Genetic testing: immune, autoimmune, and rheumatoid disorders

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is required for the following services:

- Periodic Fever Syndrome
- Rheumatoid Arthritis TNFi Treatment Response Algorithmic Tests
- Covered Immune, Autoimmune, and Rheumatoid Disorders
- Testing that is associated with a procedure code listed in “Box A”, below.

Prior Authorization is not required for HLA Typing for Axial Spondyloarthritis.

Prior Authorization is not applicable for the following, as they are considered investigational/experimental and, therefore, not covered:

- Rheumatoid Arthritis Biomarker Activity Panels

Box A: Genetic testing procedure codes that require prior authorization
Molecular pathology procedures, Tier 2 or unlisted (CPT 81400-81408, 81479)
Unlisted multianalyte assays (CPT 81599)
Any other listed or unlisted laboratory/pathology CPT code when it is used in association with a genetic test.

Tests that require prior authorization will be reviewed for medical necessity of the testing as a whole. That is, a single coverage decision will apply to all of the tests, services, and/or procedure codes associated with the genetic test, whether they are requested/billed together or separately.

Policy Reference Table

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

Coverage Criteria Sections	Example Tests (Labs)	Common CPT Codes	Common ICD Codes
Periodic Fever Syndrome			
Periodic Fever Syndromes Multigene Panel	Periodic Fever Syndromes Panel (Invitae)	81404, 81479	M04.1, R50.9, A68.9
	Periodic Fever Syndromes Panel (PreventionGenetics, part of Exact Sciences)		
	Periodic Fever Syndromes Panel (7 genes) (GeneDx)		
Rheumatoid Arthritis			
Rheumatoid Arthritis Biomarker Activity Panels	Vectra (Labcorp)	81490	M05.00-M06.9
	Vectra with CV Risk (Labcorp)		
Rheumatoid Arthritis TNFi Treatment Response Algorithmic Tests	PrismRA (Scipher Medicine)	0456U	M05, M06, M08
HLA Typing for Axial Spondyloarthritis			
HLA Typing for Axial Spondyloarthritis	HLA-B27 DNA Typing (Quest Diagnostics)	81374	M04.8, M04.9, M05, M06, M45
Other Covered Immune, Autoimmune, and Rheumatoid Disorders			

Other Covered Immune, Autoimmune, and Rheumatoid Disorders	See below	81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408	

Coverage

Periodic Fever Syndromes Multigene Panel

1. Genetic testing for periodic fever syndromes, also called hereditary recurrent fever syndromes, (for example: Familial Mediterranean Fever, tumor necrosis factor receptor-associated periodic fever [TRAPS]) via multigene panel is considered **medically necessary** when:
   - A. The member has three or more episodes of unexplained fever in a six-month period, occurring at least seven days apart, **and**
   - B. Common causes of fever have been ruled out, including viral or bacterial infection.
2. Genetic testing for periodic fever syndromes, also called hereditary recurrent fever syndromes, (for example: Familial Mediterranean Fever, tumor necrosis factor receptor-associated periodic fever [TRAPS]) via multigene panel is considered **investigational** for all other indications.

Back to top

Rheumatoid Arthritis

Rheumatoid Arthritis Biomarker Activity Panels

1. The use of multibiomarker disease activity (MBDA) scores for rheumatoid arthritis is considered **investigational**.

Back to top

Rheumatoid Arthritis TNFi Treatment Response Algorithmic Tests

1. The use of genetic rheumatoid arthritis algorithmic tests to determine appropriateness of TNFi treatment (PrismRA) is considered **medically necessary** when:
   - A. The member is age 18 or older, **and**
   - B. The member has a diagnosis of moderately to severely active rheumatoid arthritis (RA), **and**
   - C. The member previously received first-line therapy for treatment of rheumatoid arthritis conventional synthetic disease-modifying anti-rheumatic drug (csDMARD), **and**
   - D. The member is unresponsive/refractory or intolerant to the therapy despite a therapeutic dose, **and**
   - E. One of the following:
     - i. The member has not yet initiated a biologic or targeted synthetic therapy (b/tDMARD) for RA (i.e., TNFi), **or**
     - ii. The member has initiated a biologic or targeted synthetic therapy (b/tDMARD) for RA (i.e., TNFi) and is unresponsive/refractory or intolerant to a therapeutic dose, **and**
   - F. The member has not had previous testing using molecular biomarkers for predictive therapy selection for rheumatoid arthritis.
2. The use of genetic rheumatoid arthritis algorithmic tests to determine appropriateness of TNFi treatment (PrismRA) is considered **investigational** for all other indications.

Back to top

HLA Typing for Axial Spondyloarthritis

1. The use of HLA-B27 typing for evaluation of axial spondyloarthritis is considered **medically necessary** when:
   - A. The member has clinical or radiographic features of axial spondyloarthritis.
2. The use of HLA-B27 typing for evaluation of axial spondyloarthritis is considered **investigational** for all other indications.

Back to top

Other Covered Immune, Autoimmune, and Rheumatoid Disorders

1. Genetic testing to establish or confirm one of the following immune, autoimmune, or rheumatoid disorders to guide management is considered **medically necessary** when the member demonstrates clinical features* consistent with the disorder (the list is not meant to be comprehensive, see 2 below):
   - A. Agammaglobulinemia: X-Linked and Autosomal Recessive (*BTK*)
   - B. Autoimmune Lymphoproliferative Syndrome (ALPS) (*FAS*)
   - C. Chronic Granulomatous Disease (CGD) (*CYBA*, *CYBC1*, *NCF1*, *NCF2*, and *NCF4*, *CYBB*)
   - D. Complement Deficiencies
   - E. Congenital Neutropenia Syndromes (e.g., *ELANE*-Related Neutropenia) (*ELANE*, *HAX1*)

F. Familial Hemophagocytic Lymphohistiocytosis (HLH) (*PRF1*, *STX11*, *STXBP2*, or *UNC13D*)
G. Hyper IgE Syndrome (HIES) (*STAT3*)
H. Hyper IgM Syndromes (*CD40LG*)
I. Leukocyte Adhesion Deficiency (LAD) (*CD18*, *Kindlin-3*, *ITGB2*)
J. NEMO Deficiency Syndrome (*NEMO*, aka *IKK gamma* or *IKKG*)
K. Severe Combined Immune Deficiency (SCID) and Combined Immune Deficiency (*IL2RG*)
L. WHIM Syndrome (Warts, Hypogammaglobulinemia, Infections, and Myelokathexis) (*CXCR4*)
M. Wiskott-Aldrich Syndrome (*WAS*)

2. Genetic testing to establish or confirm the diagnosis of all other immune, autoimmune, or rheumatoid disorders not specifically discussed within this or another medical policy will be evaluated by the criteria outlined in **General Approach to Genetic Testing** (see policy for coverage criteria).

*Clinical features for a specific disorder may be outlined in resources such as GeneReviews, OMIM, National Library of Medicine, Genetics Home Reference, or other scholarly source.

Definitions

1. **Multibiomarker disease activity (MBDA) tests:** A validated approach that uses serum biomarkers to objectively measure rheumatoid arthritis disease activity.
2. **Unexplained fever:** A fever of unknown origin (FUO). A temperature higher than 38.3 C (100.9 F) that lasts for more than three weeks with no obvious source despite appropriate investigation. The four categories of potential etiology of FUO are classic, nosocomial, immune deficient, and human immunodeficiency virus–related. The four subgroups of the differential diagnosis of FUO are infections, malignancies, autoimmune conditions, and miscellaneous.

Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria do not apply to Medicare Products. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7272 or 1-877-778-8384.

Approved Medical Director Committee: 06/11/2021; Revised: 10/03/2022, 03/09/2023, 09/12/2024; Reviewed: 07/2022, 01/2023, 07/2023, 01/2024, 07/2024, 01/2025

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