Subject: PancraGEN Molecular Pathology Test

Effective Date: December 13, 2011

Department(s): Utilization Management

Policy: PancraGEN (Interpace Diagnostics) an integrated molecular pathology test that combines DNA-based analyses with clinical data to evaluate the malignant potential of pancreatic cysts, is not reimbursable under Plans administered by QualCare, Inc.

Objective: To provide proper and consistent reimbursement and to exclude coverage of an unproven procedure.

Procedure: Requests for PancrGENgen or its predecessor test Pathfinder TG (topographic genotyping) will be denied. There is insufficient documentation in the peer reviewed literature of efficacy in aiding diagnosis, prognosis or treatment guidance. It is therefore deemed experimental, investigation or unproven.

There is no specific CPT code for this testing; it may be billed using the unlisted code 84999 or 81479.

References


Park WG. Screening for pancreatic cancer: what can cyst fluid analysis tell us? F100 Medicine Reports. 2011;3:3(doi:10.33410/M3-3)(Feb)


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.