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Re: New LCD Request – MolDX: Next-Generation Sequencing Tests for Lymphoid Malignancies and Suspected Lymphoid Malignancies

Dear Dr. Bien-Willner and MolDX Team:

On behalf of Labcorp and NeoGenomics Laboratories please find the attached request for a new MolDX Local Coverage Determination (LCD) titled *MolDX: Next-Generation Sequencing Tests for Lymphoid Malignancies and Suspected Lymphoid Malignancies*.

Within the attached documentation, the evidence demonstrates that NGS-guided profiling informs and improves patient management in many lymphoid malignancies and aligns with requirements of Medicare beneficiaries for medically reasonable and necessary services under Part B as a medically necessary laboratory diagnostic service in accordance with 42 CFR §410.32(a) Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions and under National Coverage Determination (NCD) 90.2, section D describing Medicare Administrative Contractor (MAC) discretion for coverage [1-11].

Additionally, proposed covered indications, coverage requirements and limitations, and medical necessity requirements are provided. Relevant gene lists for each proposed covered indication are also provided to aid in development of MolDX TA analytical validation forms.

Background[1-11]

Next generation sequencing (NGS) provides clinically relevant molecular profiling across diverse lymphoid malignancies, revealing clinically actionable information for diagnosis, prognosis, risk stratification, and therapy selection. Contemporary disease classifications 5th edition World Health Organization Classification (WHO-HAEM5), the International Consensus Classification (ICC), and National Comprehensive Cancer Network (NCCN) guidelines endorse mutational profiling across a broad spectrum of lymphoid malignancies, including aggressive acute lymphoblastic leukemia, as well as mature lymphoid neoplasms.

The diagnostic evaluation of lymphoid malignancies requires a multimodal approach that integrates morphology, flow cytometry, immunohistochemistry, cytogenetics, and next-generation sequencing (NGS). Morphologic and immunophenotypic assessment can establish lineage and architectural patterns, but overlapping features necessitate molecular methods to achieve diagnostic precision. Current international classification systems and guidelines such as those from the World Health Organization Classification (WHO-HAEM5), the International Consensus Classification (ICC)

and National Comprehensive Cancer Network (NCCN), incorporate molecularly defined entities, underscoring the importance of genomic characterization in routine practice.

For patients with a clinical suspicion of lymphoid malignancy, even prior to arriving at a definitive diagnosis, molecular testing is a crucial component of the diagnostic evaluation. This is pertinent for individuals presenting with unexplained

or persistent cytopenia, lymphadenopathy, or lymphocytosis when other benign or reactive etiologies cannot be reliably excluded. In these contexts, incorporating genomic testing with traditional modalities - morphology, flow cytometry, and immunohistochemistry can help identify clonal lymphoid populations, provide molecular evidence supporting a malignant disorder, and facilitate accurate diagnosis and classification to direct subsequent management.

If you have any questions or if our teams can provide any additional assistance, please do not hesitate to reach out.

Best regards,

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NeoGenomics Laboratories, Inc.

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References

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5. Nation Comprehensive Cancer Network. NCCN Guidelines. Acute lymphoblastic leukemia. v.2.2025. June 2025.
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8. National Comprehensive Cancer Network. NCCN Guidelines. T-cell lymphomas. v.2.2025. May 2025.
9. National Comprehensive Cancer Network. NCCN Guidelines. Multiple myeloma. v.2.2026. July 2025.
10. National Comprehensive Cancer Network. NCCN Guidelines. Hodgkin lymphoma. v.2.2025. January 2025.
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