MEDICAL POLICY

POLICY TITLE	**KIF6 GENOTYPING FOR PREDICTING CARDIOVASCULAR RISK AND/OR EFFECTIVENESS OF STATIN THERAPY**
POLICY NUMBER	**MP 2.309**

CLINICAL BENEFIT	☒ MINIMIZE SAFETY RISK OR CONCERN. ☒ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. ☐ ASSURE APPROPRIATE LEVEL OF CARE. ☐ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. ☐ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. ☐ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	**11/1/2025**

I. POLICY

KIF6 Genotyping is considered **investigational** for predicting cardiovascular risk and/or the effectiveness of statin therapy. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Cross-Reference:
MP 2.233 Genetic Testing for Cardiac Ion Channelopathies

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies .

III. DESCRIPTION/BACKGROUND

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Kinesin-like protein 6 (*KIF6*) belongs to the kinesin superfamily of proteins involved in intracellular transport. The exact function of the *KIF6* gene product is as yet undetermined. It has been reported that the gene is not expressed in the vasculature, the primary site of atherosclerosis, but is expressed in low levels in the brain, connective tissue, colon, eye, pharynx, skin, and testes. In contrast, a study presented at a 2010 American Heart Association scientific session reported on data derived from tissue immunohistochemistry, locating KIF6 protein in macrophages surrounding neovessels and in foam cells in human atherosclerotic lesions. Nevertheless, there is no strong evidence that KIF6 protein plays a direct biologic role in atherosclerosis, lipid metabolism, coronary artery disease (CAD), or myocardial infarction.

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Analyses of prospective observational studies of cardiovascular health and the placebo arm of randomized controlled trials (RCTs) of statin interventions in at-risk populations have suggested a significant association between the arginine-to-tryptophan substitution at position 719 (Trp719Arg) single-nucleotide variant (rs20455) in *KIF6* and the development of clinical CAD. Approximately 60% of the population carries the putative *KIF6* high-risk 719Arg allele. Moreover, carriers of the 719Arg allele in the treatment arms of the statin trials appeared to be at no increased or decreased risk of CAD or recurrent myocardial infarction, depending on the intensity of the statin therapy. These results have supported the development of a *KIF6* Trp719Arg genotyping test for use as a predictor of CAD risk and the likely effectiveness of statin therapy.

Regulatory Status

Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratory-developed tests must meet the general regulatory standards of the Clinical Laboratory Improvement Amendments. Laboratories that offer laboratory-developed tests must be licensed by Clinical Laboratory Improvement Amendments for high-complexity testing. To date, the U.S. Food and Drug Administration (FDA) has chosen not to require any regulatory review of this test.

In January 2011, Celera Corp. submitted a premarket approval application to FDA for its *KIF6* Genotyping Assay performed using Abbott's m2000™ instrument system. In April, FDA informed Celera that its application was not approvable "without major amendment." The data and publications submitted were deemed "…insufficient to demonstrate the safety and effectiveness of the device for its proposed intended use." FDA indicated that additional data on clinical utility might be required, which could include conducting a randomized controlled trial.

Now a wholly owned subsidiary of Quest Diagnostics, Celera holds a U.S. patent on methods of determining coronary heart disease risk through detection of the *KIF6* gene variant and reduction of such increased risk by atorvastatin and pravastatin therapy and offers the Cardio IQ™ *KIF6* Genotype.

IV. RATIONALE

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Summary of Evidence

For individuals who are asymptomatic with risk of cardiovascular disease and undergoing treatment with statin therapy who receive testing for *KIF6* Trp719Arg variant status, the evidence includes secondary analyses of randomized controlled trials (RCTs), case-control studies, and a quasi-experimental single-arm study. Relevant outcomes are overall survival, test accuracy and validity, change in disease status, morbid events, and medication use. Data supporting the association between *KIF6* variant status and coronary artery disease outcomes are contradictory. The most recent evidence from large populations with different vascular disease risk levels has not supported a significant association between coronary artery disease risk and the presence of the variant. Further, studies of the association between response to statin therapy and *KIF6* variant status are mixed. However, a large meta-analysis has shown that carriers of the *KIF6* variant derive greater clinical benefit from low-density lipoprotein cholesterol reduction (a 13% reduction in the risk of coronary artery disease outcomes)

compared with noncarriers. Currently, no prospective RCTs have evaluated the impact of testing for *KIF6* variants on changes in clinical management (e.g., intensifying the statin treatment in carriers, use of alternate approaches for lipid management in noncarriers) or outcomes. One nonrandomized study has suggested that subjects who received *KIF6* genotype results had greater adherence to statin therapy, but, overall, it is uncertain whether testing for *KFI6* variants will alter clinical management decisions. The evidence is insufficient to determine the effects of the technology on health outcomes.

V. DEFINITIONS

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GENOTYPE refers to the pair of genes present for a particular characteristic or protein.

POLYMORPHISM refers to the state or quality of existing or occurring in several different forms.

VI. DISCLAIMER

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Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as required by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These polices are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

VII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

The following codes are investigational when used to report KIF6 genotyping for predicating cardiovascular risk and/or effectiveness of stating therapy as outlined in the policy statement:

Procedure Codes								
G0452	81479							

VIII. REFERENCES

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IX. POLICY HISTORY

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MP 2.309	**06/13/2018 Consensus Review.** No change to policy statements. References updated. Rationale condensed.
	04/12/2019 Consensus Review. Policy statement unchanged. References updated.
	07/01/2020 Consensus Review. Background, Rationale and FEP coverage updated. References reviewed. Product and Benefit Variation as well as Disclaimer updated. No change in policy statement.
	05/12/2021 Consensus Review. Reference updated. Coding reviewed. Policy guidelines removed.
	09/02/2022 Consensus Review. No changes to policy statement. BCBSA archived 2.04.67 July 2021. Updated FEP, references. No changes to coding.
	08/08/2023 Consensus Review. No changes to policy statement. Coding reviewed, no changes.
	01/19/2024 Administrative Update. Clinical benefit added.
	09/05/2024 Consensus Review. No changes to policy statement. Coding reviewed, no changes.
	07/18/2025 Consensus Review. Updated references.
	10/07/2025 Administrative Update. Removed Benefit Variations Section and updated Disclaimer.

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