



The majority of NSCLC patients have coverage for next-generation sequence (NGS) testing^{1,2}

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) recommend testing for KRAS in all eligible patients with advanced NSCLC³

- Testing is recommended at diagnosis via a broad, panel-based approach

References: 1. Data on file, Amgen; 2023. 2. Food and Drug Administration. Updated March 15, 2023. Accessed April 13, 2023. <https://www.fda.gov/media/119249/download> 3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Non-Small Cell Lung Cancer v.3.2022. © National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed April 13, 2023. To view the most recent and complete version of the guideline, go online to [NCCN.org](https://www.nccn.org). NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.



Reminder: Consider adding your patient's test results to your electronic medical record (EMR) system

Coverage Status for NGS in Major National Plans* for Non-Small Cell Lung Cancer (NSCLC)¹

· As of March 2023

· Check your patient's insurance to assess the coverage of specific tests.

Tissue NGS		Medicare				Commercial					
		NCD <small>(Only covers FDA approved or cleared tests)</small>	MoIDX	First Coast	National Government Services	Novitas	UnitedHealthcare	Anthem	Aetna	Cigna	Humana
FDA-APPROVED	FoundationOne CDx <small>(CPT: 0037U)</small>	✓	LCD coverage aligned to NCD	LCD coverage aligned to NCD	LCD coverage aligned to NCD	LCD coverage aligned to NCD	✓	○	○	✓	○
	Oncomine Dx Target Test <small>(CPT: 0022U)</small>	✓	LCD coverage aligned to NCD	LCD coverage aligned to NCD	LCD coverage aligned to NCD	LCD coverage aligned to NCD	✓	✓	✓	✓	✓
	Caris MI Cancer Seek <small>(CPT: 0211U)</small>	○	✓	N/A	N/A	N/A	○	○	○	✓	○
	LabCorp OmniSeq Insight <small>(CPT: 81455)</small>	○	✓	—	✓	—	○	○	○	✓	○
	MSK-IMPACT <small>(CPT: 0048U)</small>	○	N/A	N/A	✓	N/A	○	○	○	✓	○
	NeoTYPE Lung Tumor Profile <small>(CPT: 81479)</small>	○	✓	—	✓	—	✓	✓	✓	✓	✓
	NeoTYPE DNA & RNA Lung <small>(CPT: 81445)</small>	○	✓	—	✓	—	✓	✓	✓	—	✓
	OnkoSight Adv. Lung Panel <small>(CPT: 81445)</small>	○	✓	—	✓	—	✓	✓	✓	—	✓
	OnkoSight Adv. Solid Tumor <small>(CPT: 81445)</small>	○	✓	—	✓	—	✓	✓	✓	—	✓
	Panels 5-50 Genes <small>(CPT: 81445)</small>	○	✓	—	✓	—	✓	✓	✓	—	✓
	Panels >50 Genes <small>(CPT: 81455)</small>	○	✓	—	✓	—	○	○	○	✓	○
	Quest KRAS & NRAS Mut. Analysis <small>(CPT: 81311, 81275/6)</small>	○	✓	✓	✓	✓	—	✓	✓	✓	✓
	StrataNGS <small>(CPT: 81479, 81455)</small>	○	✓	N/A	N/A	N/A	○	○	○	✓	○
	Tempus xT <small>(CPT: 81455)</small>	○	✓	N/A	✓	N/A	○	○	—	✓	○

✓ Covered
 — Not Specified
 ○ Not Covered
 N/A Not Applicable

CPT=Current Procedural Terminology; NCD=National Coverage Determination; LCD=Local Coverage Determination; MAC=Medicare Administrative Coordinator.
 *Commercial health plans are selected as they represent the largest national payers in the US for non-small cell lung cancer as of March 2023. Tests are selected to include tests and codes that are specifically listed in national plans; however, this may not be a comprehensive list, nor an endorsement to use any specific test. Coding and coverage policies change periodically and often without warning; please complete a benefit verification to assess the coverage of specific tests. The healthcare provider is solely responsible for determining coverage and reimbursement parameters and appropriate coding for his/her own patients and procedures. In no way should the information provided in this document be considered a guarantee of coverage or reimbursement for any product or service.

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Coverage Status for NGS in Major National Plans* for Non-Small Cell Lung Cancer (NSCLC)¹

· As of March 2023

· Check your patient's insurance to assess the coverage of specific tests.

Liquid NGS		Medicare					Commercial				
		NCD <small>(Only covers FDA approved or cleared tests)</small>	MoldX	First Coast	National Government Services	Novitas	UnitedHealthcare	Anthem	Aetna	Cigna	Humana
FDA-APPROVED	FoundationOne Liquid CDx <small>(CPT: 0239U)</small>	✓	LCD coverage aligned to NCD	LCD coverage aligned to NCD	LCD coverage aligned to NCD	LCD coverage aligned to NCD	✓	○	○	✓	○
	Guardant360 CDx <small>(CPT: 0242U)</small>	✓	LCD coverage aligned to NCD	LCD coverage aligned to NCD	LCD coverage aligned to NCD	LCD coverage aligned to NCD	✓	○	○	✓	○
	Biodesix GeneStrat <small>(CPT: 81455, 81275)</small>	○	✓	N/A	N/A	—	○	○	○	✓	○
	InvisionFirst Lung Liquid Biopsy <small>(CPT: 81479)</small>	○	✓	—	—	—	✓	○	✓	✓	○
	LabCorp Resolution ctDx Lung <small>(CPT: 0179U)</small>	○	○	—	—	—	✓	○	✓	✓	○
	NeoLAB Solid Tumor Liquid Biopsy <small>(CPT: 81445)</small>	○	✓	—	—	—	✓	○	✓	—	○
	Tempus xF <small>(CPT: 81479, 81455)</small>	○	✓	N/A	—	N/A	○	○	—	✓	○

✓ Covered
 — Not Specified
 ○ Not Covered
 N/A Not Applicable

CPT=Current Procedural Terminology; NCD=National Coverage Determination; LCD=Local Coverage Determination; MAC=Medicare Administrative Coordinator.

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Reference: 1. Data on file, Amgen; 2023.

Always check your patient's insurance to select a covered NGS test

Checking a patient's specific test coverage first may prevent payer delays and surprise bills

Steps to Support Coverage for NGS Biomarker Tests*

- 01 Benefit Verification¹**
Patient's insurance coverage is confirmed
 - 02 Prior Authorization (PA)^{1,2}**
(not all insurers or tests require)
PA form and supporting materials submitted to insurance company
 - 03 NGS Test Ordered¹**
Provider orders biomarker test
 - 04 NGS Test Performed¹**
Lab performs test
 - 05 Documenting Patient's Biomarker Status³**
Note patient's biomarker status on clinical notes or in clinical summary, etc.
-  **Reminder: Consider adding your patient's test results to your EMR system**

Potential PA Information Needed

- Patient diagnosis or clinical indication
- CPT code and NGS test name
- Reason for testing/how test results will inform treatment
- Laboratory studies and results
- Prior treatments or clinical findings
- Date that the test was performed or is anticipated to be performed

*Directional only; please complete a benefit verification to assess the coverage and prior authorization requirement of specific tests. Coding and coverage policies change periodically and often without warning. The healthcare provider is solely responsible for determining coverage and reimbursement parameters and appropriate coding for his/her own patients and procedures. In no way should the information provided in this document be considered a guarantee of coverage or reimbursement for any product or service.

References: 1. Foundation Medicine. Published 2018. Accessed April 13, 2023. https://assets.ctfassets.net/498cd481qyp0/PKWlctAZ3RTtdZc0yGnS/545686f783e61ff7823206676bd9d72b/Foundation_Medicine_Patient_Billing_Guidelines.pdf 2. Foundation Medicine. Accessed April 13, 2023. <https://www.foundationmedicine.com/resource/billing-and-financial-assistance> 3. Kim ES, et al. *J Thorac Oncol*. 2019;14(3):338-342. 4. Humana. Preauthorizations and referrals. Accessed April 13, 2023. Humana.com. <https://www.humana.com/provider/medical-resources/authorizations-referrals>

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