ASSOCIATION FOR MOLECULAR PATHOLOGY
Providing global expertise in molecular testing that drives patient care
6120 Executive Boulevard, Suite 700, Rockville, Maryland, 20852
Tel: 301-634-7987 | Fax: 301-634-7995 | amp@amp.org | www.amp.org

October 9th, 2026

Denise Nachodsky, M.D.
1717 W. Broadway
PO Box 1787
Madison, WI 53701-1787

Submitted electronically via policycomments@wpsic.com

Subject: DL40474 MolDX: Genome-wide molecular methodologies for the detection of copy number alterations and structural variants in hematologic neoplasms

Dear Dr. Nachodsky,

On behalf of the Association for Molecular Pathology (AMP), we thank you for the opportunity to comment on the draft Local Coverage Determination (dLCD) entitled DL40474 MolDX: Genome-wide molecular methodologies for the detection of copy number alterations and structural variants in hematologic neoplasms.

AMP is an international medical and professional association representing approximately 3,100 physicians, doctoral scientists, and medical laboratory scientists (technologists) who perform or are involved with laboratory testing based on knowledge derived from molecular biology, genetics, and genomics. Membership includes professionals from academic medicine, hospital-based and private clinical laboratories, the government, and the in vitro diagnostics industry. AMP members are highly involved in the development, validation, and interpretation of molecular diagnostic tests, particularly in hematologic neoplasms.

AMP appreciates the addition of Optical Genome Mapping (OGM) within this coverage policy as it is important and clinically appropriate that patients have access to this new technology. As our members regularly perform this testing, we do have some concerns and suggestions for inclusion within the dLCD, specifically under the "Criteria for Coverage" section.

Clarify language and key terms such as "genome-wide molecular methodologies"

AMP is concerned that the coverage criterion as drafted lacks sufficient clarity, making it difficult for providers to interpret which laboratory assays are subject to the coverage restrictions. Coverage documents are used by a range of stakeholders, including molecular professionals, laboratory directors, coding and billing professionals, and other individuals responsible for determining appropriate testing and reimbursement. Therefore, it is important that the terminology and definitions used in the policy are clear, specific, and consistently understood across these audiences.

AMP recommends that the document include a clear definition of "genome-wide molecular methodologies" to help laboratories and other stakeholders determine which testing methodologies fall within the scope of the criterion. For example, it would be helpful to clarify whether low-pass sequencing is intended to be included within this definition. Similarly, while next-generation sequencing

(NGS) could potentially fall within the definition of a genome-wide molecular methodology, AMP does not believe that the use of NGS to detect or characterize single nucleotide variants (SNVs) and structural variants (SVs) should, by itself, restrict the performance of additional NGS testing for the same patient. The fact that multiple assays may utilize the same underlying NGS technology does not necessarily mean that the tests are duplicative, as they may evaluate different genomic regions, alterations, or clinical questions. **AMP therefore encourages clarification of both the definition and intended application of this criterion to ensure that the policy does not inadvertently restrict clinically appropriate testing.**

Revise Criterion 2 to reflect the standard of care

AMP would like to bring to WPSIC's attention that Criterion 2 does not reflect standard laboratory practice and may inadvertently characterize clinically appropriate complementary testing as duplicative. In many clinical settings, karyotyping, FISH, NGS, CBA, and OGM are complementary methodologies that provide different and clinically significant information. These methodologies assess different types of genomic abnormalities and have distinct strengths and limitations; therefore, performing multiple methodologies may be necessary to obtain a comprehensive assessment of a patient's disease rather than representing a duplication of information. AMP is particularly concerned that the language within criterion 2, creates a requirement for a staged approach to molecular testing, which is not always reflective of current clinical practice. Multiple methodologies may be ordered concurrently because each test provides information that cannot be reliably obtained through another methodology. AMP therefore recommends that WPSIC more clearly distinguish duplicative testing from clinically necessary complementary testing, rather than basing coverage determinations primarily on the number or combination of methodologies performed. To prevent this unnecessary restriction that could lead to delays in medically necessary testing, **AMP requests that WPSIC change Criterion 2 to read:** *Testing for CNAs and SVs has not already been performed and is not in the process of being performed by another genome-wide molecular methodology for the same clinical analysis ~~or by multiple (>1) other chromosomal and/or molecular methodologies (e.g., chromosome banding analysis, CBA; fluorescence in situ hybridization, FISH; chromosomal microarray, CMA; next generation sequencing, NGS) unless 1 of the following apply:~~*

Add key national or international consensus diagnostic/clinical practice guidelines

AMP appreciates the inclusion of International Consensus Classification of Myeloid and Lymphoid Neoplasms (ICC), the World Health Organization Classification of Haematolymphoid Tumours (WHO), and the National Comprehensive Cancer Network (NCCN). **As the American Society of Hematology's guidelines align with the guidelines listed, in order to have complete coverage of guidelines surrounding Hematologic malignancies, AMP suggests the addition of the Clinical Practice Guidelines on Acute Myeloid Leukemia in Older Adults published by the ASH.**

Thank you again for the opportunity to review and comment on this draft policy. We are happy to provide additional clinical or other information to assist you as you work towards finalizing the LCD. Please direct your correspondence to Samantha Pettersen Policy Manager, Public Policy and Advocacy at spettersen@amp.org.

Sincerely,

Jay Patel, MD
Chair, Economic Affairs Committee
Association for Molecular Pathology