

EFFECTIVE DATE: 07|01|2026

POLICY LAST REVIEWED: 03|04|2026

OVERVIEW

Next generation sequencing (NGS) testing in solid tumors is becoming a routine component of the diagnostic process; the results can uncover the genomic mechanisms of cancer that have predictive, diagnostic, and prognostic utility to the patient and are used to better their management. Understanding the mechanisms of disease and targeting treatment based on those aberrant processes (i.e., targeted therapies for biomarkers) has improved patient outcomes in many tumor types and is the basis of Precision Medicine. Capturing mutations and other relevant genetic/genomic information is standard of care for determining clinical care for many tumor types, including the most common, such as melanoma, lung, colorectal, and breast carcinoma. NGS adds the ability to capture abundant genomic data both efficiently, and relatively cheaply, and its use is showing to improve patient outcomes although studies in this regard are ongoing.

MEDICAL CRITERIA

Medicare Advantage Plans and Commercial Products

Effective 7/1/2026, the following test(s) are considered medically necessary when the medical criteria in the online authorization tool for participating providers is met:

- Oncotype MAP™ Pan-Cancer Tissue Test, Paradigm Diagnostics, Inc. (CPT 0244U)
- Oncomap™ ExTra, Exact Sciences, Inc, Genomic Health Inc (CPT 0329U)
- Guardant360 TissueNext™, Guardant Health, Inc. (CPT 0334U)
- Solid Tumor Expanded Panel, Quest Diagnostics (CPT 0379U)
- Strata Select™, Strata Oncology, Inc. (CPT 0391U)

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):

- Oncotype MAP™ Pan-Cancer Tissue Test, Paradigm Diagnostics, Inc. (CPT 0244U)
- Oncomap™ ExTra, Exact Sciences, Inc, Genomic Health Inc (CPT 0329U)
- Guardant360 TissueNext™, Guardant Health, Inc. (CPT 0334U)
- Solid Tumor Expanded Panel, Quest Diagnostics (CPT 0379U)
- Strata Select™, Strata Oncology, Inc. (CPT 0391U)

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 7/1/2026, the following test(s) test may be considered medically necessary for Medicare Advantage Plans and Commercial Products when the medical criteria in the online authorization tool for participating providers is met.

- Oncotype MAP™ Pan-Cancer Tissue Test, Paradigm Diagnostics, Inc. (CPT 0244U)
- Oncomap™ ExTra, Exact Sciences, Inc, Genomic Health Inc (CPT 0329U)
- Guardant360 TissueNext™, Guardant Health, Inc. (CPT 0334U)
- Solid Tumor Expanded Panel, Quest Diagnostics (CPT 0379U)
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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 and not medically necessary benefits/coverage.

BACKGROUND

NGS is not a specific test but a sequencing methodology utilized to capture genomic information. Unlike Sanger sequencing (the prior standard technology) that typically provides sequence information for a single deoxyribonucleic acid (DNA) strand/molecule, NGS allows for massively parallel sequencing of millions of DNA molecules concurrently. This allows for capturing many relevant genomic targets simultaneously, usually by utilizing capture technologies such as by polymerase chain reaction (PCR) amplification or hybrid capture. As such, NGS tests for use in cancer are often comprised of gene panels whose content is either relevant to a specific tumor type or condition, or a larger panel of genes that can be used for multiple tumor types.

CODING

Medicare Advantage Plans and Commercial Products

Effective 7/1/2026, the following CPT code(s) are medically necessary for Medicare Advantage Plans and Commercial Products when the medical criteria in the online authorization tool are met:

- Oncotype MAP™ Pan-Cancer Tissue Test – CPT Code 0244U
- Oncomap™ ExTra Test – CPT Code 0329U
- Guardant360 TissueNext™ Test – CPT Code 0334U
- Solid Tumor Expanded Panel Test – CPT Code 0379U
- Strata Select™ Test – CPT Code 0391U

RELATED POLICIES

Biomarker Testing Mandate

Proprietary Laboratory Analysis (PLA) and Multianalyte Assays with Algorithmic Analyses (MAAA)

PUBLISHED

Provider Update, May 2026

Provider Update, March 2025

Provider Update, October 2024

REFERENCES

Not applicable

DRAFT

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