Local Coverage Determination (LCD):
MolDX: Chromosome 1p/19q Deletion Analysis (L36557)

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

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Contractor Information

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<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
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LCD Information

Document Information

LCD ID
L36557

Original Effective Date
For services performed on or after 08/01/2016

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

Revision Effective Date
For services performed on or after 01/01/2017

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Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
06/15/2016

Notice Period End Date
07/31/2016
Coverage Indications, Limitations, and/or Medical Necessity

Indications for testing

Chromosome 1p-/19q- (e.g., glial tumors), deletion analysis is considered medically necessary for the management of 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- (e.g., 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.¹ 1p/19q deletions can differentiate low-grade oligodendrogliomas from oligoastrocytomas.³

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

**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.

0x TBD

**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)
ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

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<td>C71.0</td>
<td>Malignant neoplasm of cerebrum, except lobes and ventricles</td>
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<td>C71.1</td>
<td>Malignant neoplasm of frontal lobe</td>
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<td>C71.2</td>
<td>Malignant neoplasm of temporal lobe</td>
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<tr>
<td>C71.3</td>
<td>Malignant neoplasm of parietal lobe</td>
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<td>C71.5</td>
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<td>C72.0</td>
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ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** N/A

**Group 1 Codes:** N/A

ICD-10 Additional Information

**General Information**

Associated Information

N/A

Sources of Information and Basis for Decision


Revision History Information

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<th>Revision History Number</th>
<th>Revision History Explanation</th>
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<td>R1</td>
<td>CPT code 81402 descriptor was changed in Group 1, under CPT/HCPCS Codes. There may not be any change in how the code displays in the document.</td>
<td>Revisions Due To CPT/HCPCS Code Changes</td>
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Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) A55080 - Response to Comments: MolDX: Chromosome 1p/19q Deletion Analysis LCD(s) DL36557 - (MCD Archive Site)

Related National Coverage Documents N/A

Public Version(s) Updated on 01/06/2017 with effective dates 01/01/2017 - N/A Updated on 06/01/2016 with effective dates 08/01/2016 - N/A

Keywords

- 81402
- 88367
- 88368
- 88369
- 88373
- Chromosome Analysis
- Astrocytoma
- Ependymoma
- Oligoastrocytoma
- Mixed Glioma
- Oligodendroglioma
- Optic Glioma
- Gliomatosis Cerebri

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