


MEDICAL POLICY	Vectra DA Test for Rheumatoid Arthritis (Medicare Only)	
Effective Date: 4/1/2020  <div style="text-align: right;">4/1/2020</div>	Section: LAB	Policy No: 423
	Medical Policy Committee Approved Date: 3/2020	
Medical Officer	Date	

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Aycin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Vectra DA Test for Rheumatoid Arthritis</i>	<ul style="list-style-type: none"> Local Coverage Determination (LCD): MoIDX: Molecular Diagnostic Tests (MDT) (L36256)¹ Local Coverage Article: Billing and Coding: MoIDX: Vectra™ DA (A54505)²

BILLING GUIDELINES

1. Per the LCA [A54505](#): There are 200 ICD-10 codes for which the Vectra DA test is covered. Please refer to the LCA for the comprehensive list of covered diagnoses.
2. This test should be limited to two services per patient per year.

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CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

REFERENCES

- Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): MoIDX: Molecular Diagnostic Tests (MDT) (L36256). Revision Effective Date: For services performed on or after 11/01/2019 <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36256>. Accessed 12/04/2020.
- Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: MoIDX: Vectra™ DA (A54505). Revision Effective Date: 10/01/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=54505>. Accessed 12/04/2020.