

## Laboratory Testing Investigational Services

**Policy # 00577**

Original Effective Date: 01/01/2018

Current Effective Date: 06/01/2026

*Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

*Investigational or experimental services are not covered. This includes any drug, device, procedure, or service provided under the investigational arm of a clinical trial or clinical study. These services are excluded from coverage under benefits.*

### Services Are Considered Investigational

*Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.*

Based on review of available data, the Company considers all tests listed in this policy to be **investigational\*** as there is insufficient evidence to determine that the technology results in an improvement in the net health outcome (see Policy Guidelines).

### Policy Guidelines

Genetic testing is considered **investigational\*** when criteria are not met, including when there is insufficient evidence to determine that the technology results in an improvement in the net health outcome. The following tests listed in the table below and within the table in the "Codes" section are considered investigational.

| Test Name                                     | Laboratory                         | PLA code |
|-----------------------------------------------|------------------------------------|----------|
| Polygenic Risk Score                          | Many                               | N/A      |
| Apify <sup>®†</sup>                           | Armune BioScience, Inc             | 0021U    |
| BDX-XL2                                       | Biodesix <sup>®‡</sup> , Inc       | 0080U    |
| Navigator ABO Blood Group NGS                 | Grifols Immunohematology Center    | 0221U    |
| Navigator Rh Blood Group NGS                  | Grifols Immunohematology Center    | 0222U    |
| IsoPSA <sup>®‡</sup>                          | Cleveland Diagnostics, Inc         | 0359U    |
| Nodify CDT <sup>®‡</sup>                      | Biodesix, Inc                      | 0360U    |
| AMBLor <sup>®‡</sup> melanoma prognostic test | Avero <sup>®‡</sup> Diagnostics    | 0387U    |
| OncobiotaLUNG                                 | Micronoma <sup>™‡</sup>            | 0395U    |
| CyPath <sup>®‡</sup> Lung                     | Precision Pathology Services       | 0406U    |
| PROphet <sup>®‡</sup> NSCLC Test              | OncoHost, Inc                      | 0436U    |
| TruD MDS Alzheimer's & MCI                    | TruDiagnostic <sup>™‡</sup> , Inc. | 0616U    |
| TruD MDS ASCVD                                | TruDiagnostic <sup>™‡</sup> , Inc. | 0617U    |

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|                                                           |                                                                                                        |                                            |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------|
| TruD MDS Bipolar                                          | TruDiagnostic <sup>TM†</sup> , Inc.                                                                    | 0618U                                      |
| TruD MDS COPD                                             | TruDiagnostic <sup>TM†</sup> , Inc.                                                                    | 0619U                                      |
| TruD MDS Hepatocellular Carcinoma                         | TruDiagnostic <sup>TM†</sup> , Inc.                                                                    | 0620U                                      |
| TruD MDS Lyme Disease                                     | TruDiagnostic <sup>TM†</sup> , Inc.                                                                    | 0621U                                      |
| TruD MDS Major Depressive Disorder                        | TruDiagnostic <sup>TM†</sup> , Inc.                                                                    | 0622U                                      |
| TruD MDS Multiple Sclerosis                               | TruDiagnostic <sup>TM†</sup> , Inc.                                                                    | 0623U                                      |
| TruD MDS NASH                                             | TruDiagnostic <sup>TM†</sup> , Inc.                                                                    | 0624U                                      |
| TruD MDS Osteoporosis                                     | TruDiagnostic <sup>TM†</sup> , Inc.                                                                    | 0625U                                      |
| TruD MDS Parkinson's                                      | TruDiagnostic <sup>TM†</sup> , Inc.                                                                    | 0626U                                      |
| TruD MDS Schizophrenia                                    | TruDiagnostic <sup>TM†</sup> , Inc.                                                                    | 0627U                                      |
| MyPhenomeRx                                               | Phenomix Sciences Clinical Lab                                                                         | 0697U                                      |
| Prometheus <sup>®†</sup> Celiac PLUS                      | Prometheus Laboratories                                                                                | No specific code                           |
| Prometheus <sup>®†</sup> Crohn's Prognostic               | Prometheus Laboratories                                                                                | No specific code                           |
| DNA Methylation Pathway Profile                           | Mosaic Diagnostics (formerly Great Plains Laboratory)                                                  | No specific code                           |
| Prometheus <sup>®†</sup> IBD sgi Diagnostic <sup>®†</sup> | Prometheus Laboratories                                                                                | No specific code                           |
| know error <sup>®†C</sup>                                 | Strand Diagnostics                                                                                     | No specific code (84999 is typically used) |
| 4Kscore <sup>®†</sup>                                     | BioReference Laboratories and GenPathDiagnostics (subsidiaries of OPKO Health; 4Kscore <sup>®†</sup> ) | 81539                                      |

### Genetics Nomenclature Update

The Human Genome Variation Society nomenclature is used to report information on variants found in DNA and serves as an international standard in DNA diagnostics. It is being implemented for genetic testing medical evidence review updates starting in 2017 (see Table PG1). The Society's nomenclature is recommended by the Human Variome Project, the Human Genome Organization, and by the Human Genome Variation Society itself.

The American College of Medical Genetics and Genomics and the Association for Molecular Pathology standards and guidelines for interpretation of sequence variants represent expert opinion from both organizations, in addition to the College of American Pathologists. These recommendations primarily apply to genetic tests used in clinical laboratories, including genotyping, single genes, panels, exomes, and genomes. Table PG2 shows the recommended standard terminology to describe variants identified that cause Mendelian disorders.

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**Table PG1. Nomenclature to Report on Variants Found in DNA**

| Previous | Updated                    | Definition                                                                                                                  |
|----------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Mutation | Disease-associated variant | Disease-associated change in the DNA sequence                                                                               |
|          | Variant                    | Change in the DNA sequence                                                                                                  |
|          | Familial variant           | Disease-associated variant identified in a proband for use in subsequent targeted genetic testing in first-degree relatives |

**Table PG2. American College of Medical Genetics and Genomics and the Association for Molecular Pathology Standards and Guidelines for Variant Classification**

| Variant Classification            | Definition                                               |
|-----------------------------------|----------------------------------------------------------|
| Pathogenic                        | Disease-causing change in the DNA sequence               |
| Likely pathogenic                 | Likely disease-causing change in the DNA sequence        |
| Variant of uncertain significance | Change in DNA sequence with uncertain effects on disease |
| Likely benign                     | Likely benign change in the DNA sequence                 |
| Benign                            | Benign change in the DNA sequence                        |

### **Genetic Counseling**

Experts recommend formal genetic counseling for patients who are at-risk for inherited disorders and who wish to undergo genetic testing. Interpreting the results of genetic tests and understanding risk factors can be difficult for some patients; genetic counseling helps individuals understand the impact of genetic testing, including the possible effects the test results could have on the individual or their family members. It should be noted that genetic counseling may alter the utilization of genetic testing substantially and may reduce inappropriate testing; further, genetic counseling should be performed by an individual with experience and expertise in genetic medicine and genetic testing methods.

### **Background/Overview**

This policy applies if there is not a separate medical policy that outlines specific criteria for testing. If a separate medical policy does exist, then the criteria for medical necessity therein supersede the guidelines herein.

This policy addresses laboratory services considered to be investigational. These tests are often available on a clinical basis before the required and necessary evidence base to support clinical validity and utility is established. Because these tests are often proprietary, there may be no independent test evaluation data available in the early stages to support the laboratory's claims regarding test performance and utility. While studies using these tests may generate information that

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may help elucidate the biologic mechanisms of disease and eventually help design treatments, the tests listed in this policy are currently in a developmental phase, with limited evidence of clinical utility for diagnosis, prognosis, or risk assessment.

## **FDA or Other Governmental Regulatory Approval**

Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratory-developed tests must meet the general regulatory standards of the Clinical Laboratory Improvement Amendments. Laboratories that offer laboratory-developed tests must be licensed by the Clinical Laboratory Improvement Amendments for high-complexity testing.

The following laboratories are certified under the CLIA: BioReference Laboratories and GenPath Diagnostics (subsidiaries of OPKO Health; 4Kscore<sup>®†</sup>), To date, the U.S. Food and Drug Administration (FDA) has chosen not to require any regulatory review of these tests.

## **Rationale/Source**

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

## **Description**

There are numerous commercially available genetic and molecular diagnostic, prognostic, and therapeutic tests for individuals with certain diseases or asymptomatic individuals with future risk. This review relates to genetic and molecular diagnostic tests not addressed in a separate review and have not received clearance/approval/de novo classification from the Food and Drug Administration (FDA). If a separate evidence review exists, then conclusions reached there supersede conclusions here. The main criterion for inclusion in this review is the limited evidence on the clinical utility for the test. As these tests do not have clinical utility, the evidence is insufficient to determine that the technology results in an improvement in the net health outcome and will not be subjected to a full evidence review.

## **Summary of Evidence**

For individuals with various indications for diagnostic, prognostic, therapeutic, or future risk assessment testing who receive the genetic and molecular tests addressed in this review, the evidence on clinical utility is insufficient or non-evaluable. For each test addressed, a brief description is provided for informational purposes. No formal evidence review was conducted. To sufficiently evaluate clinical utility, features of well-defined test, intended use, and clinical management pathway characteristics are summarized. If it is determined that enough evidence has accumulated to reevaluate its potential clinical utility, the test will be removed from this review and addressed separately. The lack of demonstrated clinical utility of these tests is based on the following factors: (1) there is no or extremely limited published data addressing the test; and/or (2) it is unclear where in the clinical pathway the test fits (replacement, triage, add-on); and/or (3) it is unclear how the test

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leads to changes in management that would improve health outcomes and/or avoiding existing burdensome and invasive testing; and/or (4) thresholds for decision making have not been established; (5) and/or the outcome from the test result does not result in a clinically meaningful improvement relative to the outcomes(s) obtained without the test.

## **Supplemental Information**

### **Practice Guidelines and Position Statements**

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

#### **American College of Gastroenterology**

In 2023, the American College of Gastroenterology published a clinical practice update for the diagnosis and management of celiac disease. A recommendation for genetic testing using a multigene panel test (eg, Celiac PLUS) was not included.

In 2018, the American College of Gastroenterology practice guidelines on Crohn disease state that genetic and routine serologic testing is not indicated to establish the diagnosis of Crohn's disease.

#### **American Urological Association et al**

In 2019, the American Urological Association (AUA) published joint guidelines with the Canadian Urological Association (CUA) and the Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) on the management of recurrent uncomplicated urinary tract infections in women. Regarding the use of polymerase chain reaction (PCR) and next-generation sequencing (NGS) techniques for the identification of bacterial species, the guideline states that "more evidence is needed before these technologies become incorporated into the guideline, as there is concern that adoption of this technology in the evaluation of lower urinary tract symptoms may lead to over treatment with antibiotics." In 2022, the guideline was reviewed and validated. In 2025, this guideline was amended but the association still holds the position that "more evidence is needed before these technologies become incorporated into the guideline, as there is concern that adoption of this technology in the evaluation of lower urinary tract symptoms may lead to over treatment with antibiotics."

In 2016, the AUA published joint guidelines with the Society of Urologic Oncology on the diagnosis and treatment of non-muscle invasive bladder cancer. For use of urinary biomarkers after diagnosis, the guidelines state: "a clinician should not use urinary biomarkers in place of cystoscopic evaluation" (Strong Recommendation; Evidence Strength: Grade B); that "in a patient with a history of low-risk cancer and a normal cystoscopy, a clinician should not routinely use a urinary biomarker or cytology during surveillance (Expert Opinion); and that "in a patient with NMIBC, a clinician may use biomarkers to assess response to intravesical BCG (UroVysion FISH) and adjudicate equivocal cytology (UroVysion FISH and ImmunoCyt) (Expert Opinion)."

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**National Comprehensive Cancer Network**

National Comprehensive Cancer Network clinical practice guidelines on bladder cancer (v.4.2024) state the following regarding urine molecular tests for urothelial tumor markers: "Many of these tests have a better sensitivity for detecting bladder cancer than urinary cytology, but specificity is lower. Considering this, evaluation of urinary urothelial tumor markers may be considered during surveillance of high-risk [non-muscle invasive bladder cancer (NMIBC)]. However, it remains unclear whether these tests offer additional useful information for detection and management of non-muscle invasive bladder tumors. Therefore, the panel considers this to be a category 2B recommendation."

NCCN clinical practice guidelines on colon cancer (v.5.2024) state that "it has not been established if molecular markers (other than MSI-H/dMMR) are useful in treatment determination (predictive markers) and prognosis."

**National Human Genome Research Institute et al**

In 2021, the National Human Genome Research Institute's ClinGen Complex Disease Working Group updated the Genetic Risk Prediction (GRIPS) Reporting Statement in collaboration with the Polygenic Score (PGS) Catalog. The 22-item reporting framework developed to define the minimal information needed to interpret and evaluate polygenic risk scores is summarized in Table 1.

**Table 1. Polygenic Risk Score Reporting Statement**

| Reporting Standard                   |                                                      |
|--------------------------------------|------------------------------------------------------|
| Background                           | Study Type                                           |
|                                      | Risk Model Purpose & Predicted Outcome               |
| Study Population and Data            | Study Design & Recruitment                           |
|                                      | Participant Demographic and Clinical Characteristics |
|                                      | Ancestry                                             |
|                                      | Genetic Data                                         |
|                                      | Non-Genetic Variables                                |
|                                      | Outcome of Interest                                  |
|                                      | Missing Data                                         |
| Risk Model Development & Application | Polygenic Risk Score Construction & Estimation       |
|                                      | Risk Model Type                                      |
|                                      | Integrated Risk Model(s) Description & Fitting       |
| Risk Model Evaluation                | PRS Distribution                                     |
|                                      | Risk Model Predictive Ability                        |

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|                                     |                           |
|-------------------------------------|---------------------------|
|                                     | Risk Model Discrimination |
|                                     | Risk Model Calibration    |
|                                     | Subgroup Analyses         |
| Limitations & Clinical Implications | Risk Model Interpretation |
|                                     | Limitations               |
|                                     | Generalizability          |
|                                     | Risk Model Intended Uses  |
| Data Transparency & Availability    |                           |

PRS: polygenic risk score.

**U.S. Preventive Services Task Force Recommendations**

Not applicable.

**Medicare National Coverage**

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

**Ongoing and Unpublished Clinical Trials**

Some currently unpublished trials that might influence this review are listed in Table 2

**Table 2. Summary of Key Trials**

| NCT No.                  | Trial Name                                                                                                                                                                                             | Planned Enrollment | Completion Date           |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|
| <b><i>Ongoing</i></b>    |                                                                                                                                                                                                        |                    |                           |
| NCT05276466 <sup>a</sup> | Assessment of Urinary Polymerase Chain Reaction (PCR) and Next Generation Sequencing (NGS) Technology in the Evaluation and Management of Females With Chronic Bladder Pain and Cystitis-like Symptoms | 100                | Dec 2023 (unknown status) |
| NCT05287438 <sup>a</sup> | Next Generation Sequencing Versus Traditional Cultures for Clinically Infected Penile Implants: Impact of Culture Identification on Outcomes                                                           | 40                 | Oct 2024 (unknown status) |
| NCT06417190              | IIT2023-13-BALLAS-VHTMT: Bladder Preservation for Patients With Muscle Invasive Bladder Cancer (MIBC) With Variant Histology                                                                           | 20                 | Oct 2030                  |

NCT: national clinical trial.

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a Denotes industry-sponsored or cosponsored trial.

## **References**

1. Singh S, Ananthakrishnan AN, Nguyen NH, et al. AGA Clinical Practice Guideline on the Role of Biomarkers for the Management of Ulcerative Colitis. *Gastroenterology*. Mar 2023; 164(3): 344-372. PMID 36822736
2. Lichtenstein GR, Loftus EV, Isaacs KL, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol*. Apr 2018; 113(4): 481-517. PMID 29610508
3. Anger J, Lee U, Ackerman AL, et al. Recurrent Uncomplicated Urinary Tract Infections in Women: AUA/CUA/SUFU Guideline. *J Urol*. Aug 2019; 202(2): 282-289. PMID 31042112
4. Chang SS, Boorjian SA, Chou R, et al. Diagnosis and Treatment of Non-Muscle Invasive Bladder Cancer: AUA/SUO Guideline. *J Urol*. Oct 2016; 196(4): 1021-9. PMID 27317986
5. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Bladder Cancer [Version 4.2024]. May 9, 2024; [https://www.nccn.org/professionals/physician\\_gls/pdf/bladder.pdf](https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf).
6. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Colon Cancer [Version 5.2024]. August 22, 2024; [https://www.nccn.org/professionals/physician\\_gls/pdf/colon.pdf](https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf).
7. Wand H, Lambert SA, Tamburro C, et al. Improving reporting standards for polygenic scores in risk prediction studies. *Nature*. Mar 2021; 591(7849): 211-219. PMID 33692554

## **Policy History**

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|            |                                                                                   |
|------------|-----------------------------------------------------------------------------------|
| 10/05/2017 | Medical Policy Committee review                                                   |
| 10/18/2017 | Medical Policy Implementation Committee approval. New policy.                     |
| 01/12/2018 | Coding update                                                                     |
| 10/04/2018 | Medical Policy Committee review                                                   |
| 10/17/2018 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged. |
| 12/03/2018 | Coding update                                                                     |
| 08/14/2019 | Coding update                                                                     |
| 10/03/2019 | Medical Policy Committee review                                                   |
| 10/09/2019 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged. |
| 03/23/2020 | Coding update                                                                     |
| 09/23/2020 | Coding update                                                                     |
| 10/01/2020 | Medical Policy Committee review                                                   |
| 10/07/2020 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged. |
| 10/07/2021 | Medical Policy Committee review                                                   |
| 10/13/2021 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged. |

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|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 02/04/2022 | Coding update                                                                                                                                                                                                                                                                                                                                                                                                       |
| 03/25/2022 | Coding update                                                                                                                                                                                                                                                                                                                                                                                                       |
| 11/03/2022 | Medical Policy Committee review                                                                                                                                                                                                                                                                                                                                                                                     |
| 11/09/2022 | Medical Policy Implementation Coverage eligibility unchanged.                                                                                                                                                                                                                                                                                                                                                       |
| 12/16/2022 | Coding update                                                                                                                                                                                                                                                                                                                                                                                                       |
| 11/02/2023 | Medical Policy Committee review                                                                                                                                                                                                                                                                                                                                                                                     |
| 11/08/2023 | Medical Policy Implementation Committee approval. Title changed from “Miscellaneous Genetic and Molecular Diagnostic Tests” to “Laboratory Testing Investigational Services.” Expanded policy to include Services that are Considered Investigational specific for Laboratory Testing Investigational Services with rationale and background to support policy position. Significant coding updates to this policy. |
| 05/02/2024 | Medical Policy Committee review                                                                                                                                                                                                                                                                                                                                                                                     |
| 05/08/2024 | Medical Policy Implementation Committee approval. No change to coverage.                                                                                                                                                                                                                                                                                                                                            |
|            | Coding update                                                                                                                                                                                                                                                                                                                                                                                                       |
| 07/01/2024 | Coding update, content of INV tests table updated to reflect coding update and format changed.                                                                                                                                                                                                                                                                                                                      |
| 01/01/2025 | Coding update. TissueCypher code 0108U transferred to medical policy 00757.                                                                                                                                                                                                                                                                                                                                         |
| 05/01/2025 | Medical Policy Committee review                                                                                                                                                                                                                                                                                                                                                                                     |
| 05/13/2025 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged.                                                                                                                                                                                                                                                                                                                                   |
| 04/01/2026 | Coding update                                                                                                                                                                                                                                                                                                                                                                                                       |
| 05/07/2026 | Medical Policy Committee review                                                                                                                                                                                                                                                                                                                                                                                     |
| 05/13/2026 | Medical Policy Implementation Committee approval. Added clarification to the Policy Guidelines: the "Codes" section for the tests listed in the table are considered investigational. Coverage eligibility unchanged.                                                                                                                                                                                               |
| 07/01/2026 | Code update                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10/01/2026 | Code update                                                                                                                                                                                                                                                                                                                                                                                                         |

Next Scheduled Review Date: 05/01/2027

## **Coding**

*The five character codes included in the Louisiana Blue Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)†, copyright 2025 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.*

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CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

| Code Type        | Code                                                                                                                                                                                                                                                         |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CPT              | 0021U, 0080U, 0221U, 0222U, 0359U, 0360U, 0387U, 0395U, 0406U, 0436U, 0616U, 0617U, 0618U, 0619U, 0620U, 0621U, 0622U, 0623U, 0624U, 0625U, 0626U, 0627U, 81539, 84999, Delete codes effective 07/01/2026: 86152, 86153 Add code effective 10/01/2026: 0697U |
| HCPCS            | No codes                                                                                                                                                                                                                                                     |
| ICD-10 Diagnosis | All Related Diagnoses                                                                                                                                                                                                                                        |

\*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
  1. Consultation with technology evaluation center(s);
  2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
  3. Reference to federal regulations.

‡ Indicated trademarks are the registered trademarks of their respective owners.

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**NOTICE:** If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

**NOTICE:** Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

**NOTICE:** Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

**NOTICE:** If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Louisiana Blue), Louisiana Blue may honor the previous health plan's authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Louisiana Blue health plan. This provision does not apply to medications covered under the plan's pharmacy benefit.