

Multimarker and Proteomics-based Serum Testing Related to Ovarian Cancer

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Multimarker serum tests have been proposed as a method for identifying patients likely to have malignant or benign adnexal masses, prior to surgery. A suggested use of the tests is the identification of women with a higher likelihood of malignant disease, who may benefit from referral to a gynecologic-oncology specialist. These tests are combinations of several separate lab tests known as multi-analyte assays with algorithmic analyses (MAAA) and are performed on a blood sample by a reference laboratory, using a proprietary algorithm.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: While testing addressed by this policy may include CA-125 testing, this policy does not address tumor antigen CA-125 testing alone (CPT 86304), which may be considered medically reasonable and necessary under NCD 190.28.^[1]

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	None
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*	<p>For the <i>Risk of Ovarian Malignancy Algorithm (ROMA™)</i> test (<i>CPT code 81500</i>):</p> <p>Note: According to the Fujirebio Diagnostics, Inc. website, the ROMA test is ordered through Quest Diagnostics and LabCorp.^[2] Medicare guidelines state jurisdiction for coverage determinations for diagnostic laboratory services is by the contractor assigned jurisdiction over the service area in which the tests are performed.^[3,4] Therefore, the Medicare reference listed below is applicable to all laboratories in the health plan's service area, as well as California. Other Medicare guidance may be available when the rendering laboratory is located in a different geographical area.</p> <ul style="list-style-type: none"> ✓ Excluded Test List – as of 08/01/2016 (For laboratories in the health plan's service area) ✓ Excluded Test List – as of 08/01/2016 (For testing performed in California) ✓ Molecular Pathology Procedures- Related to Molecular Policy Procedures LCD (L35000) (A56199) (For testing performed in laboratories in IL, MN, WI, CT, NY, ME, MA, NH, RI, VT) ✓ Biomarkers for Oncology (L35396) (For testing performed in laboratories in CO, NM, OK, TX, AR, LA, MS, DE, MD, NJ, PA)
Non-Noridian Healthcare Solutions LCDs and LCAs*	<p>For the <i>Ova-1™ and Overa (OVA1 Next Generation)</i> tests (<i>CPT codes 81503 and 0003U</i>):</p> <p>Note: The Ova1™ and Overa tests are performed by Aspira Labs, Inc., a Vermillion Company (Texas). Medicare guidelines state jurisdiction for coverage determinations for diagnostic laboratory services is by the contractor assigned jurisdiction over the service area in which the tests are performed.^[3,4] Therefore, the applicable Medicare contractor for Texas is Novitas Solutions, Inc..</p> <ul style="list-style-type: none"> ✓ Biomarkers for Oncology (L35396) (For the <i>Ova-1™</i> test, see the section specific to the <i>Ova-1™</i> test in the

LCD. For the Overa test, see the non-coverage statements for 0003U within the LCD.)

**Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Clinical documentation of the member’s age, the existence of an ovarian mass, and treatment plan, which includes applicable surgery;
- Specific test requested (ROMA™, Ova-1™ or Overa).

REGULATORY STATUS

The OVA1® test algorithm uses five serum biomarkers, CA-125, prealbumin, apolipoprotein A-1, beta 2 microglobulin, and transferrin. A second-generation test called Overa™ replaces prealbumin and beta 2 microglobulin with human epididymis secretory protein 4 and follicle stimulating hormone.

The Risk of Ovarian Malignancy Algorithm (ROMA™) test combines 2 biomarkers, human epididymis secretory protein 4 (HE4) and CA-125, along with menopausal status.

TEST NAME	LABORATORY/MANUFACTURER	FDA APPROVAL
Overa™ test	Vermillion, Inc. Fremont, CA	March 2016
OVA1® test	Vermillion, Inc. Fremont, CA	July 2009
ROMA™ test	Fujirebio Diagnostics, Inc. (Test is ordered through Quest Diagnostics and LabCorp)	September 2011

CROSS REFERENCES

None

REFERENCES

1. NCD for Tumor Antigen by Immunoassay - CA 125 ([190.28](#))

2. Fujirebio Diagnostics, Inc. website: http://www.fdi.com/us_home/products/roma.html
3. Medicare Managed Care Manual, Pub. #100-16, Chapter 4 - Benefits and Beneficiary Protections, [§90.4.1 – MACS with Exclusive Jurisdiction over a Medicare Item or Service](#)
4. Medicare Claims Processing Manual, Chapter 1 - General Billing Requirements, [§10.1.5.4 - Independent Laboratories](#)

CODING

Codes	Number	Description
CPT	81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score <i>(This code is for reporting the ROMA™ test)</i>
	81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin and pre-albumin), utilizing serum, algorithm reported as a risk score <i>(This code is for reporting the OVA1™ test)</i>
	0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score <i>(This code is for reporting the Overa test)</i>

HCPCS None

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.