

MEDICAL POLICY – 12.04.115

Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies

BCBSA Ref. Policy: 2.04.115

Effective Date: Dec. 1, 2017

Last Revised: May 19, 2018


Replaces: 2.04.115

RELATED MEDICAL POLICIES:

12.04.93 Genetic Cancer Susceptibility Panels Using Next-Generation Sequencing

Select a hyperlink below to be directed to that section.

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Introduction

Medical studies have shown that doing specific genetic tests on certain tumors is useful in choosing which treatment to use. These genetic tests look for the presence or absence of known genetic changes. The results can be used to match a person to the therapy that will be most helpful. There are other types of genetic tests that look at a very large number of genes. These tests are known as expanded molecular panels. They can test hundreds of genes. The difficulty with expanded molecular panels is that most of the genetic markers tested haven't been shown to affect either cancer growth or cancer therapies. Because more study is needed, expanded molecular panels are considered investigational.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Test	Investigational
Expanded cancer molecular panels	The use of expanded cancer molecular panels for selecting targeted cancer treatment is considered investigational.

Coding

Code	Description
CPT	
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected (new code effective 8/1/17)
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed

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Related Information



Genetic Counseling

Genetic counseling is primarily aimed at patients who are at risk for inherited disorders, and experts recommend formal genetic counseling in most cases when genetic testing for an inherited condition is considered. The interpretation of the results of genetic tests and the understanding of risk factors can be very difficult and complex. Therefore, genetic counseling will assist individuals in understanding the possible benefits and harms of genetic testing, including the possible impact of the information on the individual's family. Genetic counseling may alter the utilization of genetic testing substantially and may reduce inappropriate testing. Genetic counseling should be performed by an individual with experience and expertise in genetic medicine and genetic testing methods.

Evidence Review

Description

There is interest in treating cancers by targeting biologic pathways that are influenced by specific genetic markers. Genetic panel testing offers the potential to evaluate a large number of genetic markers at a single time to identify treatments that target specific pathways. Some individual markers have established benefit in certain types of cancers; they are not addressed in this medical policy. Rather, this review focuses on "expanded" panels, which are defined as panels that test a wide variety of genetic markers in cancers without regard for whether specific targeted treatment has demonstrated benefit. This approach may result in a treatment different than that usually selected for a patient based on the type of cancer and stage.

Background

Traditional Therapeutic Approaches to Cancer

Tumor location, grade, stage, and the patient's underlying physical condition have traditionally been used in clinical oncology to determine the therapeutic approach to a specific cancer, which could include surgical resection, ionizing radiation, systemic chemotherapy, or combinations thereof. Currently, some 100 different types of tumors are broadly categorized according to the tissue, organ, or body compartment in which they arise. Most treatment approaches in clinical



care were developed and evaluated in studies that recruited subjects and categorized results based on this traditional classification scheme.

This traditional approach to cancer treatment does not reflect the wide diversity of cancer at the molecular level. While treatment by organ type, stage, and grade may demonstrate statistically significant therapeutic efficacy overall, only a subgroup of patients may actually derive clinically significant benefit. It is unusual for a cancer treatment to be effective for all patients treated in a traditional clinical trial. Spear et al analyzed the efficacy of major drugs used to treat several important diseases.¹ They reported heterogeneity of therapeutic responses, noting a low of 25% for cancer chemotherapeutics, with response rates for most drugs falling in the range of 50% to 75%. The low rate for cancer treatments is indicative of the need for better identification of characteristics associated with treatment response and better targeting of treatment in order to have higher rates of therapeutic responses.

Targeted Cancer Therapy

Much of the variability in clinical response may result from genetic variations. Within each broad type of cancer, there may be a large amount of variability in the genetic underpinnings of the cancer. Targeted cancer treatment refers to the identification of genetic abnormalities present in the cancer of a particular patient, and the use of drugs that target the specific genetic abnormality. The use of genetic markers allows cancers to be further classified by “pathways” defined at the molecular level. An expanding number of genetic markers have been identified. Dienstmann et al (2013) categorized these markers into 3 classes:² (1) genetic markers that have a direct impact on care for the specific cancer of interest, (2) genetic markers that may be biologically important but are not currently actionable, and (3) genetic markers of unknown importance.

A small number of individual genetic markers fall into the first category (ie, have established utility for a particular cancer type). The utility of these markers has been demonstrated by randomized controlled trials that select patients with the marker and report significant improvements in outcomes with targeted therapy compared with standard therapy. This medical policy does not apply to the individual markers that have demonstrated efficacy. According to recent National Comprehensive Cancer Network guidelines,³ the following markers have demonstrated utility for predicting treatment response to targeted therapies for the specific cancers listed:

- Breast cancer
 - HER2 (ERBB2)



- Colon cancer
 - RAS variants (KRAS, NRAS)
 - BRAF c1799T>A
- Non-small-cell lung cancer (NSCLC)
 - EGFR
 - ALK/ROS1
 - KRAS
 - RET
 - MET
- Metastatic melanoma
 - BRAF v600
 - C-KIT
- Ovarian cancer
 - BRCA (germline)
- Chronic myeloid leukemia
 - BCR-ABL
- Gastrointestinal stromal tumors
 - C-KIT

Testing for these individual variants with established utility is not addressed in this medical policy. In some cases, limited panels may be offered that are specific to 1 type of cancer (eg, a panel of several markers for NSCLC). This policy is also not intended to address the use of these cancer-specific panels that include a few variants. Rather, the intent is to address expanded panels that test for many potential variants that do not have established efficacy for the specific cancer in question.

When advanced cancers are tested with expanded molecular panels, most patients are found to have at least 1 potentially pathogenic variant.⁴⁻⁶ The number of variants varies widely by types of cancers, different variants included in testing, and different testing methods among the available



studies. In a 2015 study, 439 patients with diverse cancers were tested with a 236-gene panel.⁶ A total of 1,813 molecular alterations were identified, and almost all patients (420/439 [96%]) had at least 1 molecular alteration. The median number of alterations per patient was 3, and 85% of patients (372/439) had 2 or more alterations. The most common alterations were in the genes TP53 (44%), KRAS (16%), and PIK3CA (12%).

Some evidence is available on the generalizability of targeted treatment based on a specific variant among cancers that originate from different organs.^{2,3,7} There are several examples of variant-directed treatment that was effective in 1 type of cancer but ineffective in another. For example, targeted therapy for epidermal growth factor receptor (EGFR) variants has been successful in NSCLC but not in trials of other cancer types. Treatment with tyrosine kinase inhibitors based on variant testing has been effective for renal cell carcinoma, but has not demonstrated effectiveness for other cancer types tested. “Basket” studies, in which tumors of various histologic types that share a common genetic variant are treated with a targeted agent, also have been performed. One such study was published in 2015 by Hyman et al.⁸ In this study, 122 patients with BRAF V600 variants in nonmelanoma cancers were treated with vemurafenib. The authors reported that there appeared to be antitumor activity for some but not all cancers, with the most promising results seen for NSCLC, Erdheim-Chester disease, and Langerhans cell histiocytosis.

Expanded Cancer Molecular Panels

Table 1 provides a select list of commercially available expanded cancer molecular panels.

Table 1. Commercially Available Molecular Panels for Solid and Hematologic Tumor Testing

Test (Manufacturer)	Tumor Type	No. of Genes Tested	Technology
FoundationOne® test (Foundation Medicine, Cambridge, MA) ⁹	Solid	315 cancer-related genes and introns from 28 genes	NGS
FoundationOne® Heme test (Foundation Medicine, Cambridge, MA) ⁹	Hematologic	406 cancer-related genes and selected introns from 31 genes involved in rearrangements	RNA sequencing
OnkoMatch™ (GenPath Diagnostics, Elmwood Park, NJ) ¹⁰	Solid	68 variants in 14 oncogenes and tumor suppressor genes	Multiplex PCR



Test (Manufacturer)	Tumor Type	No. of Genes Tested	Technology
GeneTrails® Solid Tumor Panel (Knight Diagnostic Labs, Portland, OR) ¹¹	Solid	123 genes	
Tumor profiling service (Caris Molecular Intelligence through Caris Life Sciences, Irving, TX) ¹²	Solid	Up to 56 tumor-associated genes	NGS, IHC, FISH, Sanger sequencing, pyrosequencing, quantitative PCR, fragmentation analysis
SmartGenomics™ (PathGroup, Nashville, TN) ¹³	Solid and hematologic	160 genes and 126 gene fusions	NGS, cytogenomic array, other technologies
Guardant360 panel (GuardantHealth, Redwood City, CA) ¹⁴	Solid		Digital sequencing
Paradigm Cancer Diagnostic (PcDx™) Panel (Paradigm, Phoenix, AZ) ¹⁵	Solid	186 alterations	NGS
Memorial Sloan Kettering-Integrated Mutation Profiling of Actionable Cancer Targets (MSK-IMPACT™; Memorial Sloan Kettering Cancer Center, New York, NY) ¹⁶	Solid	341 cancer-associated genes	NGS
TruSeq® Amplicon Panel (Illumina, San Diego, CA) ¹⁷	Solid	48 cancer-related genes	NGS
Illumina TruSight™ Tumor (Illumina, San Diego, CA) ¹⁸	Solid	26 cancer-related genes	NGS
Ion AmpliSeq™ Comprehensive Cancer Panel (Thermo Fisher Scientific, Waltham, MA) ¹⁹	Solid	>400 cancer-related genes and tumor suppressor genes	NGS
Ion AmpliSeq™ Cancer Hotspot Panel v2 (Thermo Fisher Scientific, Waltham, MA) ¹⁹	Solid	“Hotspot” regions of 50 cancer-related and tumor suppressor genes	NGS

FISH: fluorescence in situ hybridization; IHC: immunohistochemistry; NGS: next-generation sequencing; PCR: polymerase chain reaction.



Summary of Evidence

For individuals who have cancers that have not responded to standard therapy and whose tumors were tested with an expanded cancer molecular panel, the evidence includes a randomized controlled trial, nonrandomized trials, and numerous case series. Relevant outcomes are overall survival, disease-specific survival, test accuracy and validity, and other test performance measures. The analytic validity of these panels is likely to be high when next-generation sequencing is used. The clinical validity of the individual variants for particular types of cancer is not easily obtained from the available published literature. The large number of variants and many different types of cancer preclude determination of clinical validity for the panels as a whole. Some evidence has reported that many of the identified variants are false positives (ie, not biologically active), after filtering by comparison with matched normal tissue and cancer variant databases. To demonstrate clinical utility, direct evidence from interventional trials, ideally randomized controlled trials, are needed that compare the strategy of targeted treatment based on panel results with standard care. The first such published randomized controlled trial (the SHIVA trial) reported that there was no difference in progression-free survival when panels were used in this way. Some nonrandomized comparative studies, comparing matched treatment with nonmatched treatment, have reported that outcomes are superior for patients receiving matched treatment. However, these studies are inadequate to determine treatment efficacy, because the populations with matched and unmatched cancers may differ on several important clinical and prognostic variables. Also, there is potential for harm if ineffective therapy is given based on test results, because there may be adverse effects of therapy in absence of a benefit. The evidence is insufficient to determine the effects of the technology on health outcomes.

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
Ongoing			
NCT01891344^a	A Study of Rucaparib in Patients With Platinum-Sensitive, Relapsed, High-Grade Epithelial Ovarian,	480	Apr 2017



NCT No.	Trial Name	Planned Enrollment	Completion Date
	Fallopian Tube, or Primary Peritoneal Cancer (ARIEL2)		(ongoing)
NCT01987726	Comprehensive Gene Sequencing in Guiding Treatment Recommendations Patients With Metastatic or Recurrent Solid Tumors	150	Dec 2017
NCT01939847	IMAGE Study: Personalized Molecular Profiling in Cancer Treatment at Johns Hopkins	96	Jun 2018
NCT02693535	TAPUR: Testing the Use of Food and Drug Administration (FDA) Approved Drugs That Target a Specific Abnormality in a Tumor Gene in People With Advanced Stage Cancer (TAPUR)	1060	Mar 2019
NCT02152254	Randomized Study Evaluating Molecular Profiling and Targeted Agents in Metastatic Cancer: Initiative for Molecular Profiling and Advanced Cancer Therapy (IMPACT 2)	1362	May 2019
NCT02437617	Genomic Profiling Assay in Phase	300	Jul 2019
NCT02029001	Adapting Treatment to the Tumor Molecular Alterations for Patients with Advanced Solid Tumors: My Own Specific Treatment	560	Nov 2019
NCT02299999	Evaluation of the Efficacy of High Throughput Genome Analysis as a Therapeutic Decision Tool for Patients with Metastatic Breast Cancer (SAFIRO2_Breast)	1460	Jun 2021
NCT02645149	Molecular Profiling and Matched Targeted Therapy for Patients With Metastatic Melanoma	1000	Jun 2021
NCT02465060	Molecular Analysis for Therapy Choice (MATCH)	6452	Jun 2022
NCT02154490	A Biomarker-Driven Master Protocol for Previously Treated Squamous Cell Lung Cancer (Lung-MAP)	10000	Apr 2025

NCT: national clinical trial

^a Denotes industry-sponsored or cosponsored trial

Practice Guidelines and Position Statements

National Comprehensive Cancer Network (NCCN)

The National Comprehensive Cancer Network guidelines do not contain recommendations for the general strategy of testing a tumor for a wide range of variants. The guidelines do contain recommendations for specific genetic testing for individual cancers, based on situations where



there is a known mutation-drug combination that has demonstrated benefits for that specific tumor type. Some examples of recommendations for common solid tumors are listed below:

- Breast cancer²⁹
 - HER2 testing, when specific criteria are met
- Colon cancer³⁰
 - KRAS, NRAS, and BRAF testing for patients with metastatic colon cancer
- Non-small-cell lung cancer³¹
 - KRAS, EGFR [epidermal growth factor receptor], and ALK [anaplastic lymphoma kinase] testing for patients with metastatic adenocarcinoma
 - Consider EGFR and ALK testing especially in never smokers, mixed histology, or small biopsy specimen
 - Strongly endorses broader molecular profiling to identify rare driver mutations (HER2, BRAF V600E, ROS1, and RET gene rearrangements, and MET amplification or MET exon skipping)
- Melanoma³²
 - BRAF V600 testing for patients with metastatic disease
 - Activating C-KIT variants for patients with metastatic disease
- Ovarian cancer³³
 - BRCA
- Chronic myelogenous leukemia³⁴
 - BCR-ABL
- Gastrointestinal stromal tumors³⁵
 - C-KIT
- Bladder cancer^{36,37}
 - Comprehensive molecular profiling for advanced disease



Medicare National Coverage

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

Regulatory Status

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. To date, the U.S. Food and Drug Administration has chosen not to require any regulatory review of this test.

References

1. Spear BB, Heath-Chiozzi M, Huff J. Clinical application of pharmacogenetics. *Trends Mol Med.* May 2001;7(5):201-204. PMID 11325631
2. Dienstmann R, Rodon J, Barretina J, et al. Genomic medicine frontier in human solid tumors: prospects and challenges. *J Clin Oncol.* May 20 2013;31(15):1874-1884. PMID 23589551
3. National Comprehensive Cancer Network (NCCN). NCCN Biomarkers Compendium. <https://www.nccn.org/professionals/biomarkers/default.aspx> Accessed November 2017.
4. Drilon A, Wang L, Arcila ME, et al. Broad, hybrid capture-based next-generation sequencing identifies actionable genomic alterations in lung adenocarcinomas otherwise negative for such alterations by other genomic testing approaches. *Clin Cancer Res.* Aug 15 2015;21(16):3631-3639. PMID 25567908
5. Johnson DB, Dahlman KH, Knol J, et al. Enabling a genetically informed approach to cancer medicine: a retrospective evaluation of the impact of comprehensive tumor profiling using a targeted next-generation sequencing panel. *Oncologist.* Jun 2014;19(6):616-622. PMID 24797823
6. Schwaederle M, Daniels GA, Piccioni DE, et al. On the road to precision cancer medicine: analysis of genomic biomarker actionability in 439 patients. *Mol Cancer Ther.* Jun 2015;14(6):1488-1494. PMID 25852059
7. O'Brien CP, Taylor SE, O'Leary JJ, et al. Molecular testing in oncology: Problems, pitfalls and progress. *Lung Cancer.* Mar 2014;83(3):309-315. PMID 24472389
8. Hyman DM, Puzanov I, Subbiah V, et al. Vemurafenib in multiple nonmelanoma cancers with BRAF V600 mutations. *N Engl J Med.* Aug 20 2015;373(8):726-736. PMID 26287849
9. FoundationOne Web Site. FoundationOne for Solid Tumors. Available at: <https://www.foundationmedicine.com/genomic-testing/foundation-one> Accessed November 2017.



10. GenPath®. OnkoMatch: Rapid Tumor Genotyping in Solid Tumors. Available at: <https://www.genpathdiagnostics.com/wp-content/uploads/2012/01/OnkoMatch.pdf> Accessed November 2017.
11. Knight Diagnostic Laboratories. GeneTrails Solid Tumor Genotyping Panel. 2015; Available at: <http://www.knightdxlabs.com/home/test-details?id=GeneTrails+Solid+Tumor+Genotyping+Panel> Accessed November 2017.
12. Caris Life Sciences. Caris Molecular Intelligence: Evidence-Based Tumor Profiling Service. Available at: http://www.carismolecularintelligence.com/targeting_cancer Accessed November 2017.
13. PathGroup SmartGenomics. SmartGenomics™. Available at: <http://www.pathgroup.com/oncology/smartgenomics/> Accessed November 2017.
14. GuardantHealth I. Guardant360 Know Cancer. Available at: <http://www.guardanthealth.com/guardant360/> Accessed November 2017.
15. Paradigm Web Site. Next Generation Cancer Diagnostics: About PcDx. Available at: <http://www.paradigmdx.com/pcdx/about/> Accessed November 2017.
16. Cheng DT, Mitchell TN, Zehir A, et al. Memorial Sloan Kettering-Integrated Mutation Profiling of Actionable Cancer Targets (MSK-IMPACT): a hybridization capture-based next-generation sequencing clinical assay for solid tumor molecular oncology. *J Mol Diagn.* May 2015;17(3):251-264. PMID 25801821
17. Illumina Inc. TruSeq Amplicon - Cancer Panel. Available at: http://www.illumina.com/products/truseq_amplicon_cancer_panel.ilmn Accessed November 2017.
18. Illumina Inc. TruSight Tumor 26. Available at: http://www.illumina.com/content/dam/illumina-marketing/documents/products/datasheets/datasheet_trusight_tumor.pdf Accessed November 2017.
19. Life Technologies. Cancer Genomics Data Analysis - Compendia Bioscience Products. Available at: <https://www.lifetechnologies.com/us/en/home/life-science/cancer-research/cancer-genomics/cancer-genomics-data-analysis-compedia-bioscience.html> Accessed November 2017.
20. FoundationOne. Technical Information and Test Overview. Available at: http://www.foundationone.com/docs/FoundationOne_tech-info-and-overview.pdf Accessed November 2017.
21. Jones S, Anagnostou V, Lytle K, et al. Personalized genomic analyses for cancer mutation discovery and interpretation. *Sci Transl Med.* Apr 15 2015;7(283):283ra253. PMID 25877891
22. Schwaederle M, Zhao M, Lee JJ, et al. Impact of precision medicine in diverse cancers: a meta-analysis of phase II clinical trials. *J Clin Oncol.* Nov 10 2015;33(32):3817-3825. PMID 26304871
23. Jardim DL, Schwaederle M, Wei C, et al. Impact of a biomarker-based strategy on oncology drug development: a meta-analysis of clinical trials leading to FDA approval. *J Natl Cancer Inst.* Nov 2015;107(11):djv253. PMID 26378224
24. Le Tourneau C, Kamal M, Tredan O, et al. Designs and challenges for personalized medicine studies in oncology: focus on the SHIVA trial. *Target Oncol.* Dec 2012;7(4):253-265. PMID 23161020
25. Le Tourneau C, Delord JP, Goncalves A, et al. Molecularly targeted therapy based on tumour molecular profiling versus conventional therapy for advanced cancer (SHIVA): a multicentre, open-label, proof-of-concept, randomised, controlled phase 2 trial. *Lancet Oncol.* Oct 2015;16(13):1324-1334. PMID 26342236
26. Belin L, Kamal M, Mauborgne C, et al. Randomized phase II trial comparing molecularly targeted therapy based on tumor molecular profiling versus conventional therapy in patients with refractory cancer: cross-over analysis from the SHIVA trial. *Ann Oncol.* Mar 01 2017;28(3):590-596. PMID 27993804
27. Wheler JJ, Janku F, Naing A, et al. Cancer therapy directed by comprehensive genomic profiling: a single center study. *Cancer Res.* Jul 1 2016;76(13):3690-3701. PMID 27197177
28. Tsimberidou AM, Iskander NG, Hong DS, et al. Personalized medicine in a phase I clinical trials program: the MD Anderson Cancer Center initiative. *Clin Cancer Res.* Nov 15 2012;18(22):6373-6383. PMID 22966018



29. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Breast Cancer. Version 2.2017 Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf Accessed November 2017.
30. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Colon Cancer. Version 2.2017. Available at: https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf Accessed August 2017.
31. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Non-Small Cell Lung Cancer. Version 9.2017. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf Accessed November 2017.
32. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Melanoma. Version 1.2017. Available at: https://www.nccn.org/professionals/physician_gls/pdf/melanoma.pdf Accessed November 2017.
33. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Ovarian Cancer. Version 3.2017. Available at: https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf Accessed November 2017.
34. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Chronic Myelogenous Leukemia. Version 1.2018. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cml.pdf Accessed November 2017.
35. Demetri GD, Benjamin RS, Blanke CD, et al. NCCN Task Force report: management of patients with gastrointestinal stromal tumor (GIST)--update of the NCCN clinical practice guidelines. J Natl Compr Canc Netw. Jul 2007;5(Suppl 2):S1-29; quiz S30. PMID 17624289
36. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Bladder Cancer. Version 5.2017. Available at: https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf Accessed November 2017.
37. Pal SK, Agarwal N, Boorjian SA, et al. National Comprehensive Cancer Network recommendations on molecular profiling of advanced bladder cancer. J Clin Oncol. Sep 20 2016;34(27):3346-3348. PMID 27458279

History

Date	Comments
05/12/14	New Policy. New policy created with literature review through February 15, 2014. The use of expanded mutation panels to direct targeted treatment is considered investigational.
07/23/14	Update Related Policies. Remove 12.04.91.
10/13/14	Interim Update. Molecular Intelligence panel added as investigational. Reference added. Code range 81200 – 81409 removed, along with ICD-10-CM code. These are not specific to the policy.
02/10/15	Policy moved to genetic testing section and renumbered 12.04.115 (previously 2.04.115); was previously miscategorized.
06/17/15	Annual Review. Policy updated with literature review through April 4, 2015. References 6-11 added, and references 20-23 updated. No change to policy statements.
12/08/15	Interim Update. Policy updated with literature review through September 30, 2015; references 4, 6, 8, 16-17, 21, 23, and 26 added. Policy statement unchanged. Title changed to "Expanded Molecular Panel Testing of Cancers to Identify Targeted



Date	Comments
	Therapies”.
05/04/16	Update related policies. 12.04.92 was deleted and replaced with 12.04.520.
06/24/16	Minor update. Removed 81210 from list of examples in the Coding section.
08/01/16	Coding update. Added CPT codes 81445, 81450, and 81455.
11/01/16	Annual Review, approved October 11, 2016. Policy updated with literature review through August 2016; reference added. Appendix table titled “Categories of Genetic Testing Addressed in This Policy’ is removed and categories explained in Rationale. Policy statement unchanged.
01/01/17	Updated Related Policies, removed 12.04.520 as it was archived.
07/07/17	Policy moved into new format, no changes to policy statement.
10/06/17	Coding update; added new CPT code 0017U, effective 8/1/17.
12/01/17	Annual Review, approved November 9, 2017. Policy updated with literature review through August 2017; reference 26 added, references 3, 9-13, 15, 17-20, 29-34, 36 and 38 updated. Minor edits to the Policy section; statement otherwise unchanged.
05/19/18	Coding update, added CPT code 0037U.

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This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار على معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينه للحفاظ على تغطيتك الصحية أو المساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):

Tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnu ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyuog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-ato wenna tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese):

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວີ້ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដូចជា ធានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

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