/21/2024]
2. CMS, Local Coverage Article: Billing and Coding Loss-of- Heterozygosity Based Topographic Genotyping with Pathfinder TG (A56897), effective 08/22/2019. Revision date 11-14-2019, R1. [Cited 10/21/2024].

3. Hayes, PancaGEN (Interpace Diagnostics), Annual review Sep 26, 2023. [Cited 10/21/2024].

Publication History

- 09-25-19: Creation of MPM 7.6, to moved Lynch Syndrome from MPM 7.1. Reviewed and approved by Medical Directors to use LCD L34864 for Medicare members only and non-coverage for Commercial and Medicaid.
- 11-18-20: Annual review. No change. Reviewed on 11-03-20. Agreed to continue to follow LCD L34864/A56897 for Medicare, Centennial Care and Commercial members. . Continue PA for 81479
- 11-17-21: Annual review. Reviewed by PHP Medical Policy Committee on 10/21/2021. No change. Continue coverage for all product lines using LCD L34864 and related article A56897 which have not been revised since last review. Hayes, PancaGEN has not been updated, still on annual review of Aug 30, 2020. Continue PA requirement for 81479. Added Utilization section with language that says repeat PathfinderTG® is not warranted for pancreatic cyst evaluation.
- 11-16-22: Annual review. Reviewed by PHP Medical Policy Committee on 10/19/2022. Continue coverage for all product lines using LCD L34864 and related article A56897 which have not been revised since last review. The coverage determination guideline language has been removed from policy and reformatted to only include LCD/LCA weblinks. Continue PA requirement for 81479. Changed Centennial Care to Medicaid.
- 12-13-23: Annual review. Reviewed by PHP Medical Policy Committee on 11-03-2023. No change. Continue coverage for all product lines using LCD L34864 and related article A56897. Continue PA requirement for 81479.
- 12-11-24: Annual review. Reviewed by PHP Medical Policy Committee on 10-23-2024. No change. Continue coverage for all product lines using LCD L34864 and related article A56897. Continue PA requirement for 81479.

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.