



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Vectra® DA

Policy Number: PG0362
Last Review: 11/14/2017

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

- Professional
- Facility

DESCRIPTION

Rheumatoid arthritis (RA) is a chronic, progressive, systemic, inflammatory disease leading to destruction of joint cartilage and bone and consequent disability. RA affects > 1.3 million people in the United States and > 4 million persons worldwide. Several new disease-modifying antirheumatic drugs (DMARDs) have been developed in the past several years, but response to these agents is variable. The severity of RA varies greatly among patients. Recommendations emanating from recent studies emphasize early treatment for moderate to severe disease, tight control of disease, frequent assessment, and liberal revisions of the therapeutic regimen for patients who do not respond.

The Vectra® DA Test is a multi-biomarker blood test that was developed by studying the relationships between clinical disease activity as measured by the Disease Activity Score employing 28 joint counts (DAS28) and the levels of serum biomarkers. From among 400 candidate biomarkers, 12 key proteins that were consistently associated with disease activity were selected for inclusion in the test. A weighted algorithm based on the levels of these markers is used to calculate the multi-biomarker disease activity (MBDA) score, a single number ranging from 0 to 100 that describes disease activity. The MBDA test scores are used to categorize disease activity as low (1 to 29), moderate (30 to 44), or high (> 44). The intended use of the Vectra® DA is to assess disease activity in patients with RA and inform treatment decisions when used in conjunction with standard clinical assessments. The test was designed to correlate with the DAS28. While it is not a diagnostic test and does not guide selection of specific therapies, the MBDA score may provide a baseline assessment of disease activity, help to corroborate other clinical findings, clarify disease activity when clinical assessment is challenging or when laboratory findings, symptoms, or other test results are conflicting, and to facilitate discussions with patients. The Vectra® DA is used by rheumatologists in the outpatient setting to assess the activity of RA in patients with a confirmed diagnosis of the disease.

POLICY

Vectra® DA (81490) is non-covered for HMO, PPO, Individual Marketplace & Advantage.

Vectra® DA (81490) does not require prior authorization for Elite/ProMedica Medicare Plan.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Advantage

Paramount has determined that Vectra® DA for rheumatoid arthritis, is experimental and investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.

Elite/ProMedica Medicare Plan

While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes of Vectra® DA for rheumatoid arthritis, CMS requires this test be covered for Elite members with a limit of two services per member per year.

To report a Vectra® DA service, submit the following claim information:

- For services use CPT code 81490

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODE

81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score
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REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 03/25/2016

03/25/16: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

11/14/17: Removed code 81479. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

12/22/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.