

# MEDICAL POLICY

<b>Medical Policy Title</b>	<b>Circulating Tumor DNA for Management of Cancer (Liquid Biopsy)</b>
<b>Policy Number</b>	<b>2.02.56</b>
<b>Current Effective Date</b>	<b>February 19, 2026</b>
<b>Next Review Date</b>	<b>February 2027</b>

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service. (Link to [Product Disclaimer](#))

## POLICY STATEMENT(S)

- I. Cell-free/circulating tumor DNA (ctDNA or liquid biopsy) analysis is considered **medically appropriate** when **ALL** the following criteria are met:
  - A. To direct targeted therapy;
  - B. As an alternative to additional tumor tissue biopsy when repeat invasive biopsy is contraindicated or there is not enough tissue for tissue-based molecular and biomarker analysis;
  - C. The results will be used to guide management of the patient;
  - D. The test has U.S. Food and Drug Administration (FDA) approval for the specific tumor type or disease site;

**AND**

  - E. In the treatment of **ANY** of the following:
    1. **Metastatic colorectal cancer** for the following targeted genes: (CPT code examples not all inclusive):
      - a. Kirsten rat sarcoma viral oncogene (KRAS) (CPT: 81275, 81276);
      - b. Neuroblastoma RAS viral oncogene (NRAS) (CPT: 81311);
      - c. B-Raf proto-oncogene (BRAF) (CPT: 81210);
      - d. Human epidermal growth factor receptor 2 (HER2) amplification;
      - e. Neurotrophic tyrosine receptor kinase (NTRK) gene fusions (CPT: 81191-81193, or 81194);
      - f. POLE/POLD1;
      - g. Rearranged during transfection (RET);
    2. Newly diagnosed **non-small-cell lung cancer (NSCLC)** including adenocarcinoma, large cell, squamous cell, and NSCLC not otherwise specified; **or** NSCLC that is

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progressing on or after chemotherapy or immunotherapy, for the following targeted gene mutations:

- a. Epidermal Growth Factor Receptor (EGFR) gene mutations (CPT: 81235);
  - b. Anaplastic lymphoma kinase (ALK) gene rearrangement;
  - c. KRAS (CPT: 81275, 81276);
  - d. NTRK 1/2/3 gene fusion (CPT: 81191-81193, or 81194);
  - e. ROS proto-oncogene 1 (ROS-1) gene rearrangement;
  - f. BRAF point mutations (CPT: 81210);
  - g. Mesenchymal-epithelial transition (MET) exon 14 skipping variants;
  - h. High-level MET amplification;
  - i. RET-gene rearrangements;
  - j. Erb-B2 Receptor Tyrosine Kinase 2 (ERBB2)/(HER2) gene mutation;
  - k. NRG1;
3. Stage III **melanoma** at high risk for recurrence, stage IV melanoma, or clinical recurrence for the following targeted gene mutations:
- a. BRAF (CPT: 81210);
  - b. KIT (CPT: 81272);
4. Newly diagnosed **metastatic pancreatic cancer** or metastatic pancreatic cancer that is progressing on or after chemotherapy or immunotherapy, and have never been tested for molecular and biomarker analysis for the following targeted gene mutations:
- a. Anaplastic lymphoma kinase (ALK) gene fusions;
  - b. NRG1 gene fusions;
  - c. NTRK 1/2/3 gene fusion (CPT: 81191-81193, or 81194);
  - d. ROS-1 gene fusion;
  - e. BRAF gene mutation (CPT: 81210);
  - f. BRCA 1/2 gene mutation (CPT 81162);
  - g. KRAS gene mutation (CPT: 81275, 81276);
  - h. PALB2 gene mutation (CPT: 81307);
  - i. HER2 amplifications;
  - j. FGFR2 gene fusion;
  - k. RET gene fusion;
  - l. Microsatellite instability (MSI)/ DNA mismatch repair (MMR);

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- m. Tumor mutational burden (TMB);
- 5. Recently diagnosed or recurrent **ovarian cancer** for the following targeted gene mutations:
  - a. BRCA 1/2 (CPT 81162);
  - b. Homologous recombination deficiency (HRD) status;
  - c. MSI/MMR.
  - d. TMB;
  - e. NTRK (CPT: 81191-81193, or 81194);
  - f. BRAF (CPT: 81210);
  - g. FRα (FOLR1);
  - h. RET;
  - i. HER2;
- 6. **Metastatic prostate cancer** for the following targeted gene mutations:
  - a. BRCA 1/2 (CPT 81162);
  - b. ATM;
  - c. PALB2 (CPT 81307);
  - d. FANCA;
  - e. RAD51D;
  - f. CHEK2;
  - g. CDK12;
  - h. MSI/MMR.
  - i. TMB;
- 7. **Breast cancer** for the following targeted gene mutations:
  - a. PIK3CA mutation (HR-positive/HER2-negative breast cancer) (CPT 81309);
  - b. NTRK fusion (all breast cancers) (CPT: 81191-81193, or 81194);
  - c. MSI/MMR (all breast cancers);
  - d. Estrogen Receptor 1 (ESR1) (HR-positive/HER2-negative breast cancer) at progression following prior lines of endocrine therapy;
  - e. RET (all breast cancers).

### Other Cancers

II. Circulating tumor DNA (ctDNA or liquid biopsy) analysis is considered **investigational** for **ALL**

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other indications.

III. Comprehensive genomic profiling (e.g., FoundationOne Liquid CDx, Guardant 360) is considered **investigational**.

### RELATED POLICIES

#### Corporate Medical Policy

2.02.51 Molecular Testing of Tumor Tissue to Identify Targeted Therapies for Cancers

2.02.53 JAK2, MPL, and CALR Molecular Testing for Myeloproliferative Neoplasm

2.02.54 Measurable Residual Disease Assessment Testing

11.01.03 Experimental or Investigational Services

### POLICY GUIDELINE(S)

- I. The Health Plan and its employees adhere to all State and Federal laws concerning the confidentiality of genetic testing and the results of genetic testing. All records, findings and results of any genetic test performed on any person shall be deemed confidential and shall not be disclosed without the written informed consent of the person to whom such genetic test relates. This information shall not be released to any person or organization not specifically authorized by the individual subject of the test or in compliance with applicable law.
- II. Genetic testing is appropriate only when performed by a qualified laboratory certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and offered in a setting with adequately trained health care professionals who are qualified to provide appropriate pre- and post-test counseling.
- III. Genetic testing is contract dependent. Coverage only applies to members with a valid contract; coverage is not provided for family members without a valid contract.
- IV. Cell-free/circulating tumor DNA testing should not be used in lieu of tissue diagnosis.
- V. A negative liquid biopsy test result should be followed by reflex testing to a formalin-fixed paraffin-embedded tissue test.
- VI. A liquid biopsy and formalin-fixed paraffin-embedded tissue test should not be tested simultaneously.
- VII. Smaller targeted panels with actionable gene mutations and drug therapies based on the presence of a specific mutation may be approvable.

### DESCRIPTION

The standard for treatment selection in some cancers is biomarker analysis of tissue samples during biopsy or surgery. Both biopsy and surgery are invasive with slow turnaround time for obtaining results. Tumor tissue may also be heterogeneous which may result in patients receiving chemotherapy rather than targeted therapy. An alternative to tissue-based molecular testing is cell-

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free DNA from plasma in the blood of patients with cancer. Cell-free DNA in blood is derived from nonmalignant and malignant cell DNA. The small DNA fragments released into the blood by tumor cells are referred to as circulating tumor DNA (ctDNA). Most ctDNA is derived from apoptotic and necrotic cells, either from the primary tumor, metastases or circulating tumor cells. Unlike apoptosis, necrosis is considered a pathological process, generating larger DNA fragments due to an incomplete and random digestion of genomic DNA. The length or integrity of the circulating DNA can potentially distinguish between apoptotic and necrotic origins. The ctDNA can be used for genomic characterization of the tumor and identification of the biomarkers of interest. Detection of ctDNA is challenging because cell-free DNA is diluted by nonmalignant circulating DNA and usually represents a small fraction (less than 1%) of total cell-free DNA. Therefore, methods up to 500 to 1000 times more sensitive than standard sequencing approaches (e.g., Sanger) are needed. Genetic testing of ctDNA can be targeted at specific genes or at commonly found, acquired, somatic variants ("hotspots") that occur in specific cancers, which can impact therapy decisions. Panel testing for specific genetic variants that may impact therapy decisions in many different cancers can also be performed.

Cell-free DNA tests can identify patients with NSCLC who cannot undergo lung biopsy, for whom there is a net benefit of targeted therapy versus chemotherapy.

### **SUPPORTIVE LITERATURE**

Randomized controlled trials (RCTs) comparing treatment selection based on tumor biomarkers with plasma biomarkers would potentially support evidence on clinical utility, as well as evidence on the ability of liquid biopsy to predict treatment response similar to, or better than, tissue biopsy. If the two tests are highly correlated, they are likely to stratify treatment response similarly overall. To understand the implications of "false-positive: and false-negative" liquid biopsies for outcomes, patients who have discordant results on liquid biopsy and standard tissue biopsy can be assessed for response to EGFR tyrosine kinase inhibitors (TKIs). A negative liquid biopsy for EGFR-sensitizing or -resistance variants, and a positive tissue-based biopsy responding to EGFR tyrosine kinase inhibitors (TKIs), would suggest that the tissue biopsy was correct, and the liquid biopsy results were truly false-negatives. A positive liquid biopsy, and a negative tissue biopsy for EGFR variants responding to EGFR TKIs, would suggest the positive liquid biopsy was correct, rather than false-positive. Clinical utility may alternatively be established, based on the assumption that tissue biomarkers are the standard by which treatment decisions are made; consequently, agreement between liquid and tissue biopsies would infer that treatment selection based on liquid or tissue biopsies is likely to yield similar outcomes. The use of liquid biopsy rather than a tissue biopsy would reduce the number of patients undergoing invasive tissue sampling and any accompanying complications.

### **PROFESSIONAL GUIDELINE(S)**

The Association for Molecular Pathology and College of American Pathologists joint publication (Lockwood 2023) recommend the selection of targeted therapy should be based on genomic analysis data derived from recently biopsied tumor tissue and ctDNA analysis. Although tissue genomic analysis remains the standard practice, identification of targetable alterations using ctDNA analysis should also be considered. Optimization of ctDNA analysis will require the use of NGS gene panels

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similar to those used for tissue analysis and assessment of tumor mutational burden and other biomarkers associated with response to immunotherapy.

The NCCN Guidelines for Colon Cancer (V.5.2024) have expanded recommendations regarding biomarker testing as the role of targeted therapy for treatment of advanced or metastatic colorectal cancer (mCRC) has become increasingly prominent. Currently, determination of tumor gene status for KRAS/NRAS and BRAF mutations, as well as HER2 amplifications and MSI/MMR status (if not previously done), are recommended for patients with mCRC. The testing can be performed on formalin-fixed paraffin-embedded tissue (preferred) or blood-based assay and may be carried out for individual genes or as part of an NGS panel, although no specific methodology is recommended. NGS panels have the advantage of being able to pick up rare and actionable genetic alterations, such as neurotrophic tyrosine receptor kinase (NTRK) fusions. Based on the limited data in the colorectal cancer population, the NCCN Panel does not currently recommend TMB biomarker testing, unless measured as part of a clinical trial.

The National Comprehensive Cancer Network (NCCN) Guidelines for Non-Small Cell Lung Cancer (NSCLC) (V.3.2026) state that cell-free/circulating tumor DNA testing should not be used in lieu of tissue diagnosis. Studies have demonstrated that cell-free tumor DNA testing generally has very high specificity but significantly compromised sensitivity with up to a 30% false-negative rate. Standards for analytical performance characteristics of cell-free tumor DNA have not been established, and in contrast to tissue-based testing, no guidelines exist regarding the recommended performance characteristics of this type of testing. Cell-free tumor DNA testing can identify alterations that are unrelated to a lesion of interest, for example, clonal hematopoiesis of indeterminate potential (CHIP). Use of cell-free/circulating tumor DNA testing can be considered in specific clinical circumstances, most notably when a patient is medically unfit for invasive tissue sampling, there is insufficient tissue for molecular analysis, and a follow-up tissue-based analysis is planned if an oncogenic driver is not identified. The NCCN NSCLC Panel recommends assessing a minimum of the following potential genetic variants: ALK, BRAF, EGFR, ERBB2 (HER2), KRAS, NRG1 METex14, NTRK1/2/3 gene fusions, RET, and ROS1 rearrangements.

The NCCN Guidelines for Cutaneous Melanoma (V.2.2025) state emerging molecular technologies for cutaneous melanoma diagnosis and prognostication indications include that BRAF or next-generation sequencing (NGS) for resected stage I-II cutaneous melanoma is not recommended unless it will inform clinical trial participation. BRAF mutation is recommended for patients with stage III at high risk for recurrence for whom future BRAF-directed therapy may be an option. For initial presentation with stage IV disease or clinical recurrence, obtain tissue to ascertain alterations in BRAF, and in the appropriate clinical setting, KIT from either biopsy of the metastasis (preferred) or archival material if the patient was being considered for targeted therapy. Broader genomic profiling (e.g., larger NGS panels, BRAF non-V600 mutations) was recommended if feasible, especially if the test results might guide future treatment decisions or eligibility for participation in a clinical trial. If BRAF single-gene testing was the initial test performed, and is negative, clinicians should strongly consider larger NGS panels to identify other potential genetic targets (e.g., KIT, NRAS, BRAF non-V600). Molecular testing may be performed on tumor tissue, or if not available, on peripheral blood (liquid biopsy). Given the possibility of a false negative, a negative liquid biopsy should prompt tissue testing.

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BRAF and KIT mutations appear to be early genetic driver events in melanoma. Thus, repeat molecular testing upon recurrence or metastases is likely to be of low yield. Repeat testing following progression on targeted therapy (BRAF- or KIT-directed therapy) does not appear to have clinical utility, since the mechanisms of resistance are diverse and do not have prognostic or therapeutic relevance.

The NCCN Guidelines for Pancreatic Adenocarcinoma (V.2.2025) recommend gene profiling of tumor tissue as clinically indicated for individuals with locally advanced/metastatic disease who are candidates for anti-cancer therapy to identify clinically actionable or emerging alterations. These alterations include, but are not limited to, fusions (ALK, NRG1, NTRK, ROS1, FGFR2, RET), mutations (BRAF, BRCA 1/2, KRAS, PALB2), amplifications (HER2), microsatellite instability (MSI), and/or mismatch repair (MMR) deficiency, or tumor mutational burden (TMB) using comprehensive genomic profiling via an FDA approved NGS assay. Testing on tumor tissue is preferred; however, cell-free DNA testing can be considered if tumor tissue testing is not feasible. Testing may be performed if recurrence after resection if not previously performed.

The NCCN Guidelines for Ovarian Cancer/Fallopian Tube Cancer/ Primary Peritoneal Cancer (V.3.2025) state comprehensive tumor testing may not be necessary for certain patients in the upfront setting, specifically those with a germline mutation in BRCA1/2 or other homologous recombination/DNA repair pathway genes. Initially molecular analysis should include BRCA1/2 status, loss of heterozygosity, or homologous recombination status, in the absence of a germline BRCA mutation. However, some patients (such as those who lack a BRCA1/2 mutation or experience disease recurrence) may benefit from a more thorough tumor molecular analysis to inform additional targeted therapy options. In the recurrence setting, tumor molecular analysis is recommended to include, at a minimum, tests to identify potential benefit from targeted therapeutics that have tumor-specific or tumor-agnostic benefit including, but not limited to, HER2 status BRCA1/2, HRD status, MSI, MMR, TMB, BRAF, FR $\alpha$  (FOLR1), RET, and NTRK if prior testing did not include these markers. Molecular analyses may be performed on circulating tumor DNA (ctDNA or liquid biopsy) when tissue-based analysis is not clinically feasible. Additional somatic tumor testing can be considered at the physician's discretion to identify genetic alterations for which FDA-approved tumor-specific or tumor-agnostic targeted therapy options exist. These additional tests may be particularly useful for patients whose recurrence therapy options are limited.

The NCCN Guidelines for Prostate Cancer (V.4.2026) for somatic tumor testing pre-test considerations include that tumor molecular and biomarker analysis may be used for treatment decision-making, including understanding eligibility for biomarker-directed treatments, genetic counseling, early use of platinum chemotherapy, and eligibility for clinical trials. Clinical trials may include established and/or candidate molecular biomarkers for eligibility. The panel strongly recommends a metastatic biopsy for histologic and molecular evaluation. When unsafe or unfeasible, plasma ctDNA assay is an option, preferably collected during biochemical (PSA) and/or radiographic progression in order to maximize diagnostic yield. Caution is needed when interpreting ctDNA-only evaluation due to potential interference from clonal hematopoiesis of indeterminate potential (CHIP), which can result in a false-positive biomarker signal.

The NCCN Guidelines for Breast Cancer (V.5.2025) state tumor tissue or plasma-based circulating

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tumor DNA assays may be used and each of these have benefits and limitations for diagnosis and disease progression. Tissue based assays have greater sensitivity for some alterations, but ctDNA may reflect tumor heterogeneity more accurately. If one specimen is negative for actionable biomarkers, testing on the alternative specimen can be considered. The clinical use of Circulating Tumor Cells (CTC) or circulating DNA (ctDNA) in metastatic breast cancer is not yet included in the NCCN Guidelines for Breast Cancer for disease assessment and monitoring.

In the American Society of Clinical Oncology and College of American Pathologists Joint Review of Circulating Tumor DNA Analysis in Patients with Cancer (Merker 2018), the authors concluded that current evidence suggests that the optimal specimen type for analysis of circulating tumor DNA (ctDNA) in blood is plasma. Analytical validity must be established for any clinical ctDNA test and different ctDNA assays may not give the same results because of different assay performance characteristics, such as differing limits of detection. Most assays have insufficient evidence to demonstrate clinical validity, and most have no evidence of clinical utility. Well-designed clinical trials or equivalence studies are needed to demonstrate clinical utility for most assays. Evidence shows discordance in results between ctDNA assays and tumor tissue genotyping and supports the value of tumor tissue genotyping to confirm undetected ctDNA findings. For advanced cancer, the evidence indicates that more reliable test results occur when the ctDNA assay is performed at the time of disease progression and not when responding to prior therapy. There is evidence that positive findings from well-validated ctDNA assays may support initiation of a targeted therapy option where an assay for the relevant genomic marker has demonstrated clinical utility when performed in tissue. For monitoring therapy effectiveness, evidence of clinical validity is still emerging, and there is currently no evidence of clinical utility to suggest that ctDNA assays are useful in this context, outside of a clinical trial. For early-stage cancer, evidence of clinical validity is still emerging, and there is currently no evidence of clinical utility to suggest that ctDNA assays are useful at diagnosis or in the adjuvant setting after completing treatment, outside of a clinical trial. For cancer screening, there is no evidence of clinical validity and clinical utility to suggest that ctDNA assays are useful in this context, outside of a clinical trial. Given the rapid pace of research, re-evaluation of literature will shortly be required, along with the development of tools and guidance for clinical practice.

### REGULATORY STATUS

Clinical laboratories may develop and validate tests in-house and market them as laboratory services. Laboratory-developed tests must meet the general regulatory standards of the Clinical Laboratory Improvement Amendments (CLIA).

Laboratories that offer laboratory-developed tests must be licensed by CLIA for high-complexity testing. More information is available at: [Clinical Laboratory Improvement Amendments \(CLIA\) | FDA](#) [accessed 2026 Jan 20]

[List of Cleared or Approved Companion Diagnostic Devices \(In Vitro and Imaging Tools\) | FDA](#) [accessed 2026 Jan 20]

[FDA Cleared-Approved-CDx.](#) [accessed 2026 Jan 20]

### CODE(S)

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- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

### CPT Codes

Code	Description
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (i.e., detection of large gene rearrangements)
81191	NTRK1 (Neurotrophic Receptor Tyrosine Kinase 1) (e.g., solid tumors) translocation analysis
81192	NTRK2 (Neurotrophic Receptor Tyrosine Kinase 2) (e.g., solid tumors) translocation analysis
81193	NTRK3 (Neurotrophic Receptor Tyrosine Kinase 3) (e.g., solid tumors) translocation analysis
81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (e.g., solid tumors) translocation analysis
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (e.g., colon cancer, melanoma), gene analysis, V600 variant(s)
81235	EGFR (epidermal growth factor receptor) (e.g., non-small cell lung cancer) gene analysis, common variants (e.g., exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (e.g., carcinoma) gene analysis; variants in exon 2 (e.g., codons 12 and 13)
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (e.g., carcinoma) gene analysis; additional variant(s) (e.g., codon 61, codon 146)
81277 (E/I)	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of heterozygosity variants for chromosomal abnormalities
81307	PALB2 (partner and localizer of BRCA2) (e.g., breast and pancreatic cancer) gene analysis; full gene sequence
81401	Molecular pathology procedure, Level 2 (e.g., 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)

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Code	Description
81402	Molecular pathology procedure, Level 3 (e.g., >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])
81403	Molecular pathology procedure, Level 4 (e.g., analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)
81404	Molecular pathology procedure, Level 5 (e.g., analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)
81405	Molecular pathology procedure, Level 6 (e.g., analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)
81406	Molecular pathology procedure, Level 7 (e.g., analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis
81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis
81455 (E/I)	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis
81456 (E/I)	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (e.g., plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements

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Code	Description
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (e.g., plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (e.g., plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements
81479	Unlisted molecular pathology procedure
86152	Cell enumeration using immunologic selection and identification in fluid specimen (e.g., circulating tumor cells in blood);
86153	Cell enumeration using immunologic selection and identification in fluid specimen (e.g., circulating tumor cells in blood); physician interpretation and report, when required
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status (therascreen PIK3CA RGQ PCR Kit, QIAGEN, QIAGEN GmbH)
0179U (E/I)	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s) (Resolution ctDx Lung, Resolution Bioscience, Resolution Bioscience, Inc)
0229U (E/I)	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (e.g., colorectal cancer) promoter methylation analysis (Colvera, Clinical Genomics Pathology Inc)
0239U (E/I)	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations (FoundationOne Liquid CDx, Foundation Medicine)
0242U (E/I)	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements (Guardant360 CDx, Guardant Health Inc)

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Code	Description
0326U (E/I)	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden (Guardant 360, Guardant Health Inc)
0337U (E/I)	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood (CELLSEARCH Circulating Multiple Myeloma Cell (CMMC) Test, Menarini Silicon Biosystems, Inc)
0338U (E/I)	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection, and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood (CELLSEARCH HER2 Circulating Tumor Cell (CTC-HER2) Test, Menarini Silicon Biosystems, Inc)
0388U (E/I)	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection (InVisionFirst-Lung Liquid Biopsy, Inivata, Inc)
0409U (E/I)	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability (LiquidHALLMARK, Lucence Health, Inc)
0485U (E/I)	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden (Caris Assure, Caris MPI, Inc d/b/a Caris Life Sciences)
0487U (E/I)	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability (Northstar Select, BillionToOne Laboratory, BillionToOne, Inc)

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Code	Description
0490U (E/I)	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma-associated antigen, CD34 and CD45 protein biomarkers, peripheral blood (CELLSEARCH Circulating Melanoma Cell (CMC) Test, Menarini Silicon Biosystems Inc)
0491U (E/I)	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker-expressing cells, peripheral blood (CELLSEARCH ER Circulating Tumor Cell (CTC-ER) Test, Menarini Silicon Biosystems Inc)
0498U (E/I)	Oncology (colorectal), next-generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation (OptiSeq Colorectal Cancer NGS Panel, DiaCarta, Inc)
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection (OptiSeq Dual Cancer Panel Kit, DiaCarta, Inc)
0530U (E/I)	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association (LiquidHALLMARK, Lucence Health, Inc)
0539U (E/I)	Oncology (solid tumor), cell free circulating tumor DNA (ctDNA), 152 genes, next generation sequencing, interrogation for single nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole blood samples, mutations with clinical actionability reported as actionable variant (PredicineCARE Assay, Predicine Inc) (Effective 04/01/2025)
0562U (E/I)	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants (PGDx elio plasma focus Dx, Personal Genome Diagnostics Inc) (Effective 07/01/2025)

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Code	Description
0571U (E/I)	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants (LiquidHALLMARK ctDNA and ctRNA, Lucence Health, Inc) (Effective 07/01/2025)
0585U (E/I)	Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, and microsatellite instability, report shows identified mutations, including variants with clinical actionability (Labcorp Plasma Complete, Labcorp, Laboratory Developed Test) (Effective 10/01/25)

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### HCPCS Codes

Code	Description
Not Applicable	

### ICD10 Codes

Code	Description
C18.0-C21.8	Malignant neoplasm of colon, rectosigmoid junction, rectum, and anus and anal canal (code range)
C25.0-C25.9	Malignant neoplasm of pancreas (code range)
C34.10 - C34.12	Malignant neoplasm of upper lobe, bronchus, or lung (code range)
C34.30- C34.32	Malignant neoplasm of lower lobe, bronchus, or lung (code range)
C34.80- C34.82	Malignant neoplasm of overlapping sites of bronchus and lung (code range)
C34.90- C34.92	Malignant neoplasm of unspecified part of bronchus or lung (code range)
C50.011- C50.929	Malignant neoplasm of breast (code range)
C56.1-C56.9	Malignant neoplasm of ovary (code range)

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Code	Description
C61	Malignant neoplasm of prostate
C78.5	Secondary malignant neoplasm of large intestine and rectum
C79.60- C79.62	Secondary malignant neoplasm of ovary (code range)
C79.81	Secondary malignant neoplasm of breast
D05.00- D05.02	Lobular carcinoma in situ of breast (code range)
D05.10- D05.12	Intraductal carcinoma in situ of breast (code range)
D05.80- D05.92	Carcinoma in situ of breast, specified, unspecified (code range)
D07.30- D07.39	Carcinoma in situ of other and unspecified female genital organs (code range)
D40.0	Neoplasm of uncertain behavior of prostate

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## SEARCH TERMS

Not Applicable

## CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

[Next Generation Sequencing \(NGS\) \(NCD 90.2\)](#) [accessed 2026 Jan 15]

[Molecular Pathology Procedures \(LCD L35000\)](#) [accessed 2026 Jan 15]

[Molecular Pathology Procedures \(Article-Billing and Coding A56199\)](#) [accessed 2026 Jan 15]

[Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms \(LCD L37810\)](#) [accessed 2026 Jan 15]

[Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms \(Article- Billing and Coding A56867\)](#) [accessed 2026 Jan 15]

## PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

## POLICY HISTORY/REVISION

### Committee Approval Dates

08/15/19, 10/22/20, 11/18/21, 01/19/23, 01/18/24, 02/20/25, 02/19/26

Date	Summary of Changes
02/19/26	<ul style="list-style-type: none"><li>• Annual review, policy intent unchanged.</li></ul>
09/30/25	<ul style="list-style-type: none"><li>• Off-cycle policy review, code edit, added CPT code 0585U. Policy intent unchanged.</li></ul>
02/20/25	<ul style="list-style-type: none"><li>• Annual review, policy statements revised with recommended genes, intent unchanged.</li></ul>

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01/01/25	<ul style="list-style-type: none"><li>• Summary of changes tracking implemented.</li></ul>
08/15/19	<ul style="list-style-type: none"><li>• Original effective date</li></ul>