Children’s Hospital and Health System
Chorus Community Health Plans (CCHP)
Policy and Procedure

This policy applies to the following entity(s):

☐ CHW – Milwaukee  ☐ CHW - Fox Valley
☐ CHHS Foundation  ☐ CHW - Surgicenter
☐ CHW – Community Services Division  ☐ Chorus Community Health Plans
☐ Children’s Medical Group - Primary Care  ☐ Children’s Specialty Group
☐ Children’s Medical Group - Urgent Care  ☐ CHHS Corporate Departments

Medical Utilization Management Policy

SUBJECT: SIGNATERA AND STRATANGS

INCLUDED PRODUCT(S):

Medicaid  Individual and Family

☐ BadgerCare Plus  ☒ Commercial

☐ Care4Kids Program  ☒ Marketplace

PURPOSE OR DESCRIPTION:
The purpose of this policy is to define criteria for medically necessary use of the Signatera circulating tumor deoxyribonucleic acid (DNA) blood test and the Strata Next Generation Sequencing (NGS) tissue sample test.

Definitions:
Signatera is a molecular residual disease (MRD) assay using circulating tumor deoxyribonucleic acid (ctDNA) to help identify early cancer relapse.

StrataNGS is a gene tumor profiling test, which is performed on tissue sampling from solid organ tumors.

POLICY:
Signatera or StrataNGS testing is considered medically necessary when ordered by an oncologist for patients diagnosed with the following:

1. Colon cancer

Effective: 6/23
Last reviewed: 10/23
Q:\CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES
Developed by: CCHP Medical Directors
2. Rectal cancer

For all other uses, CCHP considers Signatera and StrataNGS NOT medically necessary.

REFERENCES
6. www.natera.com
7. www.strataoncology.com/stratangs