

EFFECTIVE DATE: 08|01|2026

POLICY LAST REVIEWED: 05|20|2026

OVERVIEW

Over half of patients with non-small-cell lung cancer (NSCLC) present with advanced and therefore incurable disease. Treatment in this setting has been with platinum-based chemotherapy. The identification of specific, targetable oncogenic “driver mutations” in a subset of NSCLCs has resulted in a reclassification of lung tumors to include molecular subtypes that may direct targeted therapy or immunotherapy depending on the presence of specific variants.

The following test(s) is addressed in this policy:

- InVisionFirst® (Inivata, Inc.)

MEDICAL CRITERIA

Medicare Advantage Plans and Commercial Products

Effective 8/1/2026, the following test(s) are considered medically necessary when the medical criteria in the online authorization tool for participating providers is met:

- InVisionFirst (Inivata, Inc.) – CPT Code 0388U

PRIOR AUTHORIZATION

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):

- InVisionFirst

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 8/1/2026, the InVisionFirst 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

Not applicable

CODING

Medicare Advantage Plans and Commercial Products

Effective 8/1/2026, the following CPT code is medically necessary for Medicare Advantage Plans and Commercial Products when medical criteria in the online authorization tool are met:

- InVisionFirst (Inivata, Inc.) – CPT Code 0388U

RELATED POLICIES

Biomarker Testing Mandate

PUBLISHED

Provider Update, July 2026
Provider Update, June 2025
Provider Update, October 2024
Provider Update, July/November 2023

REFERENCES

Not applicable

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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