Local Coverage Determination (LCD):
MolDX: APC and MUTYH Gene Testing (L36884)

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

### Contractor Information

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<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
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Document Information

LCD ID
L36884

LCD Title
MolDX: APC and MUTYH Gene Testing

Proposed LCD in Comment Period
N/A

Source Proposed LCD
DL36884

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Original Effective Date
For services performed on or after 05/15/2017

Revision Effective Date
For services performed on or after 11/01/2019

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
03/30/2017

Notice Period End Date
05/14/2017
or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

**CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be reasonable and necessary.

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.


CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes".

**Coverage Guidance**

**Coverage Indications, Limitations, and/or Medical Necessity**

This policy provides Medicare coverage for APC and MUTYH gene testing for individuals suspected to have Familial Adenomatous Polyposis (FAP), Attenuated FAP (AFAP) or MYH-associated polyposis (MAP) with a personal history of ≥20 adenomas over a lifetime.

**Summary of Evidence**

FAP and AFAP are autosomal dominant syndromes caused by a germ-line mutation in the APC gene. The distinction between FAP and AFAP is largely based on the number of polyps present. Individuals with >100 are said to have FAP, while those with <100 are said to have AFAP. FAP affected individuals generally develop adenomas throughout the colon beginning in their teens, whereas individuals with AFAP frequently have a right-sided distribution to polyps. The average age of symptomatic FAP diagnosis ranges from 35-45 years of age\(^1\). The clinical expression of AFAP is more variable with adenomas developing at a later age, and some patients with <10 cumulative adenomatous polyps\(^2\). With nearly 100% penetrance of the APC gene, colorectal cancer (CRC) is inevitable in patients with FAP if colectomy is not performed. The cumulative risk of CRC cancer in AFAP is estimated to be nearly 70% at age 80\(^3\), with up to 30% of cancers occurring over age 40\(^4\). The average age of CRC diagnosis is >50 years for AFAP. FAP accounts for up to 1% of colorectal cancers.

Additional findings may be associated with classical FAP including congenital hypertrophy of retinal pigment epithelium (CHRPE); osteomas, supernumerary teeth, and odontomas; desmoids and epidermoid cysts; duodenal and other small bowel adenomas; gastric fundic gland polyps; and increased risk for medulloblastoma, papillary carcinoma of the thyroid and hepatoblastoma; and pancreatic, gastric and duodenal cancers. Although upper GI
findings, thyroid and duodenal cancer risks are similar to classical FAP, other extraintestinal manifestations, including CHRPE and desmoids are unusual in AFAP.

Mutations in the MUTYH gene cause MUTYH-Associated Polyposis syndrome (MAP). Affected individuals have large numbers of adenomatous polyp, similar to patient with AFAP, and a high risk for CRC. The average age of patients with MAP-associated CRC is >50 years, with nearly 25% of patients diagnosed after age 60\(^6\). Individuals with MUTYH mutations also may develop extra-colonic findings including duodenal polyps and duodenal cancer.

Treatment and surveillance recommendations for FAP, AFAP and MAP are available in the current NCCN Genetic/Familial High-Risk Assessment: Colorectal guidelines\(^5\).

Analysis of Evidence
(Rationale for Determination)

Level of Evidence:

Quality – High

Strength – Good

Weight - Good

Based on the results of multiple studies and the surveillance and treatment recommendations of at least one national society guideline, APC and MUTYH gene testing is reasonable and necessary for individuals suspected to have Familial Adenomatous Polyposis (FAP), Attenuated FAP (AFAP) or MYH-associated polyposis (MAP) with a personal history of \(\geq 20\) adenomas over a lifetime.

General Information

Associated Information
N/A

Sources of Information
N/A

Bibliography


### Revision History Information

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<th>REVISION HISTORY DATE</th>
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<td>11/01/2019</td>
<td>R4</td>
<td>Related Billing and Coding article to LCD</td>
<td>• Revisions Due To Code Removal</td>
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<td>11/01/2019</td>
<td>R3</td>
<td>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</td>
<td>• Revisions Due To Code Removal</td>
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<td>05/15/2017</td>
<td>R2</td>
<td>LCD is revised to add CPT 81401. Note that 81401 was inadvertently left out of the draft and final LCDs.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
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<td>05/15/2017</td>
<td>R1</td>
<td>LCD is revised to add ICD-10 code D12.0, effective 5/12/17 and to add the following required fields: Summary of Evidence, Bibliography and Analysis of Evidence.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction • Revisions Due To ICD-10-CM Code Changes</td>
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### Associated Documents

**Attachments**

N/A

**Related Local Coverage Documents**

Article(s)
Related National Coverage Documents

N/A

Public Version(s)
Updated on 10/07/2019 with effective dates 11/01/2019 - N/A
Updated on 10/07/2019 with effective dates 11/01/2019 - N/A
Updated on 05/22/2018 with effective dates 05/15/2017 - 10/31/2019
Updated on 08/15/2017 with effective dates 05/15/2017 - N/A
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- 81435
- 81479
- APC
- MUTYH Gene
- Familial
- Adenomatous
- Polyposis
- Attenuated