LCD Reference Article	Billing and Coding Article

Article - Billing and Coding: Molecular Pathology and Genetic Testing (A58917)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Novitas Solutions, Inc.	A and B MAC	04111 - MAC A	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04112 - MAC B	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04211 - MAC A	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04212 - MAC B	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04311 - MAC A	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04312 - MAC B	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04411 - MAC A	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04412 - MAC B	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04911 - MAC A	J - H	Colorado New Mexico Oklahoma Texas
Novitas Solutions, Inc.	A and B MAC	07101 - MAC A	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07102 - MAC B	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07201 - MAC A	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07202 - MAC B	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07301 - MAC A	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	07302 - MAC B	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	12101 - MAC A	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12102 - MAC B	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12201 - MAC A	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12202 - MAC B	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12301 - MAC A	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12302 - MAC B	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12401 - MAC A	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12402 - MAC B	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12501 - MAC A	J - L	Pennsylvania

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Novitas Solutions, Inc.	A and B MAC	12502 - MAC B	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12901 - MAC A	J - L	Delaware District of Columbia Maryland New Jersey Pennsylvania

Article Information

General Information

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Billing and Coding: Molecular Pathology and Genetic Testing

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CMS National Coverage Policy

Internet-Only Manuals (IOMs):

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*,
    - Chapter 15, Section 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, and Section 280 Preventive and Screening Services
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*,
    - Chapter 16, Section 10 Background, Section 40.8 Date of Service (DOS) for Clinical Laboratory and Pathology Specimens and Section 120.1 Negotiated Rulemaking Implementation
    - Chapter 18 Preventive and Screening Services
- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*,
    - Chapter 3 Verifying Potential Errors and Taking Corrective Actions

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.
- Title XVIII of the Social Security Act, Section 1862 [42 U.S.C. 1395Y] (a) states notwithstanding any other provision of this title, no payment may be made under part A or part B for any expenses incurred for items or services—
    - (1)(A) which, except for items and services described in a succeeding subparagraph, are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Code of Federal Regulations (CFR) References:

- CFR, Title 42, Subchapter B, Part 410 Supplementary Medical Insurance (SMI) Benefits, Section 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions
- CFR, Title 42, Section 414.502 Definitions
- CFR, Title 42, Subpart G, Section 414.507 Payment for clinical diagnostic laboratory tests and Section 414.510 Laboratory date of service for clinical laboratory and pathology specimens
- CFR, Title 42, Part 493 Laboratory Requirements
- CFR, Title 42, Section 493.1253 Standard: Establishment and verification of performance specifications
- CFR, Title 42, Section 1395y (b)(1)(F) Limitation on beneficiary liability

Medicare National Correct Coding Initiative (NCCI) Policy Manual

- Chapter 10, Section F Molecular Pathology

Article Guidance

Article Text

This Billing and Coding Article provides billing and coding guidance for molecular pathology services, genomic sequencing procedures and other multianalyte assays, multianalyte assays with algorithmic analyses, and applicable proprietary laboratory analyses codes and Tier 1 and Tier 2 molecular pathology procedures. Consistent with CFR, Title 42, Section 414.502, advanced diagnostic laboratory tests must provide new clinical diagnostic information that cannot be obtained from any other test or combination of tests.

This instruction focuses on coding and billing for molecular pathology diagnostics and genetic testing. Nothing stated

in this instruction implies or infers coverage.

Molecular diagnostic testing and laboratory developed testing are rapidly evolving areas and thus present billing and coding challenges. Due to the rapid changes in this field, the CMS Clinical Laboratory Fee Schedule pricing methodology does not account for the unique characteristics of these tests. These challenges have led to services being incorrectly coded and improperly billed. It is the MAC's responsibility to pay for services that are medically reasonable and necessary and coded correctly. The intent of this billing and coding article is to provide guidance for accurate coding and proper submission of claims.

Prior to January 1, 2013, each step of the process of a molecular diagnostic test was billed utilizing a separate CPT code to describe that process. Such billing was termed "stacking" with each step of a molecular diagnostic test utilizing a different CPT code to create a "Stack". The updates to CPT after January 1, 2013, were to create a more granular, analyte and/or gene specific coding system for these services and to eliminate, or greatly reduce, the "stacking" of codes in billing for molecular pathology services. The current CPT and HCPCS codes include all analytic services and processes performed with the test. This approach has resulted in the following subgroups of CPT codes:

- Genomic Sequencing Procedures
- Multi-Analyte with Algorithmic Analyses (MAAAs)
- Proprietary Laboratory Analyses (PLA codes)
- Tier 1 - Analyte Specific codes; a single test or procedure corresponds to a single CPT code
- Tier 2 – Rare disease and low volume molecular pathology services

However, the updates to CPT since 2013 have NOT resulted in the elimination or reduction of stacking of codes in billing. Rather the billing of multiple CPT codes for a unique molecular pathology or genetic test has significantly increased over the last two years. Coding issues have been identified throughout all the molecular pathology coding subgroups, but these issues of billing multiple CPT codes for a specific test have been significant in the Tier 2 (81400 - 81408) and Not Otherwise Classified (81479 and 81599) codes. Per Title 42 of the United States Code (USC) Section 1320c-5(a)(3), providers are required by law to "provide economical medical services and then, only where medically necessary". In keeping with Title 42 of the USC Section 1320c-5(a)(3), claims inappropriately billed utilizing stacking or unbundling of services will be rejected or denied.

Many applications of the molecular pathology procedures are not covered services given a lack of benefit category (e.g., preventive service or screening for a genetic abnormality in the absence of a suspicion of disease) and/or failure to meet the medically reasonable and necessary threshold for coverage (e.g., based on quality of clinical evidence and strength of recommendation or when the results would not reasonably be used in the management of a beneficiary). Furthermore, payment of claims in the past (based on "stacking" codes) or in the future (based on the new code series) is not a statement of coverage since the service may not have been audited for compliance with program requirements and documentation supporting the medically reasonable and necessary testing for the beneficiary. Certain molecular pathology procedures may be subject to medical review (medical records requested). The medical records must support the service billed.

Molecular pathology tests for diseases or conditions that manifest severe signs or symptoms in newborns and in early childhood or that result in early death (e.g., Canavan disease) are subject to automatic denials since these tests are generally not relevant to a Medicare beneficiary.

The following types of tests are examples of services that are not relevant to a Medicare beneficiary, are not considered a Medicare benefit (statutorily excluded), and therefore will be denied as Medicare Excluded Tests:

- Tests considered screening in the absence of clinical signs and symptoms of disease that are not specifically identified by the law
- Tests performed to determine carrier screening

- Tests performed for screening hereditary cancer syndromes
- Prenatal diagnostic testing
- Tests performed on patients without signs or symptoms to determine risk for developing a disease or condition
- Tests performed to measure the quality of a process
- Tests without diagnosis specific indications
- Tests identified as investigational by available literature and/or the literature supplied by the developer and are not a part of a clinical trial

Screening services such as pre-symptomatic genetic tests and services used to detect an undiagnosed disease or disease predisposition are not a Medicare benefit and are not covered.

In accordance with the Code of Federal Regulations, Title 42, Subchapter B, Part 410, Section 410.32, the referring/ordering practitioner must have an established relationship with the patient, and the test results must be used by the ordering/referring practitioner in the management of the patient's specific medical problem.

For ease of reading, the term "gene" in this document will be used to indicate a gene, region of a gene, and/or variant(s) of a gene.

Coding Guidance

Notice: It is not appropriate to bill Medicare for services that are not covered as if they are covered. When billing for non-covered services, use the appropriate modifier.

Code selection is based on the specific gene(s) that is being analyzed. Codes that describe tests to assess for the presence of gene variants use common gene variant names. All of the listed variants would usually be tested; however, these lists are not exclusive. If additional variants, for the same gene, are also tested in the analysis they are included in the procedure and are not reported separately.

Full gene sequencing is not reported using codes that assess for the presence of gene variants unless the CPT code specifically states full gene sequence in the descriptor.

Tier 1 codes generally describe testing for a specific gene or Human Leukocyte Antigen (HLA) locus. Tier 2 molecular pathology procedure codes (81400-81408) are used to report procedures not listed in the Tier 1 molecular pathology codes (81161, 81200-81383). These codes represent rare diseases and molecular pathology procedures that are performed in lower volumes than Tier 1 procedures. These codes should rarely, if ever, be used unless instructed by other coding and billing articles.

If billing utilizing the following Tier 2 codes, additional information will be required to identify the specific analyte/gene(s) tested in the narrative of the claim or the claim will be rejected:

- 81400
- 81401
- 81402
- 81403
- 81404
- 81405
- 81406
- 81407
- 81408

Unlisted Molecular Pathology - CPT Code 81479

Providers are required to use a procedure code that most accurately describes the service being rendered. If the analyte being tested is not represented by a Tier 1 code or is not accurately described by a Tier 2 code, the unlisted molecular pathology procedure code 81479 should be reported.

However, when reporting CPT code 81479, the specific gene being tested must be entered in block 80 (Part A for the UBO4 claim), box 19 (Part B for a paper claim) or electronic equivalent of the claim. Failure to include this information on the claim will result in Part A claims being returned to the provider and Part B claims being rejected. In addition, medical records may be requested when 81479 is billed. The medical record must clearly identify the unique molecular pathology procedure performed, its analytic validity and clinical utility, and why CPT code 81479 was billed.

When multiple procedure codes are submitted on a claim (unique and/or unlisted), the documentation supporting each code must be easily identifiable. If on review the contractor cannot link a billed code to the documentation, these services will be denied based on Title XVIII of the Social Security Act, Section 1833.

Testing for Multiple Genes and Next Generation Sequencing (NGS) testing

A panel of genes is a distinct procedural service from a series of individual genes. All services billed to Medicare must be medically reasonable and necessary. As such, if a provider or supplier submits a claim for a panel, then the patient's medical record must reflect that the panel was medically reasonable and necessary. Alternatively, if a provider or supplier bills for individual genes, then the patient's medical record must reflect that each individual gene is medically reasonable and necessary.

Genes can be assayed serially or in parallel. Genes assayed on the same date of service are considered to be assayed in parallel if the result of one assay does not affect the decision to complete the assay on another gene, and the two genes are being tested for the same indication.

Genes assayed on the same date of service are considered to be assayed serially when there is a reflexive decision component where the results of the analysis of one or more genes determines whether the results of additional analyses are medically reasonable and necessary.

If the laboratory method is NGS testing, and the laboratory assays two or more genes in a patient in parallel, then those two or more genes will be considered part of the same panel, consistent with the NCCI manual Chapter 10, Section F, number 8.

If the laboratory assays genes in serial, then the laboratory must submit claims for genes individually. The order by the treating clinician must reflect whether the treating clinician is ordering a panel or single genes, and additionally, the patient's medical record must reflect that the service billed was medically reasonable and necessary.

CMS payment policy does not allow separate payment for multiple methods to test for the same analyte.

We would not expect that a provider or supplier would routinely bill for more than one distinct laboratory genetic testing procedural service on a single beneficiary on a single date of service. In the rare circumstance that more than one distinct genetic test is medically reasonable and necessary for the same beneficiary on the same date of service, the provider or supplier must attest that each additional service billed is a distinct procedural service using the 59 modifier.

-59 Modifier; Distinct Procedural Service

This modifier is allowable for radiology services and it may also be used with surgical or medical codes in appropriate circumstances.

When billing, report the first code without a modifier. On subsequent lines, report the code with the modifier. Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-Evaluation and Management (E/M) services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if a more descriptive modifier is unavailable, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

The use of the 59 modifier will be considered an attestation that distinct procedural services are being performed rather than a panel **and may result in the request for medical records**.

Frequent use of the 59 modifier may be subject to medical review.

Genomic Sequencing Profiles (GSP)

When a GSP assay includes a gene or genes that are listed in more than one code descriptor, the code for the most specific test for the primary disorder sought must be reported, rather than reporting multiple codes for the same gene(s). Reporting multiple codes for the same gene will result in claim rejection or denial.

Multianalyte Assays with Algorithmic Analyses (MAAAs) and Proprietary Laboratory Analyses (PLA)

A valid PLA code takes precedence over Tier 1 and Tier 2 codes and must be reported if available. Reporting of a Tier 1 or Tier 2 code in this circumstance or in addition to a PLA code is incorrect coding and will result in claim rejection or denial.

The results of individual component procedure(s) that are inputs to the MAAAs may be provided on the associated reporting; however, these assays are not reported separately using additional codes. Claims reporting such will be rejected or denied.

All MAAAs, including those that do not have a Category I code, may be found in Appendix O of the CPT Manual. When a specific MAAA procedure is not listed in Appendix O, the service must be reported with the unlisted MAAA procedure code 81599. Additionally, when an analysis is performed that may fall within the descriptor of one of the specific MAAA CPT codes, but the proprietary name is not included, the service should be reported with 81599.

When reporting CPT code 81599, a description of the analysis (totaling less than 80 characters) must be entered in block 80 (Part A for the UBO4 claim), box 19 (Part B for a paper claim) or electronic equivalent of the claim. Failure to include this information on the claim will result in Part A claims being returned to the provider and Part B claims being rejected. In addition, medical records may be requested when 81599 is billed. The medical record must clearly identify the analysis performed, its analytic validity and clinical utility, and why CPT code 81599 was billed.

Date of Service (DOS)

As a general rule, the DOS for either a clinical laboratory test or the technical component of a physician pathology service is the date the specimen was collected. In situations where a specimen is collected over a period of two calendar days, the DOS is the date the collection ended. There are some exceptions to the DOS policy. Please refer to the CMS IOM Publication 100-04, Chapter 16, Section 40.8 for complete information related to the DOS policy.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner (NPP) responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. In accordance with CFR Section 410.32, the medical record must contain documentation that the testing is expected to influence treatment of the condition toward which the testing is directed and will be used in the management of the beneficiary's specific medical problem.
5. The medical record must support that the referring/ordering practitioner who ordered the test for a specific medical problem is treating the beneficiary for this specific medical problem. An example of documentation that could support the practitioner’s management of the beneficiary’s specific medical problem would be at least two E/M visits performed by the ordering/referring practitioner over the previous six months.
6. The medical record must include documentation of how the ordering/referring practitioner used the test results in the management of the beneficiary’s specific medical problem.
7. The ordering physician/NPP documentation in the medical record must include, but is not limited to, history and physical or exam findings that support the decision making, problems/diagnoses, relevant data (e.g., lab testing, imaging results).
8. The medical record from the ordering physician/NPP must clearly indicate all tests that are to be performed.
9. Documentation requirements of the performing laboratory (when requested) include, but are not limited to, lab accreditation, test requisition, test record/procedures, reports (preliminary and final), and quality control record.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Providers should refer to the current CPT book for applicable CPT codes.

Group 1 Codes: (551 Codes)

CODE	DESCRIPTION
81105	Hpa-1 genotyping
81106	Hpa-2 genotyping
81107	Hpa-3 genotyping
81108	Hpa-4 genotyping
81109	Hpa-5 genotyping
81110	Hpa-6 genotyping
81111	Hpa-9 genotyping

CODE	DESCRIPTION
81112	Hpa-15 genotyping
81120	Idh1 common variants
81121	Idh2 common variants
81161	Dmd dup/delet analysis
81162	Brca1&2 gen full seq dup/del
81163	Brca1&2 gene full seq alys
81164	Brca1&2 gen ful dup/del alys
81165	Brca1 gene full seq alys
81166	Brca1 gene full dup/del alys
81167	Brca2 gene full dup/del alys
81168	Ccnd1/igh translocation alys
81170	Abl1 gene
81171	Aff2 gen aly detc abnl allel
81172	Aff2 gen alys charac alleles
81173	Ar gene full gene sequence
81174	Ar gene known famil variant
81175	Asxl1 full gene sequence
81176	Asxl1 gene target seq alys
81177	Atn1 gene detc abnor alleles
81178	Atxn1 gene detc abnor allele
81179	Atxn2 gene detc abnor allele
81180	Atxn3 gene detc abnor allele
81181	Atxn7 gene detc abnor allele
81182	Atxn8os gen detc abnor allel
81183	Atxn10 gene detc abnor allel
81184	Cacna1a gen detc abnor allel
81185	Cacna1a gene full gene seq
81186	Cacna1a gen known famil vrnt
81187	Cnbp gene detc abnor allele
81188	Cstb gene detc abnor allele
81189	Cstb gene full gene sequence
81190	Cstb gene known famil vrnt

CODE	DESCRIPTION
81191	Ntrk1 translocation analysis
81192	Ntrk2 translocation analysis
81193	Ntrk3 translocation analysis
81194	Ntrk translocation analysis
81200	Aspa gene
81201	Apc gene full sequence
81202	Apc gene known fam variants
81203	Apc gene dup/delet variants
81204	Ar gene charac alleles
81205	Bckdhb gene
81206	Bcr/abl1 gene major bp
81207	Bcr/abl1 gene minor bp
81208	Bcr/abl1 gene other bp
81209	Blm gene
81210	Braf gene
81212	Brca1&2 185&5385&6174 vrnt
81215	Brca1 gene known famil vrnt
81216	Brca2 gene full seq alys
81217	Brca2 gene known famil vrnt
81218	Cebpa gene full sequence
81219	Calr gene com variants
81220	Cftr gene com variants
81221	Cftr gene known fam variants
81222	Cftr gene dup/delet variants
81223	Cftr gene full sequence
81224	Cftr gene intron poly t
81225	Cyp2c19 gene com variants
81226	Cyp2d6 gene com variants
81227	Cyp2c9 gene com variants
81228	Cytog alys chrml abnr cgh
81229	Cytog alys chrml abnr snpcgh
81230	Cyp3a4 gene common variants

CODE	DESCRIPTION
81231	Cyp3a5 gene common variants
81232	Dpyd gene common variants
81233	Btk gene common variants
81234	Dmpk gene detc abnor allele
81235	Egfr gene com variants
81236	Ezh2 gene full gene sequence
81237	Ezh2 gene common variants
81238	F9 full gene sequence
81239	Dmpk gene charac alleles
81240	F2 gene
81241	F5 gene
81242	Fancc gene
81243	Fmr1 gen aly detc abnl allel
81244	Fmr1 gen alys charac alleles
81245	Flt3 gene
81246	Flt3 gene analysis
81247	G6pd gene alys cmn variant
81248	G6pd known familial variant
81249	G6pd full gene sequence
81250	G6pc gene
81251	Gba gene
81252	Gjb2 gene full sequence
81253	Gjb2 gene known fam variants
81254	Gjb6 gene com variants
81255	Hexa gene
81256	Hfe gene
81257	Hba1/hba2 gene
81258	Hba1/hba2 gene fam vrnt
81259	Hba1/hba2 full gene sequence
81260	Ikbkap gene
CODE	DESCRIPTION
81261	Igh gene rearrange amp meth

CODE	DESCRIPTION
81262	Igh gene rearrang dir probe
81263	Igh vari regional mutation
81264	Igk rearrangeabn clonal pop
81265	Str markers specimen anal
81266	Str markers spec anal addl
81267	Chimerism anal no cell selec
81268	Chimerism anal w/cell select
81269	Hba1/hba2 gene dup/del vrnts
81270	Jak2 gene
81271	Htt gene detc abnor alleles
81272	Kit gene targeted seq analys
81273	Kit gene analys d816 variant
81274	Htt gene charac alleles
81275	Kras gene variants exon 2
81276	Kras gene addl variants
81277	Cytogenomic neo microra alys
81278	Igh@/bcl2 translocation alys
81279	Jak2 gene trgt sequence alys
81283	Ifnl3 gene
81284	Fxn gene detc abnor alleles
81285	Fxn gene charac alleles
81286	Fxn gene full gene sequence
81287	Mgmt gene prmtr mthyltn alys
81288	Mlh1 gene
81289	Fxn gene known famil variant
81290	Mcoln1 gene
81291	Mthfr gene
81292	Mlh1 gene full seq
81293	Mlh1 gene known variants
81294	Mlh1 gene dup/delete variant
81295	Msh2 gene full seq
81296	Msh2 gene known variants

CODE	DESCRIPTION
81297	Msh2 gene dup/delete variant
81298	Msh6 gene full seq
81299	Msh6 gene known variants
81300	Msh6 gene dup/delete variant
81301	Microsatellite instability
81302	Mecp2 gene full seq
81303	Mecp2 gene known variant
81304	Mecp2 gene dup/delet variant
81305	Myd88 gene p.leu265pro vrnt
81306	Nudt15 gene common variants
81307	Palb2 gene full gene seq
81308	Palb2 gene known famil vrnt
81309	Pik3ca gene trgt seq alys
81310	Npm1 gene
81311	Nras gene variants exon 2&3
81312	Pabpn1 gene detc abnor allel
81313	Pca3/klk3 antigen
81314	Pdgfra gene
81315	Pml/raralpha com breakpoints
81316	Pml/raralpha 1 breakpoint
81317	Pms2 gene full seq analysis
81318	Pms2 known familial variants
81319	Pms2 gene dup/delet variants
81320	Plcg2 gene common variants
81321	Pten gene full sequence
81322	Pten gene known fam variant
81323	Pten gene dup/delet variant
81324	Pmp22 gene dup/delet
81325	Pmp22 gene full sequence
81326	Pmp22 gene known fam variant
81327	Sept9 gen prmtr mthyltn alys
81328	Slco1b1 gene com variants

CODE	DESCRIPTION
81329	Smn1 gene dos/deletion alys
81330	Smpd1 gene common variants
81331	Snrpn/ube3a gene
81332	Serpina1 gene
81333	Tgfbi gene common variants
81334	Runx1 gene targeted seq alys
81335	Tpmt gene com variants
81336	Smn1 gene full gene sequence
81337	Smn1 gen nown famil seq vrnt
81338	Mpl gene common variants
81339	Mpl gene seq alys exon 10
81340	Trb@ gene rearrange amplify
81341	Trb@ gene rearrange dirprobe
81342	Trg gene rearrangement anal
81343	Ppp2r2b gen detc abnor allel
81344	Tbp gene detc abnor alleles
81345	Tert gene targeted seq alys
81346	Tyms gene com variants
81347	Sf3b1 gene common variants
81348	Srsf2 gene common variants
81349	Cytog alys chrml abnr lw-ps
81350	Ugt1a1 gene common variants
81351	Tp53 gene full gene sequence
81352	Tp53 gene trgt sequence alys
81353	Tp53 gene known famil vrnt
81355	Vkorc1 gene
81357	U2af1 gene common variants
81360	Zrsr2 gene common variants
81361	Hbb gene com variants
81362	Hbb gene known fam variant
81363	Hbb gene dup/del variants
81364	Hbb full gene sequence

CODE	DESCRIPTION
81370	Hla i & ii typing lr
81371	Hla i & ii type verify lr
81372	Hla i typing complete lr
CODE	DESCRIPTION
81373	Hla i typing 1 locus lr
81374	Hla i typing 1 antigen lr
81375	Hla ii typing ag equiv lr
81376	Hla ii typing 1 locus lr
81377	Hla ii type 1 ag equiv lr
81378	Hla i & ii typing hr
81379	Hla i typing complete hr
81380	Hla i typing 1 locus hr
81381	Hla i typing 1 allele hr
81382	Hla ii typing 1 loc hr
81383	Hla ii typing 1 allele hr
81400	Mopath procedure level 1
81401	Mopath procedure level 2
81402	Mopath procedure level 3
81403	Mopath procedure level 4
81404	Mopath procedure level 5
81405	Mopath procedure level 6
81406	Mopath procedure level 7
81407	Mopath procedure level 8
81408	Mopath procedure level 9
81410	Aortic dysfunction/dilation
81411	Aortic dysfunction/dilation
81412	Ashkenazi jewish assoc dis
81413	Car ion chnnlpath inc 10 gns
81414	Car ion chnnlpath inc 2 gns
81415	Exome sequence analysis
81416	Exome sequence analysis
81417	Exome re-evaluation

CODE	DESCRIPTION
81418	Rx metab gen seq alys pnl 6
81419	Epilepsy gen seq alys panel
81420	Fetal chrmoml aneuploidy
81422	Fetal chrmoml microdeltj
81425	Genome sequence analysis
81426	Genome sequence analysis
81427	Genome re-evaluation
81430	Hearing loss sequence analys
81431	Hearing loss dup/del analys
81432	Hrdtry brst ca-rlatd dsordrs
81433	Hrdtry brst ca-rlatd dsordrs
81434	Hereditary retinal disorders
81435	Hereditary colon ca dsordrs
81436	Hereditary colon ca dsordrs
81437	Heredtry nurondcrn tum dsrdr
81438	Heredtry nurondcrn tum dsrdr
81439	Hrdtry cardmypy gene panel
81440	Mitochondrial gene
81441	Ibmfs seq alys pnl 30 genes
81442	Noonan spectrum disorders
81443	Genetic tstg severe inh cond
81445	So neo gsap 5-50dna/dna&rna
81448	Hrdtry perph neurphy panel
81449	So neo gsap 5-50 rna alys
81450	Hl neo gsap 5-50dna/dna&rna
81451	Hl neo gsap 5-50 rna alys
81455	So/hl 51/>gsap dna/dna&rna
81456	So/hl 51/>gsap rna alys
81457	So neo gsap dna mcrstl ins
81458	So gsap dna cpy nmbr&mcrstl
81459	So neo gsap dna/dna&rna
81460	Whole mitochondrial genome

CODE	DESCRIPTION
81462	So gsap cll fr dna/dna&rna
81463	So gsap cl fr cpy nmbr&mcrst
81464	So gsap cll fr mcrstl ins
81465	Whole mitochondrial genome
81470	X-linked intellectual dblt
81471	X-linked intellectual dblt
81479	Unlisted molecular pathology
81490	Autoimmune ra alys 12 bmrk
81493	Cor artery disease mrna
81500	Onco (ovar) two proteins
81503	Onco (ovar) five proteins
81504	Oncology tissue of origin
81506	Endo assay seven anal
81507	Fetal aneuploidy trisom risk
81508	Ftl cgen abnor two proteins
81509	Ftl cgen abnor 3 proteins
81510	Ftl cgen abnor three anal
81511	Ftl cgen abnor four anal
81512	Ftl cgen abnor five anal
81513	Nfct ds bv rna vag flu alg
81514	Nfct ds bv&vaginitis dna alg
81518	Onc brst mrna 11 genes
81519	Oncology breast mrna
81520	Onc breast mrna 58 genes
81521	Onc breast mrna 70 genes
81522	Onc breast mrna 12 genes
81523	Onc brst mrna 70 cnt 31 gene
81525	Oncology colon mrna
81528	Oncology colorectal scr
81529	Onc cutan mlnma mrna 31 gene
81535	Oncology gynecologic
81536	Oncology gynecologic

CODE	DESCRIPTION
81538	Oncology lung
81539	Oncology prostate prob score
81540	Oncology tum unknown origin
81541	Onc prostate mrna 46 genes
81542	Onc prostate mrna 22 cnt gen
81546	Onc thyr mrna 10,196 gen alg
81551	Onc prostate 3 genes
81552	Onc uveal mlnma mrna 15 gene
CODE	DESCRIPTION
81554	Pulm ds ipf mrna 190 gen alg
81595	Cardiology hrt trnspl mrna
81596	Nfct ds chrnc hcv 6 assays
81599	Unlisted maaa
G0452	Molecular pathology interpr
0004M	Scoliosis dna alys
0006M	Onc hep gene risk classifier
0007M	Onc gastro 51 gene nomogram
0011M	Onc prst8 ca mrna 12 gen alg
0012M	Onc mrna 5 gen rsk urthl ca
0013M	Onc mrna 5 gen recr urthl ca
0016M	Onc bladder mrna 219 gen alg
0017M	Onc dlbcl mrna 20 genes alg
0001U	Rbc dna hea 35 ag 11 bld grp
0005U	Onco prst8 3 gene ur alg
0007U	Rx test prsmv ur w/def conf
0008U	Hpylori detcj abx rstnc dna
0009U	Onc brst ca erbb2 amp/nonamp
0010U	Nfct ds strn typ whl gen seq
0016U	Onc hmtlmf neo rna bcr/abl1
0017U	Onc hmtlmf neo jak2 mut dna
0018U	Onc thyr 10 microrna seq alg
0019U	Onc rna tiss predict alg

CODE	DESCRIPTION
0022U	Tgsap nsm lung neo dna&rna23
0023U	Onc aml dna detcj/nondetcj
0026U	Onc thyr dna&mrna 112 genes
0027U	Jak2 gene trgt seq alys
0029U	Rx metab advrs trgt seq alys
0030U	Rx metab warf trgt seq alys
0031U	Cyp1a2 gene
0032U	Comt gene
0033U	Htr2a htr2c genes
0034U	Tpmt nudt15 genes
0036U	Xome tum & nml spec seq alys
0037U	Trgt gen seq dna 324 genes
0040U	Bcr/abl1 gene major bp quan
0045U	Onc brst dux carc is 12 gene
0046U	Flt3 gene itd variants quan
0047U	Onc prst8 mrna 17 gene alg
0048U	Onc sld org neo dna 468 gene
0049U	Npm1 gene analysis quan
0050U	Trgt gen seq dna 194 genes
0055U	Card hrt trnspl 96 dna seq
0060U	Twn zyg gen seq alys chrms2
0068U	Candida species pnl amp prb
0069U	Onc clrct microrna mir-31-3p
0070U	Cyp2d6 gen com&slct rar vrnt
0071U	Cyp2d6 full gene sequence
0072U	Cyp2d6 gen cyp2d6-2d7 hybrid
0073U	Cyp2d6 gen cyp2d7-2d6 hybrid
0074U	Cyp2d6 nonduplicated gene
0075U	Cyp2d6 5' gene dup/mlt
0076U	Cyp2d6 3' gene dup/mlt
0078U	Pain mgt opi use gnotyp pnl
0079U	Cmprtv dna alys mlt snps

CODE	DESCRIPTION
0084U	Rbc dna gnotyp 10 bld groups
0086U	Nfct ds bact&fng org id 6+
0087U	Crd hrt trnspl mrna 1283 gen
0088U	Trnsplj kdn algrft rej 1494
0089U	Onc mlnma prame & linc00518
0090U	Onc cutan mlnma mrna 23 gene
0094U	Genome rapid sequence alys
0096U	Hpv hi risk types male urine
0101U	Hered colon ca do 15 genes
0102U	Hered brst ca rltd do 17 gen
0103U	Hered ova ca pnl 24 genes
0109U	Id aspergillus dna 4 species
0111U	Onc colon ca kras&nras alys
0112U	Iadi 16s&18s rrna genes
0113U	Onc prst8 pca3&tmprss2-erg
0114U	Gi barretts esoph vim&ccna1
0118U	Trnsplj don-drv cll-fr dna
0120U	Onc b cll lymphm mrna 58 gen
0129U	Hered brst ca rltd do panel
0130U	Hered colon ca do mrna pnl
0131U	Hered brst ca rltd do pnl 13
0132U	Hered ova ca rltd do pnl 17
0133U	Hered prst8 ca rltd do 11
0134U	Hered pan ca mrna pnl 18 gen
0135U	Hered gyn ca mrna pnl 12 gen
0136U	Atm mrna seq alys
0137U	Palb2 mrna seq alys
0138U	Brca1 brca2 mrna seq alys
0140U	Nfct ds fungi dna 15 trgt
0141U	Nfct ds bact&fng gram pos
0142U	Nfct ds bact&fng gram neg
0152U	Nfct ds dna untrgt ngnrj seq

CODE	DESCRIPTION
0153U	Onc breast mrna 101 genes
0154U	Onc urthl ca rna fgfr3 gene
0155U	Onc brst ca dna pik3ca gene
0156U	Copy number sequence alys
0157U	Apc mrna seq alys
0158U	Mlh1 mrna seq alys
0159U	Msh2 mrna seq alys
0160U	Msh6 mrna seq alys
0161U	Pms2 mrna seq alys
0162U	Hered colon ca trgt mrna pnl
0169U	Nudt15&tpmt gene com vrnt
0170U	Neuro asd rna next gen seq
0171U	Trgt gen seq alys pnl dna 23
CODE	DESCRIPTION
0172U	Onc sld tum alys brca1 brca2
0173U	Psyc gen alys panel 14 genes
0175U	Psyc gen alys panel 15 genes
0177U	Onc brst ca dna pik3ca 11
0179U	Onc nonsm cll lng ca alys 23
0180U	Abo gnotyp abo 7 exons
0181U	Co gnotyp aqp1 exon 1
0182U	Crom gnotyp cd55 exons 1-10
0183U	Di gnotyp slc4a1 exon 19
0184U	Do gnotyp art4 exon 2
0185U	Fut1 gnotyp fut1 exon 4
0186U	Fut2 gnotyp fut2 exon 2
0187U	Fy gnotyp ackr1 exons 1-2
0188U	Ge gnotyp gypc exons 1-4
0189U	Gypa gnotyp ntrns 1 5 exon 2
0190U	Gypb gnotyp ntrns 1 5 seux 3
0191U	In gnotyp cd44 exons 2 3 6
0192U	Jk gnotyp slc14a1 exon 9

CODE	DESCRIPTION
0193U	Jr gnotyp abcg2 exons 2-26
0194U	Kel gnotyp kel exon 8
0195U	Klf1 targeted sequencing
0196U	Lu gnotyp bcam exon 3
0197U	Lw gnotyp icam4 exon 1
0198U	Rhd&rhce gntyp rhd1-10&rhce5
0199U	Sc gnotyp ermap exons 4 12
0200U	Xk gnotyp xk exons 1-3
0201U	Yt gnotyp ache exon 2
0203U	Ai ibd mrna xprsn prfl 17
0204U	Onc thyr mrna xprsn alys 593
0205U	Oph amd alys 3 gene variants
0209U	Cytog const alys interrog
0211U	Onc pan-tum dna&rna gnrj seq
0212U	Rare ds gen dna alys proband
0213U	Rare ds gen dna alys ea comp
0214U	Rare ds xom dna alys proband
0215U	Rare ds xom dna alys ea comp
0216U	Neuro inh ataxia dna 12 com
0217U	Neuro inh ataxia dna 51 gene
0218U	Neuro musc dys dmd seq alys
0219U	Nfct agt hiv gnrj seq alys
0221U	Abo gnotyp next gnrj seq abo
0222U	Rhd&rhce gntyp next gnrj seq
0227U	Rx asy prsmv 30+rx/metablt
0229U	Bcat1&ikzf1 prmtr mthyln aly
0230U	Ar full sequence analysis
0231U	Cacna1a full gene analysis
0232U	Cstb full gene analysis
0233U	Fxn gene analysis
0234U	Mecp2 full gene analysis
0235U	Pten full gene analysis

CODE	DESCRIPTION
0236U	Smn1&smn2 full gene analysis
0237U	Car ion chnlpthy gen seq pnl
0238U	Onc lnch syn gen dna seq aly
0239U	Trgt gen seq alys pnl 311+
0242U	Trgt gen seq alys pnl 55-74
0244U	Onc solid orgn dna 257 genes
0245U	Onc thyr mut alys 10 gen&37
0246U	Rbc dna gnotyp 16 bld groups
0250U	Onc sld org neo dna 505 gene
0252U	Ftl aneuploidy str alys dna
0253U	Rprdtve med rna gen prfl 238
0254U	Reprdtve med alys 24 chrmsm
0258U	Ai psor mrna 50-100 gen alg
0260U	Rare ds id opt genome mapg
0262U	Onc sld tum rt-pcr 7 gen
0264U	Rare ds id opt genome mapg
0265U	Rar do whl gn&mtcdrl dna als
0266U	Unxpl cnst hrtbl do gn xprsn
0267U	Rare do id opt gen mapg&seq
0268U	Hem ahus gen seq alys 15 gen
0269U	Hem aut dm cgen trmbctpna 22
0270U	Hem cgen coagj do 20 genes
0271U	Hem cgen neutropenia 24 gen
0272U	Hem genetic bld do 60 genes
0273U	Hem gen hyprfibrnlysis 8 gen
0274U	Hem gen pltlt do 62 genes
0276U	Hem inh thrombocytopenia 42
0277U	Hem gen pltlt funcj do 40
0278U	Hem gen thrombosis 14 genes
0282U	Rbc dna gntyp 12 bld grp gen
0285U	Onc rsps radj cll fr dna tox
0286U	Cep72 nudt15&tpmt gene alys

CODE	DESCRIPTION
0287U	Onc thyr dna&mrna 112 genes
0288U	Onc lung mrna quan pcr 11&3
0289U	Neuro alzheimer mrna 24 gen
0290U	Pain mgmt mrna gen xprsn 36
0291U	Psyc mood do mrna 144 genes
0292U	Psyc strs do mrna 72 genes
0293U	Psyc suicidal idea mrna 54
0294U	Lngvty&mrtlty rsk mrna 18gen
0296U	Onc orl&/orop ca 20 mlc feat
0297U	Onc pan tum whl gen seq dna
0298U	Onc pan tum whl trns seq rna
0299U	Onc pan tum whl gen opt mapg
0300U	Onc pan tum whl gen seq&opt
0301U	Iadna bartonella ddpcr
0302U	Iadna brtnla ddpcr flwg liq
0306U	Onc mrd nxt-gnrj alys 1st
0307U	Onc mrd nxt-gnrj alys sbsq
0313U	Onc pncrs dna&mrna seq 74
CODE	DESCRIPTION
0314U	Onc cutan mlnma mrna 35 gene
0315U	Onc cutan sq cll ca mrna 40
0317U	Onc lung ca 4-prb fish assay
0326U	Trgt gen seq alys pnl 83+
0329U	Onc neo xome&trns seq alys
0331U	Onc hl neo opt gen mapping
0332U	Onc pan tum gen prflg 8 dna
0333U	Onc lvr surveilanc hcc cfdna
0334U	Onc sld orgn tgsa dna 84/+
0335U	Rare ds whl gen seq feta
0336U	Rare ds whl gen seq bld/slv
0339U	Onc prst8 mrna hoxc6 & dlx1
0340U	Onc pan ca alys mrd plasma

CODE	DESCRIPTION
0341U	Ftl aneup dna seq cmpr alys
0343U	Onc prst8 xom aly 442 sncrna
0355U	Apol1 risk variants
0356U	Onc orop/anal 17 dna ddpcr
0362U	Onc pap thyr ca rna 82&10
0363U	Onc urthl mrna 5 gen alg
0364U	Onc hl neo gen seq alys alg
0368U	Onc clrct ca mut&mthyltn mrk
0369U	Iadna gi pthgn 31 org&21 arg
0370U	Iadna surg wnd pthgn 34&21
0371U	Iadna gu pthgn semiq dna16&1
0372U	Nfct ds gu pthgn arg detcj
0373U	Iadna rsp tr nfct 17 8 13&16
0374U	Iadna gu pthgn 21 org&21arg
0378U	Rfc1 repeat xpnsj vrnt alys
0379U	Tgsap sl or neo dna523&rna55
0380U	Rx metb advrs trgt sq aly 20
0388U	Onc nonsm cll lng ca 37 gen
0389U	Ped fbrl kd ifi27&mcemp1 rna
0391U	Onc sld tum dna&rna 437 gen
0392U	Rx metab gen-rx ia 16 genes
0396U	Ob preimpltj tst 300000 dna
0398U	Gi baret esph dna mthyln aly
0400U	Ob xpnd car scr 145 genes
0403U	Onc prst8 mrna 18 gen dre ur
0405U	Onc pncrtc 59 mthltn blk mrk
0409U	Onc sld tum dna 80 & rna 36
0410U	Onc pncrtc dna whl gn seq 5-
0411U	Psyc genom alys pnl 15 gen
0413U	Onc hl neo opt gen mapg dna
0417U	Rare ds alys 335 nuc genes
0419U	Nrpsyc gen seq vrnt aly 13

CODE	DESCRIPTION
0420U	Onc urthl mrna xprsn 6 snp
0423U	Psyc genomic alys pnl 26 gen
0424U	Onc prst8 xom alys 53 sncrna
0433U	Onc prst8 5 dna reg mrk pcr
0444U	Onc sld orgn neo tgsap 361

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
59	DISTINCT PROCEDURAL SERVICE: UNDER CERTAIN CIRCUMSTANCES, THE PHYSICIAN MAY NEED TO INDICATE THAT A PROCEDURE OR SERVICE WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY. MODIFIER -59 IS USED TO IDENTIFY PROCEDURES/SERVICES THAT ARE NOT NORMALLY REPORTED TOGETHER, BUT ARE APPROPRIATE UNDER THE CIRCUMSTANCES. THIS MAY REPRESENT A DIFFERENT SESSION OR PATIENT ENCOUNTER, DIFFERENT PROCEDURE OR SURGERY, DIFFERNET SITE OR ORGAN SYSTEM, SEPARATE INCISION/EXCISION, SEPARATE LESION, OR SEPARATE INJURY (OR AREA OF INJURY IN EXTENSIVE INJURIES) NOT ORDINARILY ENCOUNTERED OR PERFORMED ON THE SAME DAY BY THE SAME PHYSICIAN. HOWEVER, WHAN ANOTHER ALREADY ESTABLISHED MODIFIER IS APPROPRIATE IT SHOULD BE USED RATHER THAN MODIFIER -59. ONLY IF NO MORE DESCRIPTIVE MODIFIER IS AVAILABLE, AND THE USE OF MODIFIER -59 BEST EXPLAINS THE CIRCUMSTANCES, SHOULD MODIFIER -59 BE USED. MODIFIER CODE 09959 MAY BE USED AS AN ALTERNATE TO MODIFIER -59.

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider’s responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Group 1 Codes:

N/A

ICD-10-CM Codes that DO NOT Support Medical Necessity

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
04/01/2024	R14	Article revised and published on 04/04/2024 effective for dates of service on and after 04/01/2024 to reflect April Quarterly CPT/HCPCS Code Updates. The following new CPT code was added to Group 1 Codes of the CPT/HCPCS Codes: 0444U.
01/01/2024	R13	Article revised and published on 01/25/2024 effective for dates of service on and after 01/01/2024 to reflect the Annual HCPCS/CPT Code Updates. The following CPT codes have been added to the Article: 81457, 81458, 81459, 81462, 81463, 81464, 0420U,

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		0423U, 0424U, 0433U. For the following CPT codes either the short description and/or the long description was changed. Depending on which description is used in this article, there may not be any change in how the code displays: 81171, 81172, 81243, 81244, 81403, 81404, 81406, 81405, 81407, 81445, 81449, 81450, 81451, 81455, 81456, 81490, and 0356U.
10/01/2023	R12	Article revised and published on 10/05/2023 effective for dates of service on and after 10/01/2023 in response to the October Quarterly HCPCS/CPT Code Updates. The following codes have been added to 'Group 1 codes': 0403U, 0405U, 0409U, 0410U, 0411U, 0413U, 0417U, 0419U. The following codes in 'Group 1 codes' have a descriptor change: 0269U, 0271U, 0272U, 0274U, 0277U, 0278U. The following codes in 'Group 1 codes' have been deleted and therefore removed from the article: 0386U, 0397U. A statement has been added to Article Text section for additional instruction.
07/01/2023	R11	Article revised and published on 07/20/2023 effective for dates of service on and after 07/01/2023 in response to the July Quarterly HCPCS/CPT Code Updates. The following CPT codes have been added to the Article: 0388U, 0389U, 0391U, 0392U, 0396U, 0397U, 0398U, 0400U for section 'Group 1 codes.' The following CPT code has been deleted and therefore has been removed from the article: 0053U removed from section 'Group 1 codes.'
06/11/2023	R10	Article revised and published on 06/08/2023 effective for dates of service on and after 06/11/2023. The following CPT code has been removed from the Article: 0105U from the 'CPT/HCPCS Codes' section for 'Group 1 codes' because it is not a molecular test.
06/11/2023	R9	Article revised and published on 04/27/2023 effective for dates of service on and after 06/11/2023. CPT codes 81400, 81401 and 81402 were added under the Coding Guidance section under the following paragraph: "If billing utilizing the following Tier 2 codes, additional information will be required to identify the specific analyte/gene(s) tested in the narrative of the claim or the claim will be rejected:" Language was added under the Multianalyte Assays with Algorithmic Analyses (MAAAs) and Proprietary Laboratory Analyses (PLA) section providing instruction on billing CPT code 81599.
04/01/2023	R8	Article revised and published on 04/20/2023 effective for dates of service on and after 04/01/2023 to reflect the April CPT/HCPCS Quarterly Update. The following CPT codes have been added to the Article: 0364U, 0368U, 0369U, 0370U, 0371U, 0372U, 0373U, 0374U, 0378U, 0379U, 0380U, 0386U to 'Group 1'. The following current CPT codes have been added to the Article: 0017M, 0306U, 0307U, 0317U, 0326U, 0329U, 0331U, 0334U, 0339U, 0343U to 'Group 1'. The following CPT code has had either a long descriptor or short descriptor change. Depending on which descriptor was changed there may not be any change in how the code displays: 0022U in 'Group 1 Codes'.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2023	R7	Article revised and published on 01/26/2023 effective for dates of service on and after 01/01/2023 to reflect the Annual HCPCS/CPT Code Updates. The following CPT codes have been added to the Article: 0355U, 0356U, 0362U, 0363U, 81418, 81441, 81449, 81451, and 81456 to 'Group 1 codes'. The following CPT codes have had either a long descriptor or short descriptor change. Depending on which descriptor was changed there may not be any change in how the code displays: 81330, 81445, 81450, 81455, and 0069U in 'Group 1 Codes'.
10/01/2022	R6	Article revised and published on 10/06/2022 effective for dates of service on and after 10/01/2022 to reflect the October Quarterly HCPCS/CPT Code updates. The following CPT codes have been added to the Article: 0332U, 0333U, 0335U, 0336U, 0340U, and 0341U to 'Group 1 codes". The following CPT codes have been deleted and therefore have been removed from the article: 0012U, 0013U, 0014U, and 0056U from the 'Group 1 Codes'. The following CPT codes have had either a long descriptor or short descriptor change. Depending on which descriptor was changed there may not be any change in how the code displays: 0229U, 0262U, 0276U, 0296U.
07/01/2022	R5	Article revised and published on 08/04/2022 effective for dates of service on and after 07/01/2022 to reflect the July quarterly CPT/HCPCS code updates. The following CPT codes had short description changes. Depending on which description is used in this article, there may not be any change in how the code displays in the document: 0016M and 0229U.
04/01/2022	R4	Article revised and published on 05/05/2022 effective for dates of service on and after 04/01/2022 to reflect the April Quarterly CPT/HCPCS Update. The following CPT codes have been added to the 'CPT/HCPCS Codes' section for 'Group 1 Codes': 0313U, 0314U and 0315U. The following CPT code has been deleted from the 'CPT/HCPCS Codes' section for 'Group 1 Codes': 0097U. For the following CPT code either the short description and/or the long description was changed. Depending on which description is used in this article, there may not be any change in how the code displays: 0022U in the 'CPT/HCPCS Codes' section for 'Group 1 Codes'.
01/01/2022	R3	Article revised and published on 01/20/2022 effective for dates of service on and after 01/01/2022 to reflect the Annual HCPCS/CPT Code Updates. The following CPT codes have been added to the 'CPT/HCPCS Codes' section for 'Group 1 Codes': 81349, 81523, 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U, 0300U, 0301U, and 0302U. The following CPT code has been deleted from the 'CPT/HCPCS Codes' section for 'Group 1 Codes' and therefore has been removed from the article: 0208U. For the following CPT codes either the short description and/or the long description was changed. Depending on which description is used in this article, there may not be any change in how the code displays: 0016M, 0090U, 0154U, 0155U, 0177U, 0180U, 0193U, 0200U, 0205U, 0216U, 0221U, 0244U, 0258U, 0262U, 0265U, 0266U, 0276U, 81194, 81228, 81229, and 81405 in the 'CPT/HCPCS Codes' section for 'Group 1 Codes'.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
12/30/2021	R2	Article revised and published on 12/30/2021. Documentation requirement #5 has been revised. Information regarding the requirement for a relationship between the ordering/referring practitioner and the patient has been added to the text of the article and a separate documentation requirement, #6, was created to address using the test results in the management of the patient. The following CPT codes have been removed from the Group 1 CPT Codes: 0115U, 0151U, 0202U, 0223U, 0225U, 0240U, and 0241U.
11/08/2021	R1	Article revised and published on November 4, 2021 effective for dates of service on and after November 8, 2021. The instructions for reporting CPT code 81479 have been clarified, multiple CPT codes that did not represent molecular pathology services have been deleted and the following CPT codes have been added in response to the October 2021 Quarterly HCPCS Update: 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, and 0282U.

Associated Documents

Related Local Coverage Documents

Articles

A52986 - Billing and Coding: Biomarkers for Oncology

A56541 - Billing and Coding: Biomarkers Overview

DA59125 - Billing and Coding: Genetic Testing for Oncology

DA59125 - Billing and Coding: Genetic Testing for Oncology

LCDs

L35062 - Biomarkers Overview

DL39365 - Genetic Testing for Oncology

DL39365 - Genetic Testing for Oncology

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		
03/27/2024	04/01/2024 - N/A	Currently in Effect (This Version)
01/19/2024	01/01/2024 - 03/31/2024	Superseded
09/29/2023	10/01/2023 - 12/31/2023	Superseded
07/14/2023	07/01/2023 - 09/30/2023	Superseded
06/02/2023	06/11/2023 - 06/30/2023	Superseded
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Keywords

N/A