Revision log
Coding Implications

CONCERT GENETIC TESTING ONCOLOGY: CANCER SCREENING AND SURVEILLANCE

Rev Date: 02/26

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

OVERVIEW

This policy addresses the use of genetic and biomarker tests that aim to screen for specific cancers in individuals who are at risk to develop them. These genetic and biomarker screening tests can be designed for asymptomatic individuals that are at an average risk level for cancer, or for individuals that are known to be at a higher risk of developing a specific cancer.

For additional information see the Rationale section.

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 2024, 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, CPT codes, and ICD codes referenced in this policy are not comprehensive, and their inclusion does not represent a guarantee of coverage or non-coverage. Please see the Concert Platform for additional registered tests.**CRITERIA SECTIONS**	**EXAMPLE TESTS (LABS)**	**COMMON BILLING CODES**	**REF**
Colorectal Cancer Screening Tests			
FIT-DNA Testing (Stool DNA Testing)	ColoGuard - 81528 (Exact Sciences)	81528, Z12.10-Z12.13	1, 2
	ColoGuardPlus- 0464U (Exact Sciences)	0464U, Z12.10-Z12.13	
Urinary Biomarker Tests for Precancerous Colon Polyps	PolypDx - 0002U (Metabolomic Technologies)	0002U, Z12.10-Z12.13	1
Blood-based Biomarker Colorectal Cancer Screening Tests	BeScreened-CRC - 0163U (Beacon Biomedical)	81327, 81479, 81599, 0091U, 0163U, 0368U, 0453U, G0327, Z12.10-Z12.13	4
	FirstSight - 0091U (CellMax Life)		
	ColonSentry (StageZero Life Sciences)		
	Epi proColon (Epigenomics)		
	ColoVantage (Quest Diagnostics)		

The tests, CPT codes, and ICD codes referenced in this policy are not comprehensive, and their inclusion does not represent a guarantee of coverage or non-coverage. Please see the Concert Platform for additional registered tests.**CRITERIA SECTIONS**	**EXAMPLE TESTS (LABS)**	**COMMON BILLING CODES**	**REF**
	ColoScape Colorectal Cancer Detection - 0368U (DiaCarta Clinical Lab)		
	ColonAiQ - 0453U (Breakthrough Genomics)		
	Guardant Shield (Guardant Health)		
Lung Cancer Screening Tests			
Blood-based Biomarker Lung Cancer Screening Tests	FirstLook (Delfi Diagnostics)	81479, Z12.2	3
Multi-Cancer Early Detection Screening Tests			
Multi-Cancer Early Detection Screening Tests	Galleri (Grail)	81479, C00-C96	26

RELATED POLICIES

This policy document provides criteria for cancer screening and surveillance. Please refer to:

- ***Oncology Testing: Hematologic Malignancy Molecular Diagnostics*** for criteria related to molecular profiling of a known or suspected blood cancer (e.g., broad molecular

profiling, including Minimal Residual Disease (MRD) Testing, Tumor Mutational Burden (TMB), and cytogenetic / fusion testing).

- ***Oncology Testing: Solid Tumor Molecular Diagnostics*** for criteria related to molecular profiling of a known or suspected cancer (e.g., broad molecular profiling, including Minimal Residual Disease (MRD) Testing, Tumor Mutational Burden (TMB), and cytogenetic / fusion testing).
- ***Oncology Testing: Hereditary Cancer*** for criteria related to genetic testing for hereditary cancer predisposition syndromes.
- ***Oncology Testing: Algorithmic Assays*** for criteria related to gene expression profiling and tumor biomarker tests with algorithmic analyses.
- ***General Approach to Laboratory Testing*** for criteria related to tumor and hematologic malignancy testing that is not specifically discussed in this or another non-general policy.

back to top

CRITERIA

It is the policy of health plans affiliated with Centene Corporation® that the specific genetic testing noted below is **medically necessary** when meeting the related criteria:

COLORECTAL CANCER SCREENING TESTS

FIT-DNA Testing (Stool DNA Testing)

I. The use of FIT-DNA Testing (stool DNA testing) to screen for colorectal cancer may be considered **medically necessary** when:

   A. The member/enrollee is 45 years of age or older, **AND**

   B. The member/enrollee is an individual who is at average risk for colorectal cancer, because the member/enrollee does not have any of the following:

      1. A personal history of colorectal cancer or adenoma or sessile serrated polyp, **OR**

2. A family history of colorectal cancer in close relatives, **OR**
3. A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease), **OR**
4. A personal history of cystic fibrosis, **OR**
5. A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC), **OR**
6. A personal history of receiving radiation to the abdomen (belly) or pelvic area to treat a prior cancer, **OR**
7. Symptoms suspicious for an undiagnosed colorectal cancer (e.g., rectal bleeding, iron deficiency anemia, abdominal pain, weight loss).

II. Current evidence does not support the use of FIT-DNA Testing (stool DNA testing) to screen for colorectal cancer for all other indications.

NOTE: Fecal immunochemical testing (FIT) alone is not in the scope of this policy (see definitions)

view rationale

back to top

Urinary Biomarker Tests for Precancerous Colon Polyps

I. Current evidence does not support the use of urinary biomarker tests for precancerous colon polyps for all indications.

view rationale

back to top

Blood-based Biomarker Colorectal Cancer Screening Tests

I. Current evidence does not support the use of blood-based biomarkers to screen for colorectal cancer for all indications.

view rationale

back to top

LUNG CANCER SCREENING TESTS

Blood-based Biomarker Lung Cancer Screening Tests

I. Current evidence does not support the use of blood-based biomarker tests for lung cancer screening for all indications.

view rationale

back to top

(1)

b) Is under 70 years of age, **AND**

(1) Is being assessed for testosterone therapy for hypogonadism, **AND**

(a) Has not yet initiated treatment, **OR**

(b) Initiated treatment in the last 3 to 12 months, **OR**

B. The member/enrollee is between the ages of 45 and 75 years, **AND**

1. Has not received PSA testing in the past 2 years, **OR**

C. The member/enrollee is between the ages of 55 and 70 years, **AND**

MULTI-CANCER EARLY DETECTION SCREENING TESTS

Multi-Cancer Early Detection Screening Tests

I. Current evidence does not support multi-cancer early detection screening tests for all indications.

view rationale

back to top

RATIONALE

FIT-DNA Testing (Stool DNA Testing)

National Comprehensive Cancer Network (NCCN)

The NCCN guidelines on Colorectal Cancer Screening (1.2024) recommend the Fecal immunochemical test (FIT) for colorectal cancer (CRC) screening in average-risk individuals aged 45-75 with no personal history of pre-cancerous polyps, irritable bowel disease (IBD), high-risk germline condition, cystic fibrosis, childhood cancer, and no family history of advanced precancerous polyps in a first degree relative or close relatives with CRC (CSCR-1). The individual must also have a life expectancy greater than or equal to 10 years (p. CSCR-1A).

NCCN states that symptoms associated with CRC may include rectal bleeding, iron deficiency anemia, abdominal pain or weight loss, and that a rectal exam and colonoscopy should be considered for all patients with these symptoms (regardless of age). Colonoscopy is the preferred screening method for individuals at increased risk. The choice of screening modality should be based on patient preference and availability after discussion (p. CSCR-1 and CSCR-2).

Food and Drug Administration (FDA)

Cologuard (Exact Sciences):

On August 12, 2014, Cologuard (Exact Sciences) was approved by the U.S. Food and Drug Administration (FDA) through the premarket approval process as an automated fecal DNA testing product (P130017). Cologuard is intended for the qualitative detection of colorectal neoplasia associated with DNA markers and occult hemoglobin in human stool. A positive result may indicate the presence of CRC or advanced adenoma and should be followed by diagnostic colonoscopy (p. 1).

On September 20, 2019, the FDA approved the expansion of the Cologuard label to include adults ages 45 years or older. Cologuard was previously indicated for those aged 50 years or older. Cologuard is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in high-risk individuals.

back to top

Urinary Biomarker Tests for Precancerous Polyps

National Comprehensive Cancer Network (NCCN)

Current NCCN guidelines on Colon Cancer Screening (1.2024) do not include a recommendation for colorectal cancer (CRC) screening via urine-based screening methods for individuals of average risk for CRC (p. CSCR-2).

Concert Note

There is insufficient evidence to support the use of this test. No recommendations for or against this testing within standard professional society guidelines covering this area of testing were identified.

back to top

Blood-based Biomarker Colorectal Cancer Screening Tests

Concert Evidence Review for Coverage Determination (Published 1/1/2025)

At the present time, blood-based biomarker tests such as BeScreened, FirstSight CRC, ColonSentry, Colovantage, ColoScape Colorectal Cancer Detection and have INSUFFICIENT EVIDENCE in peer-reviewed publications to effectively result in improved health outcomes compared to the current standard of care.

Consistent with Arkansas legislation, Epi Pro Colon and Guardant Shield are covered as FDA approved testing. The plan highly recommends providers follow CMS national coverage determination guidelines for testing, which only covers Guardant Shield.

back to top

Blood-based Biomarker Lung Cancer Screening Tests

National Comprehensive Cancer Network (NCCN)

Current NCCN guidelines on Lung Cancer Screening (1.2025) do not include a recommendation for lung cancer screening via blood-based or micro-RNA based screening.

Concert Note

There is insufficient evidence to support the use of this test. No recommendations for or against this testing within professional society guidelines covering this area of testing were identified.

back to top

The NCCN guidelines for Peritoneal Mesothelioma (2.2024) recommends consideration of CA-125 testing when the patient has signs or symptoms of peritoneal mesothelioma, such as recurrent ascites and/or peritoneal thickening or masses (p. PEM-1).

The NCCN guidelines for Uterine Neoplasms (3.2024) recommends consideration of CA-125 testing during the initial evaluation of uterine neoplasms (p. UN-1) as well as suspected extrauterine disease of endometrial carcinoma (p. ENDO-3).

The NCCN guidelines for Colon Cancer (5.2024) recommends consideration of CA-125 testing for individuals with appendiceal adenocarcinoma, especially if CEA and CA-19-9 are normal (p. COL-I 1 of 3).

The NCCN guidelines for Occult Primary tumors (2.2025) recommend CA-125 testing for adenocarcinoma or carcinoma not otherwise specified in those with a uterus and/or ovaries in the setting of a peritoneal presentation or ascites (p. OCC-4) or inguinal nodes (p. OCC-5).

American College of Obstetrics and Gynecology (ACOG)

The ACOG committee opinion number 716 (published 2017; reaffirmed in 2024) states that “the use of transvaginal ultrasonography and tumor markers (such as CA-125), alone or in combination, for early detection of ovarian cancer in average-risk women have not been proved to reduce mortality, and harms exist from invasive diagnostic testing (eg, surgery) resulting from false-positive test results” (p. 1).

back to top

American College of Obstetricians and Gynecologists (ACOG)

In ACOG Practice Bulletin No. 215: Vaginitis in Nonpregnant Patients, the authors state: "Pap tests are not reliable for the diagnosis of vaginitis" (p. e10).

back to top

Multi-Cancer Early Detection Screening Tests

National Cancer Institute (NCI)

According to the NCI, there are no large clinical trials showing that the use of any MCD [multi-cancer detection] test for cancer screening reduces the number of individuals who die from cancer. To date, there are no professional medical societies, including the U.S. Preventive

Services Task Force (USPSTF), that have issued recommendations on the use of MCD tests for cancer screening.

back to top

DEFINITIONS

1. **Fecal immunohistochemical testing (FIT):** Screening test for colon cancer that detects human blood in the lower intestines. (FIT testing alone does not involve any genetic test and is outside of the scope of this policy).
2. **FIT-DNA testing:** Combination of the fecal immunochemical (FIT), which uses antibodies to detect blood in the stool, with a test that detects abnormal DNA from cancer or polyp cells in the stool.
3. **Close relatives** include first, second, and third degree blood relatives:
    a. **First-degree relatives** are parents, siblings, and children
    b. **Second-degree relatives** are grandparents, aunts, uncles, nieces, nephews, grandchildren, and half siblings
    c. **Third-degree relatives** are great grandparents, great aunts, great uncles, great grandchildren, and first cousins

back to top

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed.	03/23	03/23
Semi-annual review. Updated title to reflect V1.2024 version. Overview, coding, reference-table, background and references updated. Throughout policy: replaced "coverage criteria" with "criteria. For Policy Reference Table; Cancer Screening Tests: added G0328. For Other Related Policies: added "and Molecular". For Criteria; Blood-based Biomarker Colorectal Cancer Screening Tests: added G0327 and G0328. For Background and Rationale; Colon Cancer Screening Tests- Blood-based Biomarker Colorectal Cancer Screening Tests: removed "Technical Assessment 2021"; removed "October 2021…"; added "May 2023."	10/23	10/23

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Semi-annual review. Updated title to reflect V2.2024 version. Minor rewording for clarity throughout. Coding, reference-table, background and references updated.	04/24	04/24
Semi-annual review. Updated title to reflect V1.2025 version. Urinary Biomarker Tests for Pre-cancerous Colon Polyps: Reformatted Background and Rationale; Updated NCCN version. Blood-based Biomarker Colorectal Cancer Screening Tests: Streamlined portions of Background and Rationale section for brevity; Updated NCCN version. Blood-based Biomarker Lung Cancer Screening Tests: Updated example test in Policy Reference Table; Streamlined and clarified portions of Background and Rationale section. FIT-DNA Testing (Stool DNA Testing): Updated NCCN version in Background and Rationale and references.	11/24	11/24
Annual review. Minor rewording without clinical significance. FIT-DNA Testing (Stool DNA Testing): added requirement that member does not have "Symptoms suspicious for an undiagnosed colorectal cancer (e.g., rectal bleeding, iron deficiency anemia, abdominal pain, weight loss).” Name of criteria set updated from "Urinary Biomarker Tests for Pre-cancerous Polyps" to "Urinary Biomarker Tests for Precancerous Polyps.” Added the following new criteria section: Multi-Cancer Early Detection Screening Tests. Coding table and rationale updated.	02/2026	02/26

REFERENCES

1. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Colorectal Cancer Screening. Version 1.2024. https://www.nccn.org/professionals/physician_gls/pdf/colorectal_screening.pdf
2. Summary of Safety and Effectiveness Data (SSED): Cologuard. U.S. Food & Drug Administration website. Available at: https://www.accessdata.fda.gov/cdrh_docs/pdf13/P130017B.pdf.
3. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology for Lung Cancer Screening. Version 1.2025. https://www.nccn.org/professionals/physician_gls/pdf/lung_screening.pdf
4. Concert. Evidence Review for Coverage Determination for ColoRectal Cancer Blood Based Biomarker Tests. Published 12/21/2023. Updated 1/1/2025.
5. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic. Version 1.2025. https://www.nccn.org/professionals/physician_gls/pdf/genetics_bop.pdf
6. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and

Gastric. Version 1.2024. https://www.nccn.org/professionals/physician_gls/pdf/genetics_ceg.pdf
7. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Ovarian Cancer including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 3.2024. https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf
8. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Mesothelioma: Peritoneal. Version 2.2024. https://www.nccn.org/professionals/physician_gls/pdf/meso_peritoneal.pdf
9. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Uterine Neoplasms. Version 3.2024. https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf
10. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Colon Cancer. Version 5.2024. https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf
11. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Occult Primary. Version 2.2025. https://www.nccn.org/professionals/physician_gls/pdf/occult.pdf
12. Committee Opinion No. 716: The role of the Obstetrician–Gynecologist in the early Detection of Epithelial ovarian Cancer in Women at Average risk. Obstetrics and Gynecology. 2017;130(3):e146-e149. doi:10.1097/aog.0000000000002299
13. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Prostate Cancer Early Detection. Version 2.2024. Published March 6, 2024. https://www.nccn.org/professionals/physician_gls/pdf/prostate_detection.pdf.
14. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Prostate Cancer. Version 4.2024. Published May 17, 2024.https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf.
15. US Preventive Services Task Force. Screening for cervical cancer: US Preventive Services Task Force recommendation statement. JAMA. 2018;320(7):674-686. doi:10.1001/jama.2018.10897
16. Fontaine PL, Saslow D, King VJ. ACS/ASCCP/ASCP guidelines for the early detection of cervical cancer. Am Fam Physician. 2012;86(6):501-508. Accessed September 24, 2024. https://www.aafp.org/pubs/afp/issues/2012/0915/p501.html
17. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines). Vulvar Cancer. Version 4.2024. NCCN.org. Published May 1, 2024. Accessed September 25, 2024. https://www.nccn.org/professionals/physician_gls/pdf/vulvar.pdf.

18. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines). Vaginal Cancer. Version 2.2025. NCCN.org. Published August 8, 2024. Accessed September 25, 2024. https://www.nccn.org/professionals/physician_gls/pdf/vaginal.pdf
19. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines). Cervical Cancer. Version 3.2024. NCCN.org. Published May 1, 2024. Accessed September 25, 2024. https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf
20. Perkins RB, Guido RS, Castle PE, et al. 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors. J Low Genit Tract Dis. 2020;24(2):102-131. doi:10.1097/LGT.0000000000000525
21. Perkins RB, Guido RS, Castle PE, et al. 2019 ASCCP Risk-Based Management Consensus Guidelines: Updates Through 2023. Journal of Lower Genital Tract Disease. 2024;28(1):3-6. doi:https://doi.org/10.1097/lgt.0000000000000788
22. Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV. National Institutes of Health, Centers for Disease Control and Prevention, HIV Medicine Association, and Infectious Diseases Society of America. Accessed October 3, 2024. https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection
23. Hatch E, Karam A. Outcome and follow-up of diethylstilbestrol (DES) exposed individuals. In: Connor RF, ed. UpToDate. Wolters Kluwer; June 6, 2024. Accessed October 7, 2024. https://www.uptodate.com
24. American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Gynecology. ACOG Practice Bulletin No. 215: Vaginitis in nonpregnant patients. Obstet Gynecol. 2020;135(1).
25. Moscicki AB, Flowers L, Huchko MJ, et al. Guidelines for Cervical Cancer Screening in Immunosuppressed Women Without HIV Infection. Journal of Lower Genital Tract Disease. 2019;23(2):87-101. doi:https://doi.org/10.1097/lgt.0000000000000468
26. Multi-Cancer Detection (MCD) research. Division of Cancer Prevention. https://prevention.cancer.gov/major-programs/multi-cancer-detection-mcd-research. Accessed September 26, 2024.
27. Prostate cancer signs and symptoms. American Cancer Society. https://www.cancer.org/cancer/types/prostate-cancer/detection-diagnosis-staging/signs-symptoms.html. Last revised: November 22, 2023. Accessed: January 28, 2025.
28. Bhasin S, Brito JP, Cunningham GR, et al. Testosterone Therapy in Men With Hypogonadism: An Endocrine Society* Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*. 2018;103(5):1715-1744. doi:https://doi.org/10.1210/jc.2018-00229

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.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, member/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, member/enrollees and their representatives agree to be bound by such terms and conditions by providing services to member/enrollees and/or submitting claims for payment for such services.

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.

Note: For Medicare member/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.

back to top