



**Subject:** **PancraGEN Molecular Pathology Test**

**Effective Date:** **December 13, 2011**

**Department(s):** **Utilization Management**

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**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 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

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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.