Revision log
Coding Implications

CONCERT GENETICS GENETIC TESTING: PHARMACOGENETICS

See Important Reminder at the end of this policy for important regulatory and legal information.

OVERVIEW

Pharmacogenetic tests are germline genetic tests that are developed to aid in assessing an individual's response to a drug treatment or to predict the risk of toxicity from a specific drug treatment. Testing may be performed prior to initiation of treatment to identify if an individual has genetic variants that could either affect response to a particular drug and/or increase the risk of adverse drug reactions. Testing may also be performed during treatment to assess an individual who has had an adverse drug reaction or to assess response to treatment. Test methodology includes genotyping and single nucleotide variant testing.

POLICY REFERENCE TABLE

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

The tests and associated laboratories and CPT codes contained within this document serve only as examples to help users navigate claims and corresponding criteria; as such, they are not comprehensive and are not a guarantee of coverage or non-coverage. Please see the Concert Genetics Platform for a comprehensive list of registered tests.

Criteria Sections	Example Tests (Labs)	Common CPT Codes	Common ICD Codes	Ref
Pharmacogenetic Panel Tests	GeneSight Psychotropic (Myriad Genetics)	0345U	B20, C00.0-C96.9, D00.0-D49.9, E75.22, F01-F99, G10, G71.14, G89.0-G89.4, I20.0, I21.01-I22.9, I24.1, I25.110, I26.01-I26.99, I48.0, I60.00-I66.99, I73, I82.210-I82.91, K50.00-K50.019 K51.00-K51.319, R52, R79.9, T46.6X1A-T46.6X6S, Z13.71-Z13.79, Z80.3, Z81.8, Z82.49, Z85.3, Z86.000, Z86.59, Z86.71-Z86.79	1, 2, 3, 4, 5, 6
	Professional PGX (formerly Genecept Assay) (Genomind)	81418		
	PGxOne (Admera Health)			
	Genomind Professional PGX Express CORE	0175U		
	Cytochrome P450 Genotyping Panel (ARUP Laboratories)	81418		
	OneOme RightMed Pharmacogenomic Test (OneOme)	0347U, 0348U, 0349U, 0350U		
	Focused Pharmacogenomics Panel (Mayo Clinic Laboratories)	0029U		
	Psych HealthPGx Panel, (RPRD Diagnostics)	0173U		
	CNT Genotyping Panel (RPRD Diagnostics)	0286U		
	PersonalisedRX (Lab Genomics LLC)	0380U		
	Serotonin Receptor Genotype (HTR2A and HTR2C), (Mayo Medical Laboratories)	0033U		
	EffectiveRX Comprehensive Panel (GENETWORx)	0438U		
	RightMed Gene Test Exclude F2 and F5 (OneOme LLC)	0434U		
	Genomind Pharmacogenetics Report (Genomind, Inc)	0423U		
	Tempus nP (Tempus)	0419U		
	IDgenetix (Castle Biosciences)	0411U		
	Medication Management	0392U		

	Neuropsychiatric Panel (RCA Laboratory)			
Pharmacogenetic Single Gene Tests				
BCHE Variant Analysis	BCHE Single Gene Test (Blueprint Genetics)	81479	Z01.81, Z01.810, Z01.811, Z01.818, Z01.89	8
CYP2C9 Variant Analysis	Cytochrome P450 2C9 Genotype (Quest Diagnostics)	81227	E78.00, E78.1, G35, I21.0-I22.9, I26.01-I26.99, I48.0, I60.00-I66.99, I82.210-I82.91, Z86.71-Z86.79	8
CYP2C19 Variant Analysis	CYP2C19 Single Gene Test (Blueprint Genetics)	81225	C64, F32, I21.0-I22.9, I24.9, I26.01-I26.99, I48.0, I60.00-I66.99, I82.210-I82.91, K21.9, L20, Q85.83, R56.9, R68.82, Z86.71-Z86.79	8
CYP2D6 Variant Analysis	CYP2D6 (ARUP Laboratories)	81226	C50.011-C50.929, C79.81, D05.00-D05.92, D07.30-D07.39, E11.9, E75.22, F11, F20.9, F31, F33, F84.0, F90, F95.2, G10, G24, G47.419, I10, I20.0, I21.01-I22.9, I24.1, I25.110, I48, I63.50-I63.549 , I66.01-I66.9, I73, K21.9, R42, R52, T75.3, Z13.71-Z13.79, Z80.3, Z85.3, Z86.000	7, 8
	CYP2D6 Common Variants and Copy Number (Mayo Clinic Laboratories)	0070U		
	CYP2D6 Full Gene Sequencing (Mayo Clinic Laboratories)	0071U		
	CYP2D6-2D7 Hybrid Gene Targeted Sequence Analysis (Mayo Clinic Laboratories)	0072U		
	CYP2D7-2D6 Hybrid Gene Targeted Sequence Analysis (Mayo Clinic Laboratories)	0073U		
	CYP2D6 CYP2D6 Nonduplicated Gene Analysis (Mayo Clinic Laboratories)	0074U		
	CYP2D6 5' gene duplication/multiplication targeted sequence analysis (Mayo Clinic Laboratories)	0075U		
	CYP2D6 3' gene duplication/multiplication targeted sequence analysis (Mayo Clinic Laboratories)	0076U		
CYP3A5 Variant Analysis	CYP3A5 single gene test (Blueprint Genetics)	81231	T86, Z79.6, Z94	8

CYP4F2 Variant Analysis	CYP4F2 Single Gene Test (Blueprint Genetics)	81479	I21.0-I22.9, I26.01-I26.99, I48.0, I60.00-I66.99, I82.210-I82.91, Z86.71-Z86.79	8
DPYD Variant Analysis	DPD 5-Fluorouracil Toxicity (Labcorp)	81232	C00.0-C96.9, D00.0-D49.9	8
*HLA-B**15:02 Variant Analysis	HLA-B*15:02, Carbamazepine Sensitivity (Labcorp)	81381	G40	8
*HLA-B**57:01 Variant Analysis	HLA B*57:01 Abacavir Hypersensitivity (Labcorp)	81381	B20, Z21	8
NAT2 Variant Analysis	NAT2 single gene test (Blueprint Genetics)	81479	G73, M35.9	8
TPMT and *NUDT15* Variant Analysis	Thiopurine S-Methyltransferase (*TPMT*) Genotype (Quest Diagnostics)	81335	C91.0, K50.00-K50.90 K51.00-K51.319, M35.9, M05-M06.9, C85.90	8
	TPMT and *NUDT15* (ARUP Laboratories)	81335, 81306		
	Thiopurine Methyltransferase (*TPMT*) and Nudix Hydrolase (*NUDT15*) Genotyping (Mayo Clinic Laboratories)	0034U		
	NT (*NUDT15* and *TPMT*) genotyping panel (RPRD Diagnostics)	0169U		
UGT1A1 Variant Analysis	UGT1A1 Irinotecan Toxicity (Labcorp)	81350	B20, C18, C19, C20, C50, C84, E80.4	8
UGT2B17 Variant Analysis	UGT2B17 Single Gene (Fulgent Genetics)	81479	C25, C64, C71, C72, Q85.83	8
VKORC1 Variant Analysis	VKORC1 Single Gene Test (Blueprint Genetics)	81355	I21.0-I22.9, I26.01-I26.99, I48.0, I60.00-I66.99, I82.210-I82.91, Z86.71-Z86.79	8
Warfarin Sensitivity Analysis Panels	Warfarin Response Genotype (Mayo Medical Laboratories)	0030U	I21, I26, I48	8, 9
	Accutype Warfarin (Quest)	81227, 81355		

Other Single Gene Variant Analysis	Catechol-O-Methyltransferase (COMT) Genotype (Mayo Clinic Laboratories)	0032U	F01-F69, F80-F99, G20, Z81.8, Z86.59	8
	COMT single gene test (Blueprint Genetics)	81479		
	Cytochrome P450 1A2 Genotype (Mayo Clinic Laboratories)	0031U	F01-F69, F80-F99, Z81.8, Z86.59	
	CYP1A2 single gene test (Blueprint Genetics)	81479		
	Cardio IQ KIF6 Genotype (Quest Diagnostics)	81479	E78.0-E78.9, R79.9, Z82.49	
	Opioid Receptor, mu OPRM1 Genotype, 1 Variant (ARUP Laboratories)	81479	G89.0-G89.4	
	SLCO1B1, 1 Variant (ARUP Laboratories)	81328	E78.00-E78.5, G71.14, R79.9, T46.6X1A-T46.6X6S, Z82.49	
	TYMS Single Gene (Sequencing & Deletion/Duplication) (Fulgent Genetics)	81479	C00.0-C96.9, D00.0-D49.9	

OTHER RELATED POLICIES

This policy document provides coverage for tests that determine the dosage of or the selection of a specific drug based on pharmacogenetic testing. For other related testing, please refer to:

- ***Oncology: Molecular Analysis of Solid Tumors and Hematologic Malignancies*** for criteria related to DNA testing of a solid tumor or a blood cancer.
- ***Genetic Testing: Hematologic Conditions (non-cancerous)*** for criteria related to diagnostic testing for non-cancerous genetic blood disorders.
- ***Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay*** for criteria related to diagnostic testing for cystic fibrosis, and related therapies.
- ***Genetic Testing: Metabolic, Endocrine, and Mitochondrial Disorders*** for criteria related to *MTHFR* testing.

- ***Genetic Testing: General Approach to Genetic and Molecular Testing*** for criteria related to pharmacogenetic testing that are not specifically discussed in this or other specific policies.

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CRITERIA

It is the policy of Coordinated Care of Washington, Inc., accordance with the Health Care Authority Billing Guidelines, that pharmacogenetic testing for patients treated with oral anticoagulants (81227, 81355, 81479, or 0030U) is **not medically necessary**.

It is the policy of Coordinated Care of Washington, Inc., accordance with the Health Care Authority Billing Guidelines, that pharmacogenetic testing (CPT 81225, 81226, 81227 or 81291) is **not medically necessary** for the following primary diagnoses:

Depression
Mood disorders
Psychosis
Anxiety
Attention Deficient Hyperactivity Disorder (ADHD)
Substance Use Disorder

It is the policy of Coordinated Care of Washington, Inc., that the specific genetic testing noted below is **medically necessary** when meeting the related criteria and not contradicting the statements above.

PHARMACOGENETIC PANEL TESTS

I. The use of pharmacogenetic testing panels (81418, 0029U, 0033U, 0173U, 0175U, 0286U, 0345U, 0347U, 0348U, 0349U, 0350U, 0380U, 0392U, 0411U, 0419U, 0423U, 0434U, 0438U) is considered **investigational*** for all indications.

*See *HLA-B**15:02 and *HLA-A**31:01 Variant Analysis and *TPMT* and *NUDT15* Variant Analysis below for criteria. These tests involve analysis of more than one gene, but are not considered experimental/investigational as a panel ("panel" defined as a genetic test analyzing more than one gene)

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PHARMACOGENETIC SINGLE GENE TESTS

BCHE Variant Analysis

I. *BCHE* variant analysis (81479) to determine drug metabolizer status is considered **medically necessary** when:

A. The member/enrollee is being considered for or is currently undergoing treatment with either of the following:

1. Mivacurium[1] (e.g., Mivacron), **OR**
2. Succinylcholine[1] (e.g., Anectine, Suxamethonium).

II. *BCHE* variant analysis (81479) to determine drug metabolizer status is considered **investigational** for all other indications.

[1] Commonly used as a muscle relaxant during surgery or intubation.

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CYP2C9 Variant Analysis

I. *CYP2C9* variant analysis (81227) to determine drug metabolizer status is considered **medically necessary** when:

A. The member/enrollee is being considered for or is currently undergoing treatment with any of the following:

1. Siponimod[1] (e.g., Mayzent), **OR**
2. Celecoxib[2] (e.g., Celebrex, Elyxyb), **OR**
3. Dronabinol[3] (e.g., Marinol, Syndros), **OR**
4. Erdafitinib[4] (e.g., Balversa), **OR**
5. Flurbiprofen[5] (e.g., Ansaid), **OR**
6. Fosphenytoin[6] (e.g., Cerebyx, Sesquient), **OR**
7. Meloxicam[7] (e.g., Anjeso, Mobic, Vivlodex, Qmiiz ODT), **OR**
8. Nateglinide[8] (e.g., Starlix), **OR**
9. Phenytoin[9] (e.g., Dilantin, Phenytek), **OR**
10. Piroxicam[10] (e.g., Feldene), **OR**

II. *CYP2C9* variant analysis (81227) to determine drug metabolizer status is considered **investigational** for all other indications.

[1] Commonly prescribed for individuals diagnosed with multiple sclerosis

[2] Commonly prescribed for treating pain or inflammation

[3] Commonly prescribed for treating loss of appetite and severe nausea and vomiting

[4] Commonly prescribed for treatment of bladder cancer

[5] Commonly prescribed for treatment of pain or inflammation

[6] Commonly prescribed for preventing or controlling seizures

[7] Commonly prescribed for treating pain, inflammation, or severe pain

[8] Commonly prescribed for blood sugar control in individuals with type II diabetes

[9] Commonly prescribed for treatment of seizures

[10] Commonly prescribed to treat pain or inflammation

[11] Commonly prescribed to reduce the formation of blood clots

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CYP2C19 Variant Analysis

I. *CYP2C19* variant analysis (81225) to determine drug metabolizer status is considered **medically necessary** when prescribed for anything other than the behavioral conditions identified under Criteria on page 6, and:

A. The member/enrollee is being considered for or is currently undergoing treatment with any of the following:

1. Clopidogrel[1] (e.g., Plavix), **AND**

a) The member/enrollee meets all of the following:

(1) Will be undergoing percutaneous coronary intervention (PCI), **AND**

(2) Has acute coronary syndromes (ACS), **AND**

(3) Is at high risk for poor outcomes (e.g., urgent PCI for an ACS event, elective PCI for unprotected left main disease or last patent coronary artery), **OR**

2. Abrocitinib[2] (e.g., Cibinqo), **OR**

3. Belzutifan[3] (e.g., Welireg), **OR**
4. Brivaracetam[4] (e.g., Briviact, Brivajoy), **OR**
5. Citalopram[5] (e.g., Celexa), **OR**
6. Cobazam[6] (e.g., Onfi), **OR**
7. Flibanserin[7] (e.g., Addyi), **OR**
8. Pantoprazole[8] (e.g., Protonix).

II. *CYP2C19* variant analysis (81225) to determine drug metabolizer status is considered **investigational** for all other indications.

[1] Commonly prescribed after a angina or cardiac arrest to lower risk of stroke and blood clots

[2] Commonly prescribed for eczema

[3] Commonly prescribed to treat tumors in individuals with Von Hippel-Lindau syndrome

[4] Commonly prescribed to treat seizures

[5] Commonly prescribed for treatment of depression and major depressive disorder

[6] Commonly prescribed for treatment of seizures caused by Lennox-Gastaut syndrome

[7] Commonly prescribed for low libido in pre-menopausal women

[8] Commonly prescribed for treatment of erosive esophagitis caused by GERD, and Zollinger-Ellison syndrome

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CYP2D6 Variant Analysis

I. *CYP2D6* variant analysis (81226, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U) to determine drug metabolizer status is considered **medically necessary** when prescribed for anything other than the behavioral conditions identified under Criteria on page 6, and:

A. The member/enrollee is being considered for or is currently undergoing treatment with any of the following:

1. Eliglustat[1] (e.g., Cerdelga), **OR**
2. Tetrabenazine[2] (e.g., Xenazine), **OR**
3. Amphetamine[3] (e.g., Adzenys, Dyanavel, Evekeo), **OR**
4. Aripiprazole[4] (e.g., Abilify, Abilify Maintena), **OR**

5. Aripiprazole lauroxil[5] (e.g., Aristada), **OR**
6. T Atomoxetine[6] (e.g., Strattera), **OR**
7. Brexpiprazole[7] (e.g., Rexulti), **OR**
8. Clozapine[8] (e.g., Versacloz, FazaClo, Clozaril), **OR**
9. Deutetrabenazine[9] (e.g., Austedo), **OR**
10. Gefitinib[10] (e.g., Iressa), **OR**
11. Iloperidone[11] (e.g., Fanapt), **OR**
12. Lofexidine[12] (e.g., Lucemyra), **OR**
13. Meclizine[13] (e.g., Antivert, Bonine, Dramamine, Verticalm, Zentrip), **OR**
14. Metoclopramide[14] (e.g., Reglan), **OR**
15. Oliceridine[15] (e.g., Olinvyk), **OR**
16. Pimozide[16] (e.g., Orap), **OR**
17. Pitolisant[17] (e.g., Wakix), **OR**
18. Propafenone[18] (e.g., Rythmol), **OR**
19. Thioridazine[19] (e.g., Mellaril), **OR**
20. Tramadol[20] (e.g., ConZip, Ultram), **OR**
21. Valbenazine[21] (e.g., Ingrezza), **OR**
22. Venlafaxine[22] (e.g., Effexor), **OR**
23. Vortioxetine[23] (e.g., Trintellix, Brintellix), **OR**
24. Codeine[24]

II. *CYP2D6* variant analysis (81226, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U) to determine drug metabolizer status is considered **investigational** for all other indications, including:

A. For the purpose of managing treatment with tamoxifen for women at high risk for or with breast cancer.

[1] Commonly prescribed for treatment of Gaucher disease

[2] Commonly prescribed for treatment of involuntary movements (chorea) caused by Huntington disease

[3] Commonly prescribed for treatment of hyperactivity, impulse control, and attention deficit hyperactivity disorder (ADHD)

[4] Commonly prescribed for schizophrenia, bipolar I disorder, and major depressive disorder

[5] Commonly prescribed for schizophrenia

[6] Commonly prescribed for treatment of attention deficit hyperactivity disorder (ADHD)

[7] Commonly prescribed for treatment of schizophrenia and major depressive disorder

[8] Commonly prescribed for treatment of schizophrenia

[9] Commonly prescribed for treatment of involuntary muscle movements (chorea) caused by Huntington disease, and tardive dyskinesia

[10] Commonly prescribed for treatment of non-small cell lung cancer

[11] Commonly prescribed for treatment of schizophrenia

[12] Commonly prescribed for treatment of opioid withdrawal symptoms

[13] Commonly prescribed for treatment of motion sickness and vertigo

[14] Commonly prescribed for treatment of heartburn caused by GERD, gastroparesis, nausea and vomiting, and to aid in certain medical procedures involving the stomach or intestines

[15] Commonly prescribed for treatment of severe pain

[16] Commonly prescribed for treatment of Tourette's syndrome

[17] Commonly prescribed for treatment of excessive daytime sleepiness or sudden loss of muscle strength (cataplexy) related to narcolepsy

[18] Commonly prescribed for treatment of heart rhythm disorders

[19] Commonly prescribed for treatment of schizophrenia

[20] Commonly prescribed for treatment of moderate to severe pain

[21] Commonly prescribed for treatment of tardive dyskinesia

[22] Commonly prescribed for treatment of major depressive disorder, anxiety, and panic disorder

[23] Commonly prescribed for treatment of major depressive disorder

[24] Commonly prescribed for treatment of mild to moderately severe pain, and to help reduce coughing

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CYP3A5 Variant Analysis

I. *CYP3A5* variant analysis (81231) to determine drug metabolizer status is considered **medically necessary** when:

   A. The member/enrollee is being considered for or is currently undergoing treatment with tacrolimus[1] (e.g., Protopic, Envarsus, Astagraf, Prograf).

II. *CYP3A5* variant analysis (81231) to determine drug metabolizer status is considered **investigational** for all other indications.

[1] Commonly prescribed to individuals who have undergone a heart, kidney, liver, or lung transplant

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CYP4F2 Variant Analysis

I. *CYP4F2* variant analysis (81479) to determine drug metabolizer status is considered **investigational** for all indications.

[1] Commonly prescribed to reduce the formation of blood clots

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DPYD Variant Analysis

I. *DPYD* variant analysis (81232) to determine drug metabolizer status is considered **medically necessary** when:

   A. The member/enrollee is being considered for or is currently undergoing treatment with either of the following:

      1. Fluorouracil[1] (e.g., Adrucil), **OR**

      2. Capecitabine[1] (e.g., Xeloda).

II. *DPYD* variant analysis (81232) to determine drug metabolizer status is considered **investigational** for all other indications.

[1] Commonly prescribed for individuals diagnosed with colorectal, breast, and aerodigestive tract tumors

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*HLA-B*15:02* Variant Analysis

I. *HLA-B*15:02* variant analysis (81381) to determine drug metabolizer status is considered **medically necessary** when:

   A. The member/enrollee is being considered for or is currently undergoing treatment with any of the following:

      1. Carbamazepine containing therapy[1] (e.g., Tegretol, Carbatrol, Epitol, Equetro), **OR**

      2. Phenytoin[2] (e.g., Dilantin, Phenytek), **OR**

      3. Fosphenytoin[2] (e.g., Cerebyx, Sesquient).

II. *HLA-B*15:02* variant analysis (81381) to determine drug metabolizer status is considered **investigational** for all other indications.

[1] Commonly prescribed for individuals with epilepsy, trigeminal neuralgia, or bipolar disorder
[2] Commonly prescribed for treatment of seizures

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*HLA-B*57:01* Variant Analysis

I. *HLA-B*57:01* variant analysis (81381) to determine drug metabolizer status is considered **medically necessary** when:

   A. The member/enrollee is being considered for or is currently undergoing treatment with abacavir[1] (e.g., Ziagen).

II. *HLA-B*57:01* variant analysis (81381) to determine drug metabolizer status is considered **investigational** for all other indications.

[1] Commonly prescribed for individuals with HIV

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NAT2 Variant Analysis

I. *NAT2* variant analysis (81479) to determine drug metabolizer status is considered **medically necessary** when:

   A. The member/enrollee is being considered for or is currently undergoing treatment with amifampridine/amifampridine phosphate[1] (e.g., Firdapse, Ruzurgi).

II. *NAT2* variant analysis (81479) to determine drug metabolizer status is considered **investigational** for all other indications.

[1] Commonly prescribed for treatment of Lambert-Eaton myasthenic syndrome

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TPMT and *NUDT15* Variant Analysis

I. *TMPT* and *NUDT15* variant analysis (81306, 81335, 0034U, 0169U) to determine drug metabolizer status is considered **medically necessary** when:

A. The member/enrollee is being considered for or is currenting undergoing treatment with any of the following:

1. Azathioprine[1] (e.g., Imuran and Azasan), **OR**
2. Mercaptopurine[2] (e.g., Purinethol and Purixan), **OR**
3. Thioguanine[3] (e.g., Tabloid), **OR**

B. The member/enrollee is on thiopurine therapy and has had abnormal complete blood count results that do not respond to dose reduction.

II. *TPMT* and *NUDT15* variant analysis (81306, 81335, 0034U, 0169U) to determine drug metabolizer status is considered **investigational** for all other indications.

[1] Commonly prescribed for treatment of avoiding rejection of a transplanted organ, and rheumatoid arthritis

[2] Commonly prescribed for treatment of acute lymphoblastic or lymphocytic leukemia

[3] Commonly prescribed for treatment of acute nonlymphocytic leukemia

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UGT1A1 Variant Analysis

I. *UGT1A1* variant analysis (81350) to determine drug metabolizer status is considered **medically necessary** when:

A. The member/enrollee is being considered for or is currently undergoing treatment with any of the following:

1. Irinotecan[1] (e.g., Onivyde, Camptosar), **OR**
2. Belinostat[2] (e.g., Beleodaq), **OR**
3. Sacituzumab govitecan-hziy[3] (e.g., Trodelvy).

II. *UGT1A1* variant analysis (81350) to determine drug metabolizer status is considered **investigational** for all other indications.

[1] Commonly prescribed for treatment of colon and rectal cancers

[2] Commonly prescribed for treatment of peripheral T-cell lymphoma

[3] Commonly prescribed for treatment of breast and urothelial cancers

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UGT2B17 Variant Analysis

I. *UGT2B17* variant analysis (81479) to determine drug metabolizer status is **medically necessary** when:

A. The member/enrollee is being considered for or is currently undergoing treatment with belzutifan[1] (e.g., Welireg).

II. *UGT2B17* variant analysis (81479) to determine drug metabolizer status is considered **investigational** for all other indications.

[1] Commonly prescribed to treat tumors in individuals with Von Hippel-Lindau syndrome

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VKORC1 Variant Analysis

I. *VKORC1* variant analysis (81355) to determine drug metabolizer status is considered **investigational** for all indications.

[1] Commonly prescribed to reduce the formation of blood clots

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Warfarin Sensitivity Analysis Panels

I. Multigene panel analysis to confirm drug metabolizer status for warfarin[1] sensitivity (81227, 81355, 0030U) is considered **investigational** for all indications.

[1] Commonly prescribed to reduce the formation of blood clots

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Other Single Gene Variant Analysis

I. Variant analysis of all other genes for drug metabolizer status is considered **investigational**, including but not limited to:

A. *COMT* (0032U, 81479)
B. *CYP1A2* (0031U, 81479)
C. *KIF6* (81479)
D. *OPRM1* (81479)
E. *SLCO1B1* (81328)
F. *TYMS* (81479)

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BACKGROUND AND RATIONALE

Pharmacogenetic Panel Testing

There are no professional society guidelines that address the clinical utility of large pharmacogenetic testing panels for the general population or for a specific population. The US Food and Drug Administration (FDA) also does not address the usage of pharmacogenetic panels.

There are several recent studies that investigated the usefulness of pharmacogenetic panels [for example, Greden et al (2019), Perlis et al (2020), Shan et al (2019), Tiwari et al (2022), Oslin (2022)]. However, these studies had different designs and often conflicting results regarding clinical utility, making it difficult to determine whether there is clinical utility for these types of tests.

A rapid review and meta-analysis by Bunka et al (2023) of 10 randomized controlled trials to evaluate pharmacogenomic-guided care for major depression showed that, while there is likely beneficial effects to adults with moderate to severe major depressive disorder utilizing pharmacogenomic panels, there is "very low certainty in the magnitude of effect." (p. 1) This analysis also noted the "high risk of bias and inconsistency between trials." (p. 1)

There are several single gene pharmacogenetic tests in which the FDA describes the clinical utility of the test results for a given gene/drug/testing indication. These are outlined below.

BCHE Variant Analysis

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations, which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, lists the following recommendations for *BCHE*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Mivacurium	BCHE	intermediate or poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk (prolonged neuromuscular blockade). Avoid use in poor metabolizers.
Succinylcholine	BCHE	intermediate or poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk (prolonged neuromuscular blockade). Avoid use in poor metabolizers. May administer a test dose to assess sensitivity and administer cautiously via slow infusion.

CYP2C9 Variant Analysis

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, list the following recommendations for *CYP2C9*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Celecoxib	CYP2C9	poor metabolizers or *3 carriers	Results in higher systemic concentrations. Reduce starting dose to half of the lowest recommended dose in poor metabolizers. Consider alternative therapy in poor metabolizers with juvenile rheumatoid arthritis.
Dronabinol	CYP2C9	intermediate or poor metabolizers	May result in higher systemic concentrations and higher adverse reaction risk. Monitor for adverse reactions.
Erdafitinib	CYP2C9	*3/*3 (poor metabolizers)	May result in higher systemic concentrations and higher adverse reaction risk. Monitor for adverse reactions.
Flurbiprofen	CYP2C9	poor metabolizers or *3	Results in higher systemic concentrations.

		carriers	Use a reduced dosage in poor metabolizers.
Fosphenytoin	CYP2C9	intermediate or poor metabolizers	May result in higher systemic concentrations and higher adverse reaction risk (central nervous system toxicity). Consider starting at the lower end of the dosage range and monitor serum concentrations. Refer to FDA labeling for specific dosing recommendations. Carriers of CYP2C9*3 alleles may be at increased risk of severe cutaneous adverse reactions. Consider avoiding fosphenytoin as an alternative to carbamazepine in patients who are CYP2C9*3 carriers. Genotyping is not a substitute for clinical vigilance and patient management.
Meloxicam	CYP2C9	poor metabolizers or *3 carriers	Results in higher systemic concentrations. Consider dose reductions in poor metabolizers. Monitor patients for adverse reactions.
Nateglinide	CYP2C9	poor metabolizers	Results in higher systemic concentrations and may result in higher adverse reaction risk (hypoglycemia). Dosage reduction is recommended. Increase monitoring frequency for adverse reactions. Refer to FDA labeling for specific dosing recommendations.
Phenytoin	CYP2C9	intermediate or poor metabolizers	May result in higher systemic concentrations and higher adverse reaction risk (central nervous system toxicity). Refer to FDA labeling for specific dosing recommendations. Carriers of CYP2C9*3 alleles may be at increased risk of severe cutaneous adverse reactions. Consider avoiding phenytoin as an alternative to carbamazepine in patients who are CYP2C9*3 carriers. Genotyping is not a substitute for clinical vigilance and patient management.
Piroxicam	CYP2C9	intermediate or poor metabolizers	Results in higher systemic concentrations. Consider reducing dosage in poor metabolizers.
Siponimod	CYP2C9	intermediate or poor	Results in higher systemic concentrations.

		metabolizers	Adjust dosage based on genotype. Do not use in patients with CYP2C9 *3/*3 genotype. Refer to FDA labeling for specific dosing recommendations.
Warfarin	CYP2C9	intermediate or poor metabolizers	Alters systemic concentrations and dosage requirements. Select initial dosage, taking into account clinical and genetic factors. Monitor and adjust dosages based on INR.

CYP2C19 Variant Analysis

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, list the following recommendations for *CYP2C19*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Abrocitinib	CYP2C19	poor metabolizers	Results in higher systemic concentrations and may result in higher adverse reaction risk. Dosage adjustment is recommended. Refer to FDA labeling for specific dosing recommendations.
Belzutifan	CYP2C19 and/or UGT2B17	poor metabolizers	Results in higher systemic concentrations and may result in higher adverse reaction risk (anemia, hypoxia). Monitor patients who are poor metabolizers for both genes for adverse reactions.
Brivaracetam	CYP2C19	intermediate or poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk. Consider dosage reductions in poor metabolizers.
Citalopram	CYP2C19	poor metabolizers	Results in higher systemic concentrations and adverse reaction risk (QT prolongation). The maximum recommended dose is 20 mg.
Clobazam	CYP2C19	intermediate or poor metabolizers	Results in higher systemic active metabolite concentrations. Poor metabolism results in higher adverse reaction risk. Dosage adjustment is recommended. Refer to FDA labeling for specific dosing recommendations.
Clopidogrel	CYP2C19	intermediate or poor metabolizers	Results in lower systemic active metabolite concentrations, lower

			antiplatelet response, and may result in higher cardiovascular risk. Consider use of another platelet P2Y12 inhibitor.
Flibanserin	CYP2C19	poor metabolizers	May result in higher systemic concentrations and higher adverse reaction risk. Monitor patients for adverse reactions.
Pantoprazole	CYP2C19	intermediate or poor metabolizers	Results in higher systemic concentrations. Consider dosage reduction in children who are poor metabolizers. No dosage adjustment is needed for adult patients who are intermediate or poor metabolizers.

CYP2D6 Variant Analysis

National Comprehensive Cancer Network (NCCN)

NCCN Breast Cancer guidelines (1.2024) recommend against *CYP2D6* genotype testing for women being considered for tamoxifen treatment. (p. DCIS-2 and p. BINV-K)

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, list the following recommendations for *CYP2D6*:

Drug	**Gene**	**Affected Subgroups**	**Description of Gene-Drug Interaction**
Amphetamine	CYP2D6	poor metabolizers	May affect systemic concentrations and adverse reaction risk. Consider a lower starting dosage or use an alternative agent.
Aripiprazole	CYP2D6	poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk. Dosage adjustment is recommended. Refer to FDA labeling for specific dosing recommendations.
Aripiprazole Lauroxil	CYP2D6	poor metabolizers	Results in higher systemic concentrations. Dosage adjustment is recommended. Refer to FDA labeling for specific dosing recommendations.

Atomoxetine	CYP2D6	poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk. Adjust titration interval and increase dosage if tolerated. Refer to FDA labeling for specific dosing recommendations.
Brexpiprazole	CYP2D6	poor metabolizers	Results in higher systemic concentrations. Dosage adjustment is recommended. Refer to FDA labeling for specific dosing recommendations.
Clozapine	CYP2D6	poor metabolizers	Results in higher systemic concentrations. Dosage reductions may be necessary.
Codeine	CYP2D6	ultrarapid metabolizers	Results in higher systemic active metabolite concentrations and higher adverse reaction risk (life-threatening respiratory depression and death). Codeine is contraindicated in children under 12 years of age.
Deutetrabenazine	CYP2D6	poor metabolizers	Results in higher systemic concentrations and adverse reaction risk (QT prolongation). The maximum recommended dosage should not exceed 36 mg (maximum single dose of 18 mg).

Eliglustat	CYP2D6	ultrarapid, normal, intermediate, or poor metabolizers	Alters systemic concentrations, effectiveness, and adverse reaction risk (QT prolongation). Indicated for normal, intermediate, and poor metabolizer patients. Ultrarapid metabolizers may not achieve adequate concentrations to achieve a therapeutic effect. The recommended dosages are based on CYP2D6 metabolizer status. Coadministration with strong CYP3A inhibitors is contraindicated in intermediate and poor CYP2D6 metabolizers. Refer to FDA labeling for specific dosing recommendations.
Gefitinib	CYP2D6	poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk. Monitor for adverse reactions.
Iloperidone	CYP2D6	poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk (QT prolongation). Reduce dosage by 50%.
Lofexidine	CYP2D6	poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk. Monitor for orthostatic hypotension and bradycardia.
Meclizine	CYP2D6	ultrarapid, intermediate, or poor metabolizers	May affect systemic concentrations. Monitor for adverse reactions and clinical effect.
Metoclopramide	CYP2D6	poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk. The recommended dosage is lower. Refer to FDA labeling for specific dosing recommendations.

Oliceridine	CYP2D6	poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk (respiratory depression and sedation). May require less frequent dosing.
Pimozide	CYP2D6	poor metabolizers	Results in higher systemic concentrations. Dosages should not exceed 0.05 mg/kg in children or 4 mg/day in adults who are poor metabolizers and dosages should not be increased earlier than 14 days.
Pitolisant	CYP2D6	poor metabolizers	Results in higher systemic concentrations. Use the lowest recommended starting dosage. Refer to FDA labeling for specific dosing recommendations.
Propafenone	CYP2D6	poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk (arrhythmia). Avoid use in poor metabolizers taking a CYP3A4 inhibitor.
Tetrabenazine	CYP2D6	poor metabolizers	Results in higher systemic concentrations. The maximum recommended single dose is 25 mg and should not exceed 50 mg/day.
Thioridazine	CYP2D6	poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk (QT prolongation). Predicted effect based on experience with CYP2D6 inhibitors. Contraindicated in poor metabolizers.

Tramadol	CYP2D6	Ultrarapid metabolizers	Results in higher systemic and breast milk active metabolite concentrations, which may result in respiratory depression and death. Contraindicated in children under 12 and in adolescents following tonsillectomy/adenoidectomy. Breastfeeding is not recommended during treatment.
Valbenazine	CYP2D6	poor metabolizers	Results in higher systemic active metabolite concentrations and higher adverse reaction risk (QT prolongation). Dosage reductions may be necessary.
Venlafaxine	CYP2D6	poor metabolizers	Alters systemic parent drug and metabolite concentrations. Consider dosage reductions.
Vortioxetine	CYP2D6	poor metabolizers	Results in higher systemic concentrations. The maximum recommended dose is 10 mg.

CYP3A5 Variant Analysis

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations, which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, lists the following recommendations for *CYP3A5*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Tacrolimus	CYP3A5	intermediate or normal metabolizers	Results in lower systemic concentrations, lower probability of achieving target concentrations and may result in higher rejection risk. Measure drug concentrations and adjust dosage based on trough whole blood tacrolimus concentrations.

CYP4F2 Variant Analysis

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, list the following recommendations for *CYP4F2*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Warfarin	CYP4F2	V433M variant carriers	May affect dosage requirements. Monitor and adjust doses based on INR.

DPYD Variant Analysis

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, list the following recommendations for *DPYD*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Capecitabine	DPYD	intermediate or poor metabolizers	Results in higher adverse reaction risk (severe, life-threatening, or fatal toxicities). No dosage has proven safe in poor metabolizers, and insufficient data are available to recommend a dosage in intermediate metabolizers. Withhold or discontinue in the presence of early-onset or unusually severe toxicity.
Fluorouracil	DPYD	intermediate or poor metabolizer	Results in higher adverse reaction risk (severe, life-threatening, or fatal toxicities). No dosage has proven safe in poor metabolizers and insufficient data are available to recommend a dosage in intermediate metabolizers. Withhold or discontinue in the presence of early-onset or unusually severe toxicity.

*HLA-B*15:02* Variant Analysis

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, list the following recommendations for *HLA-B*15:02*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Carbamazepine	HLA-B	*15:02 allele positive	Results in higher adverse reaction risk (severe skin reactions). Avoid use unless potential benefits outweigh risks and consider risks of alternative therapies. Patients positive for HLA-B*15:02 may be at increased risk of severe skin reactions with other drugs that are associated with a risk of Stevens Johnson Syndrome/Toxic Epidermal necrolysis (SJS/TEN). Genotyping is not a substitute for clinical vigilance.
Fosphenytoin	HLA-B	*15:02 allele positive	May result in higher adverse reaction risk (severe cutaneous reactions). Patients positive for HLA-B*15:02 may be at increased risk of Stevens Johnson Syndrome/Toxic Epidermal necrolysis (SJS/TEN). Consider avoiding fosphenytoin as an alternative to carbamazepine in patients who are positive for HLA-B*15:02. Genotyping is not a substitute for clinical vigilance and patient management.
Phenytoin	HLA-B	*15:02 allele positive	May result in higher adverse reaction risk (severe cutaneous reactions). Patients positive for HLA-B*15:02 may be at increased risk of Stevens Johnson Syndrome/Toxic Epidermal necrolysis (SJS/TEN). Consider avoiding phenytoin as an alternative to carbamazepine in patients who are positive for HLA-B*15:02. Genotyping is not a substitute for clinical vigilance and patient management.

HLA-B*57:01 **Variant Analysis**

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, list the following recommendations for *HLA-B*57:01*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Abacavir	HLA-B	*57:01 allele positive	Results in higher adverse reaction risk (hypersensitivity reactions). Do not use abacavir in patients positive for HLA-B*57:01.

NAT2 **Variant Analysis**

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations, which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, lists the following recommendations for *NAT2*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Amifampridine	NAT2	poor metabolizers	Results in higher systemic concentrations and higher adverse reaction risk. Use lowest recommended starting dosage and monitor for adverse reactions. Refer to FDA labeling for specific dosing recommendations.
Amifampridine Phosphate	NAT2	poor metabolizers	Results in higher systemic concentrations. Use lowest recommended starting dosage (15 mg/day) and monitor for adverse reactions.

TPMT and *NUDT15* Variant Analysis

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, list the following recommendations for *TPMT* and *NUDT15*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Azathioprine	TPMT and/or NUDT15	intermediate or poor metabolizers	Alters systemic active metabolite concentration and dosage requirements. Results in higher adverse reaction risk (myelosuppression). Consider alternative therapy in poor metabolizers. Dosage reduction is recommended in intermediate metabolizers for NUDT15 or TPMT. Intermediate metabolizers for both genes may require more substantial dosage reductions. Refer to FDA labeling for specific dosing recommendations.

Mercaptopurine	TPMT and/or NUDT15	intermediate or poor metabolizers	Alters systemic active metabolite concentration and dosage requirements. Results in higher adverse reaction risk (myelosuppression). Initial dosages should be reduced in poor metabolizers; poor metabolizers generally tolerate 10% or less of the recommended dosage. Intermediate metabolizers may require dosage reductions based on tolerability. Intermediate metabolizers for both genes may require more substantial dosage reductions. Refer to FDA labeling for specific dosing recommendations.
Thioguanine	TPMT and/or NUDT15	intermediate or poor metabolizers	Alters systemic active metabolite concentration and dosage requirements. Results in higher adverse reaction risk (myelosuppression). Initial dosages should be reduced in poor metabolizers; poor metabolizers generally tolerate 10% or less of the recommended dosage. Intermediate metabolizers may require dosage reductions based on tolerability. Intermediate metabolizers for both genes may require more substantial dosage reductions. Refer to FDA labeling for specific dosing recommendations.

UGT1A1 Variant Analysis

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, list the following recommendations for *UGT1A1*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Belinostat	UGT1A1	*28/*28 (poor metabolizers)	May result in higher systemic concentrations and higher adverse reaction risk. Reduce starting dose to 750 mg/m2 in poor metabolizers.
Irinotecan	UGT1A1	*1/*6, *1/*28 (intermediate metabolizers) or *6/*6, *6/*28, *28/*28 (poor metabolizers)	Results in higher systemic active metabolite concentrations and higher adverse reaction risk (severe or life-threatening neutropenia, severe diarrhea). Closely monitor for neutropenia during and after treatment. Consider reducing the starting dosage by at least one level in poor metabolizers and modify the dosage based on individual patient tolerance. Refer to FDA labeling for specific dosing recommendations.
Sacituzumab Govitecan-hziy	UGT1A1	*28/*28 (poor metabolizers)	May result in higher systemic concentrations and adverse reaction risk (neutropenia). Monitor for adverse reactions and tolerance to treatment.

UGT2B17 Variant Analysis

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations, which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, lists the following recommendations for *UGT2B17*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Belzutifan	CYP2C19 and/or UGT2B17	poor metabolizers	Results in higher systemic concentrations and may result in higher adverse reaction risk (anemia, hypoxia). Monitor patients who are poor metabolizers for both genes for adverse reactions.

VKORC1 Variant Analysis

Food and Drug Administration (FDA)

The FDA published a Table of Pharmacogenetic Associations which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, list the following recommendations for *VKORC1*:

Drug	Gene	Affected Subgroups	Description of Gene-Drug Interaction
Warfarin	VKORC1	-1639G>A variant carriers	Alters dosage requirements. Select initial dosage, taking into account clinical and genetic factors. Monitor and adjust dosages based on INR.

Warfarin Sensitivity Analysis Panels

Food and Drug Administration (FDA)

Per the FDA label, the indications and usage for Warfarin include the following:

- Prophylaxis and treatment of venous thrombosis and its extension, pulmonary embolism
- Prophylaxis and treatment of thromboembolic complications associated with atrial fibrillation and/or cardiac valve replacement
- Reduction in the risk of death, recurrent myocardial infarction, and thromboembolic events such as stroke or systemic embolization after myocardial infarction

The FDA published a Table of Pharmacogenetic Associations, which details possible gene-drug interactions. Section 1, entitled Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations, lists the following recommendations for *CYP2C9, CYP4F2* and *VKORC1*:

Warfarin	CYP2C9	intermediate or poor metabolizers	Alters systemic concentrations and dosage requirements. Select initial dosage, taking into account clinical and genetic factors. Monitor and adjust dosages based on INR.
	CYP4F2	V433M variant carriers	May affect dosage requirements. Monitor and adjust doses based on INR.
	VKORC1	-1639G>A variant carriers	Alters dosage requirements. Select initial dosage, taking into account clinical and genetic factors. Monitor and adjust dosages based on INR.

Other Single Gene Variant Analysis

The Food and Drug Administration (FDA) does not list *COMT, CYP1A2, KIF6, OPRM1, SLCO1B1,* or *TYMS* in Section 1 of the Table of Pharmacogenetic Associations ("Pharmacogenetic Associations for which the Data Support Therapeutic Management Recommendations").

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed for Medicaid population	06/24	06/24

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of member/enrollees. This clinical policy is not intended to recommend treatment for member/enrollees. Member/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

Note: For Medicaid member/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.