

EFFECTIVE DATE: 09|01|2025

POLICY LAST REVIEWED: 05|21|2025

OVERVIEW

The Envisia genomic classifier is a multianalyte assay with algorithm analyses that analyzes gene expression of 190 genes to deliver a categorical UIP or Non-UIP result. The Envisia classifier is intended for patients with interstitial lung disease (ILD) suspected of idiopathic pulmonary fibrosis (IPF) and who do not have a definitive usual interstitial pneumonia (UIP) pattern by high resolution computed tomography (HRCT) or other known cause. The Envisia genomic classifier is intended to provide a categorical UIP or Non-UIP result that along with clinical and radiographic information may guide treatment without the need for surgical lung biopsy reducing patient risk.

MEDICAL CRITERIA

Medicare Advantage Plans and Commercial Products

Effective 9/01/2025, the following test(s) are considered medically necessary when the medical criteria in the online authorization tool for participating providers is met:

- Envisia Genomic Classifier (Veracyte) – CPT Code 81554

PRIOR AUTHORIZATION

Medicare Advantage Plans and Commercial Products

Prior authorization is required for Medicare Advantage Plans and is recommended for Commercial Products via the online tool for participating providers for the following test(s):

- Envisia Genomic Classifier

Note: Laboratories are not allowed to obtain clinical authorization or participate in the authorization process on behalf of the ordering physician. Only the ordering physician shall be involved in the authorization, appeal or other administrative processes related to prior authorization/medical necessity.

In no circumstance shall a laboratory or a physician/provider use a representative of a laboratory or anyone with a relationship to a laboratory and/or a third party to obtain authorization on behalf of the ordering physician, to facilitate any portion of the authorization process or any subsequent appeal of a claim where the authorization process was not followed and/or a denial for clinical appropriateness was issued, including any element of the preparation of necessary documentation of clinical appropriateness. If a laboratory or a third party is found to be supporting any portion of the authorization process, BCBSRI will deem the action a violation of this policy and severe action will be taken up to and including termination from the BCBSRI provider network. If a laboratory provides a laboratory service that has not been authorized, the service will be denied as the financial liability of the participating laboratory and may not be billed to the member.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Effective 9/1/2025, the Envisia Genomic Classifier test may be considered medically necessary when the medical criteria in the online authorization tool for participating providers is met.

Commercial Products

Some genetic testing services are not covered and a contract exclusion for any self-funded group that has excluded the expanded coverage of biomarker testing related to the state mandate, R.I.G.L. §27-19-81 described in the Biomarker Testing Mandate policy. For these groups, a list of which genetic testing services are covered with prior authorization, are not medically necessary or are not covered because they are a contract exclusion

can be found in the Coding section of the Genetic Testing Services or Proprietary Laboratory Analyses policies. Please refer to the appropriate Benefit Booklet to determine whether the member's plan has customized benefit coverage. Please refer to the list of Related Policies for more information.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable laboratory benefits/coverage.

BACKGROUND

Interstitial lung disease (ILD) is a heterogeneous group of lung disorders, for which an accurate diagnosis is critical to determining appropriate intervention for a given patient. Idiopathic Pulmonary Fibrosis (IPF) is one of the most common interstitial lung diseases and frequently implicated when there is no other known cause of ILD, and often necessitates surgical lung biopsy to obtain a diagnosis. The natural history of IPF is described as progressive decline in pulmonary function until eventual death from respiratory failure or complicating comorbidity. Patients with IPF under age 50 are rare, with disease typically presenting in the sixth and seventh decades of life and incidence increasing with older age. The incidence of IPF is estimated to be between 8-17 per 100,000 person-years in the general population, and mean survival after diagnosis is 2 to 5 years. A study evaluating Medicare claims data from 2000 to 2011 found that the incidence of IPF in the Medicare population is significantly higher, 93.7 per 100,000 person years, than observed in the general population.

CODING

Medicare Advantage and Commercial Products

Effective 9/1/2025, the following CPT code is medically necessary for Medicare Advantage Plans and Commercial Products when medical criteria in the online authorization tool are met:

- Envisia Genomic Classifier – CPT Code 81554

RELATED POLICIES

Biomarker Testing Mandate
Genetic Testing Services

PUBLISHED

Provider Update, July 2025
Provider Update, September 2024
Provider Update, November 2023
Provider Update, May 2023
Provider Update, January 2021

REFERENCES

Not applicable

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

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