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.

DESCRIPTION
Inflammatory bowel disease (IBD) is the chronic inflammatory disorder of gastrointestinal tract consisting of two subtypes: Ulcerative colitis (UC) and Crohn's disease (CD). CD is characterized by transmural inflammation of any portion of the GIT from mouth to anus, whereas UC is limited to the colon and rectum with inflammation typically restricted to the mucosa, although inflammatory involvement of the submucosa may occur in severe cases.

Adalimumab, infliximab and vedolizumab have been approved for the treatment of moderate-to-severe IBD, and they represent effective first-line therapy options for patients. These biological agents have dramatically improved patient outcomes. However, clinicians face many challenges in determining the best course of action when a patient does not respond to a biologic therapy. When patients are found to have continued active inflammation despite having undergone biologic therapy, the first determination should be whether this represents a primary nonresponse to the drug’s mechanism of action or a secondary loss of response due to inadequate drug levels and/or antibody formation to the drug.

The measurement of antibodies to adalimumab, infliximab, or vedolizumab has been proposed to determine whether individuals with IBD have antibodies and/or sufficient drug concentrations. Examples of these tests include, but may not be limited to, the following:
- Prometheus Anser ADA measures serum adalimumab (ADA) levels and antibodies to adalimumab (ATA)
- Prometheus Anser IFX measures serum infliximab (IFX) levels and antibodies to infliximab (ATI)
- Prometheus Anser VDZ measures both serum drug concentration and antibodies to vedolizumab levels

The clinical utility of measuring antidrug antibody concentrations has not been established, as it is not known how patient management would change based on test results. There are technical factors relating to the use of different assay methods across studies, and it has not yet been established whether the use of threshold levels aids in the discrimination of treatment response, nor has the optimal timing of when to measure antibody levels been established. Therefore it is considered investigational.

POLICY
Testing for the measurement of antibodies to infliximab, adalimumab, and vedolizumab (e.g., Prometheus® Anser™ IFX, Prometheus® Anser™ ADA, Prometheus® Anser™ VDZ) (84999) is non-covered.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount does not cover testing for the measurement of antibodies to infliximab, adalimumab, and vedolizumab, performed individually or as part of a test panel (e.g., Prometheus® Anser™ IFX, Prometheus® Anser™ ADA, Prometheus® Anser™ VDZ), because it is considered experimental, investigational or unproven.

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.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>84999</td>
<td>Unlisted chemistry procedure</td>
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TAWG REVIEW DATES: 06/18/2015, 06/24/2016, 08/25/2017

REVISION HISTORY EXPLANATION
06/18/15: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
06/24/16: Policy reviewed and revised to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
08/25/17: Changed name from Measurement of Serum Antibodies to Infliximab and Adalimumab to Measurement of Serum Antibodies to Infliximab, Adalimumab, & Vedolizumab. Added testing for the measurement of antibodies to vedolizumab (e.g., Prometheus® Anser™ VDZ) as non-covered for all product lines. Policy reviewed and revised to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Industry Standard Review
Hayes, Inc.