

# Medicare Medical Policy

## Genetic and Molecular Testing

MEDICARE MEDICAL POLICY NUMBER: 317

<b>Effective Date:</b> 1/1/2023	MEDICARE COVERAGE CRITERIA.....	2
<b>Last Review Date:</b> 10/2022	POLICY CROSS REFERENCES.....	23
<b>Next Annual Review:</b> 10/2023	POLICY GUIDELINES.....	23
	REGULATORY STATUS.....	30
	BILLING GUIDELINES AND CODING .....	30
	REFERENCES.....	62
	POLICY REVISION HISTORY.....	63

**INSTRUCTIONS FOR USE:** Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

**SCOPE:** Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

## PRODUCT AND BENEFIT APPLICATION

Medicare Only

### MEDICARE COVERAGE CRITERIA

**IMPORTANT NOTE:** More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

#### Notes:

- **The list of genetic tests addressed in this policy is not all-inclusive.**
- **In compliance with Medicare guidelines, some LCDs and LCAs used may be for service areas outside of the Company's primary service area, based on where the performing laboratory is located.**
- Other Company Medical Policies may be available for specific tests or indications:
  - Most of these tests are listed within Criteria VI, IX and X below.
  - See [Cross References](#) section for medical policies which may apply to specific hereditary or oncologic conditions.
  - If a test is not found in this policy, see the separate genetic testing policies to confirm coverage resources are not provided in another location. For example, if a panel test for colorectal cancer is not found in this policy, see the separate *Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Medicare Only)* medical policy.
- Due to the rapidly changing field of genetic testing, panel names, genes included, and coding may change subsequent to the last update of this policy.
- CMS guidance is also subject to change at any time. Therefore, while lists of covered or non-covered tests were accurate at the time of publication, they are subject to change at any time by a Medicare contractor.

#### Medical Policy Quick Links

- ❖ [Excluded Genes](#)
- ❖ [Non-Covered Tests](#)
- ❖ [Potentially Medically Necessary Genes](#)
- ❖ [Miscellaneous Genetic or Molecular Tests](#)
- ❖ [Genetic and Molecular Panel Tests](#)
  - ❖ [Table 1](#) – Tests with specific LCD or LCA guidance which applies
- ❖ [Policy Guidelines](#) – General information regarding Medicare coverage of diagnostic laboratory testing, including genetic testing.
  - ❖ [Table 2](#) – Service areas which have adopted MoIDX coverage decisions.
  - ❖ [Table 3](#) – Service areas which do not use MoIDX policies and how coverage decisions are made for testing performed in these regions
- ❖ [CPT and HCPCS Codes](#)

### Excluded Genes

- I. The following **single gene** tests are **not medically necessary** in many service areas (**NOTE: This list is NOT all-inclusive and there may be exceptions to non-coverage for some of the genes listed, depending on location of and purpose for testing. See the applicable LCA or LCD for information.**):

**NOTE:** Not all service areas are represented in this table. If a service area is not represented, or if there is no relevant LCD or LCA listed to address gene testing for a service area, additional research will be necessary to apply the correct Medicare guidance.

GENE	LOCATION/MEDICARE CONTRACTOR					
	<b>NORIDIAN J-F</b> OR, WA, AK, ID, UT, AZ, MT, ND, SD, and WY	<b>NORIDIAN J-E</b> CA and NV	<b>PALMETTO GBA J-J AND J-M</b> NC, SC, AL, GA, TN, VA, and WV	<b>WISCONSIN J-5 AND J-8</b> IA, KS, MO, NE, IN, and MI	<b>CGS ADMINISTRATORS J-15</b> KY and OH	<b>NATIONAL GOVERNMENT SERVICES J-6 and J-K</b> IL, MN, WI, CT, NY, ME, MA, NH, RI, VT
<b>ACVRL1*</b>	<a href="#">A55182</a>	<a href="#">A55181</a>	<a href="#">A53536</a>	<a href="#">A55159</a>	<a href="#">A54262</a>	
<b>ASPA</b>	<a href="#">A55089</a>	<a href="#">A55088</a>	<a href="#">A53602</a>	<a href="#">A55142</a>	<a href="#">A54253</a>	<a href="#">A56199</a>
<b>ATP7B</b>	<a href="#">A55098</a>	<a href="#">A55097</a>	<a href="#">A53550</a>	<a href="#">A55143</a>	<a href="#">A54254</a>	<a href="#">A56199</a>
<b>BCKDHB</b>	<a href="#">A55099</a>	<a href="#">A55100</a>	<a href="#">A53600</a>	<a href="#">A55145</a>	<a href="#">A54255</a>	<a href="#">A56199</a>
<b>BLM</b>	<a href="#">A55114</a>	<a href="#">A55113</a>	<a href="#">A53540</a>	<a href="#">A55148</a>	<a href="#">A54256</a>	<a href="#">A56199</a>

DMD						<a href="#">L35000 / A56199</a>
ENG*	<a href="#">A55182</a>	<a href="#">A55181</a>	<a href="#">A53536</a>	<a href="#">A55159</a>	<a href="#">A54262</a>	
F5	<a href="#">L36159</a>	<a href="#">L36155</a>	<a href="#">L36089</a>	<a href="#">L36400</a>	<a href="#">L35984</a>	<a href="#">L35000 / A56199</a>
F2	<a href="#">L36159</a>	<a href="#">L36155</a>	<a href="#">L36089</a>	<a href="#">L36400</a>	<a href="#">L35984</a>	<a href="#">L35000 / A56199</a>
FANCC	<a href="#">A55183</a>	<a href="#">A55184</a>	<a href="#">A53628</a>	<a href="#">A55160</a>	<a href="#">A54263</a>	<a href="#">A56199</a>
FMR1	<a href="#">A55242</a>	<a href="#">A55241</a>	<a href="#">A53638</a>	<a href="#">A55163</a>	<a href="#">A54264</a>	<a href="#">A56199</a>
GBA	<a href="#">A55244</a>	<a href="#">A55243</a>	<a href="#">A53542</a>	<a href="#">A55164</a>	<a href="#">A54265</a>	<a href="#">A56199</a>
HAX1	<a href="#">A55252</a>	<a href="#">A55249</a>	<a href="#">A53619</a>	<a href="#">A55165</a>	<a href="#">A54266</a>	<a href="#">A56199</a>
HBB	<a href="#">A55254</a>	<a href="#">A55253</a>	<a href="#">A53493</a>	<a href="#">A55166</a>	<a href="#">A54267</a>	<a href="#">A56199</a>
HEXA	<a href="#">A55256</a>	<a href="#">A55255</a>	<a href="#">A53598</a>	<a href="#">A55168</a>	<a href="#">A54268</a>	<a href="#">A56199</a>
IKBKAP	<a href="#">A55613</a>	<a href="#">A55612</a>	<a href="#">A53596</a>	<a href="#">A55170</a>	<a href="#">A54270</a>	<a href="#">A56199</a>
MCOLN1	<a href="#">A55284</a>	<a href="#">A55283</a>	<a href="#">A53630</a>	<a href="#">A55176</a>	<a href="#">A54277</a>	<a href="#">A56199</a>
MECP2	<a href="#">A55286</a>	<a href="#">A55285</a>	<a href="#">A53574</a>	<a href="#">A55189</a>	<a href="#">A54278</a>	<a href="#">A56199</a>
MMACHC	<a href="#">A55289</a>	<a href="#">A55288</a>	<a href="#">A54035</a>	<a href="#">A55191</a>	<a href="#">A54209</a>	
MTHFR	<a href="#">L36159 / L36362</a>	<a href="#">L36155 / L36358</a>	<a href="#">L36089 / L36129</a>	<a href="#">L36400 / L36523</a>	<a href="#">L35984 / L36139</a>	<a href="#">L35000 / A56199</a>
NSD1	<a href="#">A55615</a>	<a href="#">A55609</a>	<a href="#">A53585</a>	<a href="#">A55198</a>	<a href="#">A54291</a>	<a href="#">A56199</a>
SLC6A4 (aka HTTLPR)	<a href="#">A55265</a>	<a href="#">A55264</a>	<a href="#">A53480</a>	<a href="#">A55169</a>	<a href="#">A54269</a>	
SMN1						<a href="#">L35000 / A56199</a>
SMPD1	<a href="#">A55631</a>	<a href="#">A55627</a>	<a href="#">A53624</a>	<a href="#">A55208</a>	<a href="#">A54285</a>	<a href="#">A56199</a>
SULT4A1	<a href="#">A55601</a>	<a href="#">A55596</a>	<a href="#">A53538</a>	<a href="#">A55210</a>	<a href="#">A54283</a>	
TYMS						<a href="#">L35000 / A56199</a>
VEGFR2	<a href="#">A55469</a>	<a href="#">A55468</a>	<a href="#">A53548</a>	<a href="#">A55232</a>	<a href="#">A54279</a>	<a href="#">A56199</a>

#### Non-Covered Tests

- II. Based on the Medicare Benefit requirements, **all** of the following test types and scenarios are excluded and are denied as **not medically necessary** on a national basis (see [Policy Guidelines](#) for detailed information):
  - A. Tests performed in the absence of clinical signs and symptoms of disease (e.g., testing requested due to family history when the member does not personally have signs/symptoms of disease relevant to the requested test) are considered screening and are not medically necessary based on *Title XVIII of the Social Security Act, Section 1862(a)(1)(A)*;

- B. Tests that do not provide the clinician with actionable data for the member (information that will not improve patient outcomes and/or change physician care and treatment of the patient) (this includes at-risk relative testing);
  - C. Tests that confirm a diagnosis or known information;
  - D. Tests to determine risk for developing a disease or condition;
  - E. Tests performed to measure the quality of a process, or tests performed to confirm the sample belongs to a particular member;
  - F. Tests without diagnosis specific indications;
  - G. Carrier testing (tests to determine if they or offspring are potential carriers of a genetic variant);
  - H. Tests identified as investigational by all available literature and/or the literature supplied by the developer and are not a part of a clinical trial as determined by LCD, LCA, or the MoIDX program (when applicable)
- III. Genetic panel tests for the evaluation of **arrhythmogenic right ventricular dysplasia/cardiomyopathy (ARVD/C) (CPT code 81439)** are considered **not medically necessary**. Applicable Medicare references include the following:
- A. Local Coverage Articles (LCA):
    - i. Billing and Coding: MoIDX: Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) Testing
      - 1. Testing performed in OH and KY: [A54685](#) (CGS Administrators, LLC)
      - 2. Testing performed in CA and NV: [A54975](#) (Noridian Healthcare Solutions, LLC; J-E)
      - 3. Testing performed in AK, ID, OR, WA, UT, AZ, MT, ND, SD, and WY: [A54976](#) (Noridian Healthcare Solutions, LLC; J-F)
      - 4. Testing performed in VA, WV, NC, SC, GA, TN, AL: [A53605](#) (Palmetto GBA)
      - 5. Testing performed in IA, KS, MO, and NE: [A55235](#) (Wisconsin Physician Services)
    - ii. Billing and Coding: Molecular Pathology Procedures ([A56199](#)) for testing performed in IL, MN, WI, CT, NY, ME, MA, NH, RI, and VT (National Government Services, Inc.)
- IV. **Whole exome and whole genome sequencing/testing** are considered **not medically necessary** for Medicare under *Social Security Act, §1862(a)(1)(A)*. Applicable Medicare references include the following:
- A. Testing performed in AK, ID, OR, WA, UT, AZ, MT, ND, SD, WY: LCD attachment for L36256, [Excluded Test List – as of 08/01/2016](#)
  - B. Testing performed in CA and NV: LCD attachment for L35160, [Excluded Test List – as of 08/01/2016](#)
  - C. Testing performed in in IL, MN, WI, CT, NY, ME, MA, NH, RI, or VT: LCA for Billing and Coding: Molecular Pathology Procedures ([A56199](#))
    - i. Non-coverage of genome and exome analysis includes the EXaCT-1 Whole Exome Test (0036U), GPS Cancer® (NantHealth, D/B/A NantOmics; California), Augusta Optical Genome Mapping (Bionano Genomics, Inc.; 0260U), Praxis Optical Genome Mapping (Praxis Genomics; 0264U), Praxis Whole Genome Sequencing (Praxis Genomics LLC; 0265U), Praxis Transcriptome (Praxis Genomics; 0266U), the Praxis Combined Whole Genome Sequencing and Optical Genome Mapping (Praxis Genomics

LLC; 0267U), Augusta Hematology Optical Genome Mapping (Georgia Esoteric and Molecular Labs; 0331U), IriSight™ Prenatal Analysis – Proband and IriSight™ Prenatal Analysis – Comparator (both by Variantyx, Inc.; 0335U and 0336U, respectively). Since current codes for whole exome and genome sequencing are non-covered, all whole exome sequencing tests are considered non-covered, regardless of what CPT code is used, until LCDs or LCAs indicate otherwise.

- V. Single gene and panel testing for **hereditary hearing loss** (genes GJB2 [81252, 81253] and GJB6 [81254], and panel tests [81430, 81431]) are considered **not medically necessary** for Medicare. Applicable Medicare references include the following:
  - A. Testing performed in AK, ID, OR, WA, UT, AZ, MT, ND, SD, WY: LCD attachment for L36256, [Excluded Test List – as of 08/01/2016](#)
  - B. Testing performed in CA and NV: LCD attachment for L35160, [Excluded Test List – as of 08/01/2016](#)
  - C. Testing performed in IL, MN, WI, CT, NY, ME, MA, NH, RI, or VT: LCA for Billing and Coding: Molecular Pathology Procedures ([A56199](#))
  
- VI. The following **reproductive planning and prenatal genetic tests** are considered **not medically necessary** for Medicare (this list may not be all-inclusive. Medicare guidance pertaining to this testing can be found in the “Policy Guidelines” section [below](#)).
  - A. Carrier screening.
  - B. Preimplantation genetic testing.
  - C. Noninvasive prenatal screening (NIPS), also known as noninvasive prenatal testing (NIPT) (this is not an all-inclusive list, but examples include, PGIF Preeclampsia Screen [PerkinElmer Genetics, Inc.] [0243U], PreTRM® [Sera Prognostics] [0247U]), Single Cell Prenatal Diagnosis (SCPD) Test by Luna Genetics, Inc. (0341U).
  - D. Pregnancy loss.
  - E. Direct-to-consumer testing for reproductive planning or prenatal testing.
  
- VII. The following **red blood cell antigen typing and genotyping tests** (0180U-0201U, 0221U, 0222U, and 0246U) are **not medically necessary**:
  - A. Various Navigator Sequencing tests (Grifols Immunohematology Center; California) (See LCA [A57124](#))
  - B. Precision Blood™, San Diego Blood Bank; California (LCD [A57124](#) and related LCD require successful TA; this test does not meet this requirement)

**Potentially Medically Necessary Genes**

VIII. The following **single gene** tests may be **medically necessary** when criteria from the noted LCA/LCD are met (**NOTE: This list is NOT all-inclusive and some tests may be non-covered, depending on location of testing. See the applicable LCA or LCD for specific coverage requirements.**):

**NOTE:** Not all service areas are represented in this table. If a service area is not represented, or if there is no relevant LCD or LCA listed to address gene testing for a service area, additional research will be necessary to apply the correct Medicare guidance.

GENE	LOCATION/MEDICARE CONTRACTOR					
	<i>NORIDIAN J-F</i> OR, WA, AK, ID, UT, AZ, MT, ND, SD, and WY	<i>NORIDIAN J-E</i> CA and NV	<i>PALMETTO GBA J-J AND J-M</i> NC, SC, AL, GA, TN, VA, and WV	<i>WISCONSIN J-5 AND J-8</i> IA, KS, MO, NE, IN, and MI	<i>CGS ADMINISTRATORS J-15</i> KY and OH	<i>NATIONAL GOVERNMENT SERVICES J-6 and J-K</i> IL, MN, WI, CT, NY, ME, MA, NH, RI, VT
<b>BRAF</b>	<a href="#">A54420</a>	<a href="#">A54418</a>	<a href="#">A54018</a>	<a href="#">A55161</a>	<a href="#">A54191</a>	<a href="#">L35000</a> / <a href="#">A56199</a>
<b>EGFR</b>	<a href="#">A54424</a>	<a href="#">A54422</a>	<a href="#">A54021</a>	<a href="#">A55193</a>	<a href="#">A54192</a> / <a href="#">A54189</a> / <a href="#">A54199</a>	<a href="#">L35000</a> / <a href="#">A56199</a>
<b>FGFR2 / FGFR3</b>	<a href="#">L38649</a>	<a href="#">L38647</a>	<a href="#">L38576</a>	<a href="#">L38684</a>	<a href="#">L38586</a>	<a href="#">L35000</a> / <a href="#">A56199</a>
	According to these LCDs, FGFR3 and FGFR2 mutations may be associated with response to erdafitinib, which is Food and Drug Administration (FDA) approved for use in bladder cancer with FGFR3 and FGFR2 mutations and thus <b>may be medically necessary</b> when used for this purpose.					According to this LCD, these tests are <b>not medically necessary</b> .
<b>IDH2</b>	A55712	A55711	A55695	A55738	A55716	<a href="#">L35000</a> / <a href="#">A56199</a>
<b>KIF6</b>	A55273	A55272	A53576	A55171	A54272	<a href="#">L35000</a> / <a href="#">A56199</a>
<b>KRAS</b>	<a href="#">A54500</a>	<a href="#">A54498</a>	<a href="#">A54472</a>	<a href="#">A55162</a>	<a href="#">A54688</a> / <a href="#">A54200</a>	<a href="#">L35000</a> / <a href="#">A56199</a>
<b>NRAS</b>	<a href="#">L36339</a> / <a href="#">A57487</a>	<a href="#">L36335</a> / <a href="#">A57486</a>	<a href="#">L35073</a> / <a href="#">A53585</a>	<a href="#">L35442</a> / <a href="#">A56962</a>	<a href="#">L36797</a> / <a href="#">A56998</a>	<a href="#">L35000</a> / <a href="#">A56199</a>
<b>PIK3CA</b>	<a href="#">A55602</a>	<a href="#">A55597</a>	<a href="#">A53558</a>	<a href="#">A55200</a>	<a href="#">A54295</a>	<a href="#">L35000</a> / <a href="#">A56199</a>

## Miscellaneous Genetic or Molecular Tests

- IX. **Chimerism analysis (CPT codes 81265-81268)** may be **medically necessary** for some indications. Applicable Medicare references include the following:
- A. Billing and Coding: MoIDX: Short Tandem Repeat (STR) Markers and Chimerism (codes 81265-81268)
    - i. Testing performed in AK, ID, OR, WA, UT, AZ, MT, ND, SD, and WY: [A57843](#) (Noridian J-F)
    - ii. Testing performed in CA or NV: [A57842](#) (Noridian J-E)
    - iii. Testing performed in OH and KY: [A54830](#) (CGS Administrators, LLC)
    - iv. Testing performed in VA, WV, NC, SC, GA, TN, and AL: [A54832](#) (Palmetto GBA)
    - v. Testing performed in IA, KS, MO, and NE: [A55621](#) (Wisconsin Physician Services)
  - B. Billing and Coding: Molecular Pathology Procedures ([A56199](#)) for testing performed in IL, MN, WI, CT, NY, ME, MA, NH, RI, and VT (National Government Services, Inc.)
- X. **Select colorectal cancer screening and pre-screening tests** are **not medically necessary** when they are not called out as eligible preventive benefits under Medicare's [NCD 210.3](#). These non-covered tests include, but may not be limited to the following
- A. BeScreened™-CRC (0163U), Epi proColon (G0327), FirstSight<sup>CRC</sup> (0091U) and Colonsentry® (81479).
    - i. **NOTE:** While coverage for blood-based biomarker tests reported with HCPCS code G0327 was added to NCD 210.3 effective January 2021, according to the *Medicare Decision Memo for Screening for Colorectal Cancer - Blood-Based Biomarker Tests (CAG-00454N)*, the Epi proColon® test does not meet the Medicare criteria for blood-based biomarker CRC screening tests. Specifically, the Epi proColon® test does not meet test performance characteristic requirements regarding sensitivity and specificity. The Epi proColon® is noncovered as of the time of this policy update, but as new blood-based biomarker tests for colorectal cancer screening are developed, they will be evaluated for coverage against the NCD requirements.
- XI. Genetic testing of tumor tissue for the following genes may be considered **medically necessary** for non-small cell lung cancer (NSCLC) targeted therapy selection: **ALK, HER2 (ERBB2), MET, RET, and ROS1**
- A. Other gene tests such as BRAF, KRAS, and EGFR may also be medically appropriate, but these have specific Medicare references that would be used to determine medical necessity.
  - B. Testing of these genes for conditions **other than** NSCLC will require additional research.
  - C. For panel tests which include genes other than those listed, look for the test by name in this policy – if a panel is not listed, additional research will be required.



- XII. Genetic testing for **inherited cancer syndromes** (e.g., APC, BRCA1, BRCA2, MUYTH, MLH1, MSH2, MSH6, MUYTH, PMS2, etc.) may be **medically necessary** when criteria from the listed relevant LCD are met (*for germline or inherited cancer **panel tests**, look for the test by name in this policy – if a panel is not listed, additional research will be required*).
- A. LCD for MoIDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer:
- i. Testing performed in AK, ID, OR, WA, UT, AZ, MT, ND, SD, WY: [L38974](#) (Noridian J-F) (Confirm coverage of individual codes in LCA [A58681](#))
  - ii. Testing performed in CA and NV: LCD for [L38972](#) (Noridian J-E) (Confirm coverage of individual codes in LCA [A58679](#))
  - iii. Testing performed in OH and KY: [L39017](#) (CGS Administrators, LLC) (Confirm coverage of individual codes in LCA [A58734](#))
  - iv. Testing performed in VA, WV, NC, SC, GA, TN, and AL: [L38966](#) (Palmetto GBA) (Confirm coverage of individual codes in LCA [A58652](#))
  - v. Testing performed in IA, KS, MO, and NE: [L39040](#) (Wisconsin Physician Services) (Confirm coverage of individual codes in LCA [A58756](#))
- B. Testing performed in in IL, MN, WI, CT, NY, ME, MA, NH, RI, or VT: LCD for Molecular Pathology Procedures ([L35000](#)) and LCA for Billing and Coding: Molecular Pathology Procedures ([A56199](#))

- XIII. **Repeat germline (hereditary) testing** (e.g., single gene or panel tests for hereditary cancer syndromes or cancer predisposition, inherited disorders, and pharmacogenomics/cytochrome P450 testing) is considered **not medically necessary** because the germline sequence of an individual does not change over time and repeated testing of the same genetic information does not provide new clinical information. However, there may be some exceptions detailed in the applicable references below.

- A. LCD for MoIDX: Repeat Germline Testing:
- i. Testing performed in AK, ID, OR, WA, UT, AZ, MT, ND, SD, WY: [L38353](#) (Noridian J-F)
  - ii. Testing performed in CA and NV: LCD for [L38351](#) (Noridian J-E)
  - iii. Testing performed in OH and KY: [L38288](#) (CGS Administrators, LLC)
  - iv. Testing performed in VA, WV, NC, SC, GA, TN, and AL: [L38274](#) (Palmetto GBA)
  - v. Testing performed in IA, KS, MO, and NE: [L38429](#) (Wisconsin Physician Services)
- B. Testing performed in in IL, MN, WI, CT, NY, ME, MA, NH, RI, or VT: LCD for Molecular Pathology Procedures ([L35000](#))

**NOTE:** The noted guidance above for repeat testing of *germline* (inherited) cancer conditions does not apply to repeat testing performed for *somatic* (acquired) cancer conditions, such as testing to monitor response to therapy or to identify basis of disease progression or for cases with metastatic or recurrent tumors, testing in determining further clinical management.

XIV. The following **Genomic Unity® single gene analysis tests** may be **medically necessary** when documentation supports that the test will provide actionable data to be used promptly by the treating physician to treat or diagnose an illness or condition AND that the gene test in question has established clinical utility (CU) and analytical validity (AV) relevant to the indication/condition. In the absence of guidance within the LCD or LCA to provide this information, Company policy criteria or evidence reviews may be used to determine established CU/AV. (LCD [L35000](#) requires established CU/AV and LCA [A56199](#) lists CACNA1A, CSTB, and PTEN testing as tests which require “individual review” to establish coverage.)

- A. Genomic Unity® CACNA1A Analysis (0231U)
- B. Genomic Unity® CSTB Analysis (0232U)
- C. Genomic Unity® PTEN Analysis (0235U)

XV. Pharmacogenomic (aka, pharmacogenetic or PGx) **single gene** tests may be **either** medically necessary or not medically necessary, as indicated by the noted Medicare reference for that gene test (pharmacogenomic **panel tests** are listed separately in this policy).

**NOTE #1:** Some tests subject to the LCD L35000 and LCA A56199 will require individual review on a case-by-case basis. For these tests, documentation must support that the test will provide actionable data to be used promptly by the treating physician to treat or diagnose an illness or condition in order to be considered medically reasonable and necessary AND that the gene test in question has established CU and AV relevant to the indication/condition. In the absence of guidance within the LCD or LCA to provide this information, Company policy criteria or evidence reviews may be used to determine established CU/AV.

**NOTE #2:** Tests in MoIDX service areas (Columns Noridian J-F through CGS Administrators) require MoIDX approval, which is determined by viewing the DEX Registry. If a specific proprietary test is not listed, additional research will be necessary to apply the correct guidance.

**NOTE #3:** Not all service areas are represented in this table. If a service area is not represented, or if there is no relevant LCD or LCA listed to address gene testing for a service area, additional research will be necessary to apply the correct Medicare guidance.

GENE	LOCATION/MEDICARE CONTRACTOR					
	NORIDIAN J-F	NORIDIAN J-E CA and NV	PALMETTO GBA J-J AND J-M	WISCONSIN J-5 AND J-8	CGS ADMINISTRATORS J-15	NATIONAL GOVERNMENT

	OR, WA, AK, ID, UT, AZ, MT, ND, SD, and WY		NC, SC, AL, GA, TN, VA, and WV	IA, KS, MO, NE, IN, and MI	KY and OH	<b>SERVICES J-6 and J-K</b>  IL, MN, WI, CT, NY, ME, MA, NH, RI, VT
BCHE						
CACNA1S						
CFTR						
CYP2B6						
CYP2C19						
CYP2D6						
CYP2C9						
CYP3A5						
CYP4F2						
DPYD	<a href="#">L38337 / A57385</a>	<a href="#">L38335 / A57384</a>	<a href="#">L38294 / A58318</a>	<a href="#">L38435 / A58395</a>	<a href="#">L38394 / A58324</a>	<a href="#">L35000 / A56199</a>
G6PD						
HLA Class Typing						
IFNL3						
NAT2						
NUDT15						
RYR1						
SLCO1B1						
TPMT						
UGT1A1						
CYP2C9	<i>In addition to the above references, when VKORC1 and CYP2C9 are tested for warfarin response, see NCD <a href="#">90.1</a>.</i>					
VKORC1						

### Genetic and Molecular Panel Tests

XVI. The tests in **Table 1** have specific LCD policies or LCA articles available. Additional notes are provided when necessary.

**Table 1**

**IMPORTANT NOTE:** Several CPT codes which represent full gene sequence, full sequence analysis, and duplication/deletion tests are considered to be non-covered as of August 20, 2022 by the local Medicare Administrative Contractor (MAC) and the Medicare Molecular Diagnostics (MoIDX) Program. These CPT codes will deny as not medically necessary based on the billing and coding lab-developed test (LDT) LCAs. Claims for medically necessary tests will need to be reported using CPT codes approved for coverage. Tests reported with non-covered CPT codes, even if the test itself is medically necessary, will deny based on Medicare LCAs.

Proprietary Test Name	Laboratory (Location)	Medicare Policy Cross Reference or Medicare Citation/Rationale
<b>AlloMap®</b> (81595)	CareDx, Inc. (California)	Apply the LCD <a href="#">L38629</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>AlloSure® Donor-Derived Cell-Free DNA Tests</b> (AlloSure® Heart and AlloSure® Kidney)	CareDx, Inc. (California)	Apply the LCD <a href="#">L38629</a> . The LCD requires successful completion of TA review of the test; these tests both meet this LCD requirement.
<b>BRACAnalysis CDx® Test</b>	Myriad (Utah)	Apply the LCA <a href="#">A55295</a> .
<b>BRCaPlus (0129U)</b>	Ambry Genetics (California)	Apply the LCD <a href="#">L38972</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>BRCaPlus-Expanded</b>	Ambry Genetics (California)	Apply the LCD <a href="#">L38972</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>BreastNext (0102U) (No longer offered)</b>	Ambry Genetics (California)	Apply the LCD <a href="#">L38972</a> . The LCD requires successful completion of TA review of the test; this test met this LCD requirement.
<b>CancerNext</b>	Ambry Genetics (California)	Apply the LCD <a href="#">L38972</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>CancerTypeID</b> (81540)	bioTheranostics, Inc. (California)	Apply the LCA <a href="#">A54386</a> . While it doesn't give specific criteria, it does provide a list of ICD-10 codes that

		support medically necessity. These are used to determine coverage.
<b>Clarava™ and Tuteva™</b>	Verici Dx (Tennessee)	Apply the LCA <a href="#">A58019</a> and LCD <a href="#">L38568</a> . These tests are not included in the LCA as approved tests. In addition, the LCD requires successful completion of TA review of the test; these tests <b>do not</b> meet this LCD requirement and therefore are <b>not medically necessary</b> .
<b>ColoNext</b>	Ambry Genetics (California)	Apply the LCD <a href="#">L38972</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>Colvera (0229U)</b>	Clinical Genomics Pathology Inc. (New Jersey)	Apply the LCA <a href="#">A52986</a> .
<b>DetermaRX™ (aka, Razor 14-Gene Lung Cancer Assay) (0288U)</b>	Oncocyte Corp. (California)	Apply the LCD <a href="#">L38327</a> .
<b>Envisia® Genomic Classifier (81554)</b>	Veracyte™, Inc. (California)	Apply the LCD <a href="#">L37891</a> (for billing and coding guidance, see also the LCA <a href="#">A57419</a> )
<b>GeneSight® Psychotropic (as of 10/1/2022 0345U or 81479 prior to 10/1/2022)</b>	AssureRx Health, Inc. (Ohio)	Apply the LCD <a href="#">L38394</a> . (LCA A58324 includes GeneSight® as an approved multi-gene test, but LCD clinical criteria must still be met)
<b>GeneTrails Comprehensive Solid Tumor Panel (81479)</b>	Knight Diagnostics/OHSU (Oregon)	Apply the LCD <a href="#">L38121</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>GeneTrails Hematologic Malignancies 220 Gene Panel (81450)</b> ( <i>genes related to hematolymphoid malignancies, including precursor lesions, acute myelogenous / lymphoid leukemias, myelodysplasias, myeloproliferative disorders, and lymphomas</i> )	Knight Diagnostics/OHSU (Oregon)	Apply the LCD <a href="#">L38125</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>Guardant360® LDT (0326U)</b> ( <i>This is a different test from the Guardant360® CDx test, which is addressed separately</i> )	Guardant Health, Inc. (California)	Apply LCD <a href="#">L38043</a> . See also the LCA <a href="#">A58192</a>

<b>Guardant360® TissueNext (0334U)</b>	Guardant Health, Inc. (California)	Apply LCD <a href="#">L38043</a> . The LCD requires successful completion of TA review of the test; this test <b>does not</b> meet this LCD requirement and therefore is <b>not medically necessary</b> .
<b>High Risk HLA Panel</b> ( <i>this test consists of HLA-A*31:01, HLA-B*15:02, HLA-B*57:01, HLA-B*58:01</i> )	Genelex Corporation (Washington)	<ul style="list-style-type: none"> <li>For non-transplant testing: Apply the LCD <a href="#">L38337</a> and <a href="#">A57385</a>.</li> </ul> For transplant testing: LCA <a href="#">A57975</a>
<b>InVisionFirst®-Lung</b>	Inivata; Research Triangle Park (North Carolina)	1. <i>Apply the LCD <a href="#">L37899</a></i>
<b>Memorial Sloan Kettering-Integrated Mutation Profiling of Actionable Cancer Targets™ (MSK-IMPACT™)</b> (0048U)	Memorial Sloan Kettering (New York)	Apply the LCD <a href="#">L37810</a> .  2. <i>See the Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Medicare Only) when testing is used for colorectal cancer.</i>
<b>Mental Health DNA Insight™</b>	Pathway Genomics® (California)	Apply the LCD <a href="#">L38335</a> and <a href="#">A57384</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>MI Cancer Seek™ NGS Analysis (0211U)</b>	Caris Life Sciences (Arizona)	Apply the LCD <a href="#">L38121</a> . The LCD requires successful completion of TA review of the test; this test <b>does not</b> meet this LCD requirement and therefore is <b>not medically necessary</b> .
<b>MI Profile and MI TumorSeek</b> (81479)	Caris Life Sciences (Arizona)	Apply the LCD <a href="#">L38121</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.  <b>Note:</b> If the MI <i>TumorSeek</i> is deemed medically necessary, the MI Profile may be approved.  <b>Background:</b> MI <i>TumorSeek</i> is a next-generation sequencing (NGS) tumor profiling assay that covers DNA mutations, copy number alterations, insertions/deletions, and RNA fusions for select lineages. When microsatellite instability (MSI) and tumor

		mutational burden (TMB) are included, the full comprehensive genomic profile (CGP) assay is known as the MI <i>Profile</i> test. According to MoIDX, the MI <i>Profile</i> in its entirety has been approved for coverage when the medical necessity criteria for the MI <i>TumorSeek</i> component are met. As of January 2019, MoIDX determined CPT 81455 is no longer appropriate for this test. As a CGP assay, a single code (CPT 81479) should be used to report the test in its entirety (see <a href="#">A56518</a> for CGP test coding instructions).
<b>Molecular Microscope® MMDx—Heart (0087U)</b>  <b>Molecular Microscope® MMDx—Kidney (0088U)</b>	Kashi Clinical Laboratories (Oregon)	Apply the LCD <a href="#">L38671</a> . The LCD requires successful completion of TA review of the test; these tests <b>do not</b> meet this LCD requirement and therefore are <b>not medically necessary</b> . (See the companion LCA <a href="#">A58170</a> for a list of tests which do meet the LCD requirements for coverage.)
<b>MyAML® NGS Panel (0050U)</b>	Laboratory for Personalized Molecular Medicine (LabPMM) (California)	Apply the LCD <a href="#">L38123</a> . The LCD requires successful completion of TA review of the test; this test <b>does not</b> meet this LCD requirement and therefore is <b>not medically necessary</b> .
<b>MyMRD® NGS Panel (0171U)</b>	Laboratory for Personalized Molecular Medicine (LabPMM) (California)	Apply the LCD <a href="#">L38123</a> . The LCD requires successful completion of TA review of the test; this test <b>does not</b> meet this LCD requirement and therefore is <b>not medically necessary</b> .
<b>myRisk® Hereditary Cancer</b>	Myriad (Utah)	Apply the LCD <a href="#">L38974</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>NeuroIDGenetix</b>	AltheaDx, Inc. (California)	Apply the LCD <a href="#">L38337</a> and <a href="#">A57385</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>NPM1 MRD by NGS (0049U)</b>	Laboratory for Personalized Molecular Medicine (LabPMM) (California)	Apply the LCD <a href="#">L38814</a> . The LCD requires either FDA approval or successful completion of TA review of the

		test; this test <b>does not</b> meet this LCD requirement and therefore is <b>not medically necessary</b> .
<b>Oncotype MAP® Pan-Cancer Tissue Test (formerly Paradigm PCDx) (0244U)</b>	Paradigm Diagnostics (Arizona) (Test may be billed by Genomic Health, but it is performed by Paradigm Diagnostics)	Apply the LCD <a href="#">L38121</a> . The LCD requires successful completion of TA review of the test; as of the most recent review of this policy, this test no longer meets this LCD requirement (the Paradigm PCDx test is now listed as “Not Covered” in the DEX™ Registry).
<b>Oncomap™ ExTra (formerly GEM ExTra®) (0329U)</b>	Exact Sciences, Inc. and Genomic Health Inc. (May be performed by Ashion Analytics on behalf of Genomic Health/Exact Sciences. Laboratory is in Phoenix, AZ)	Apply the LCD <a href="#">L38121</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>Ova1™ (81503) and Overa (0003U)</b>	Aspira Labs, Inc., a Vermillion Company (Texas)	Apply the LCD <a href="#">L35396</a> . Allow these tests when performed according to the Food and Drug Administration [FDA] label. For coding, see companion article, which can be accessed directly from the LCD.)
<b>PancaGEN (aka Pathfinder® Pancreas) (81479)</b>	Interspace Diagnostics (Pennsylvania)	Apply the LCD <a href="#">L34864</a> . The PancaGEN test is specific to pancreatic masses or cysts and uses a proprietary platform known as PathfinderTG®.
<b>Prometheus IBD sgi Diagnostic® test</b>	Prometheus Laboratories (California)	Apply the LCD <a href="#">L37299</a> .
<b>Prospera™ (81479)</b>	Natera, Inc. (California)	Apply the LCD <a href="#">L38629</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>Providence Personalized Medicine Panel, Solid Tumor (aka, ProvSeq523)</b>	Providence St. Joseph (Oregon)	Apply the LCD <a href="#">L38121</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>Risk of Ovarian Malignancy Algorithm (ROMA™) (81500)</b>	Quest Diagnostics (Headquartered in New Jersey) <u>or</u> LabCorp (Headquartered in North Carolina)	<ul style="list-style-type: none"> <li>For testing performed in laboratories in OR, WA, AK, ID, UT, AZ, MT, ND, SD, WY, CA, NV, HI, NC, SC, AL, GA, TN, VA, WV, KY, OH, IA, KS, MO, NE, IN, and MI: The ROMA™ test is noted as a covered test by MoIDX when Medicare medical necessity criteria are met. This means documentation must support that the test is ordered to provide actionable data to be</li> </ul>



		<p>used promptly by the treating physician to treat or diagnose an illness or condition in order to be considered medically reasonable and necessary. (Medicare Benefit Policy Manual, Ch. 15 – Covered Medical and Other Health Services, §80.1 - Clinical Laboratory Services) (See U.S. Food and Drug Administration [FDA] <a href="#">label here</a>)</p> <ul style="list-style-type: none"> <li>• For testing performed in laboratories in IL, MN, WI, CT, NY, ME, MA, NH, RI, VT: LCD <a href="#">L38371</a> (Search for “Risk of Ovarian Malignancy Algorithm”)</li> <li>• For testing performed in laboratories in CO, NM, OK, TX, AR, LA, MS, DE, MD, NJ, PA: LCD <a href="#">L35396</a> (Search for “Risk of Ovarian Malignancy Algorithm”)</li> </ul>
<b>The Resolution ctDx Lung™ (0179U)</b>	Resolution Bioscience (Washington)	Apply LCD <a href="#">L38043</a> . The LCD requires successful completion of TA review of the test; as of the most recent review of this policy, this test no longer meets this LCD requirement (this test is now listed as “Not Covered” in the DEX™ Registry).
<b>TruGraf® (81479)</b>	Transplant Genomics (California)	Apply the LCD <a href="#">L38629</a> . The LCD requires successful completion of TA review of the test; this test meets this LCD requirement.
<b>Vectra DA (81490)</b>	Crescendo Bioscience (Any state)	Apply the LCA <a href="#">A53110</a> . While it doesn’t give specific criteria, it does provide a list of ICD-10 codes that support medical necessity for this test, up to two times per year. These ICD-10 codes are used to determine coverage.
<b>VeriStrat® (CPT 81538)</b>		Apply the LCD <a href="#">L35396</a> . Search the LCD for the test by name and apply noted criteria.

XVII. The following tests are **not medically necessary**.

A. The following tests are **not medically necessary** based on the Medicare guidance found in [Table 2](#) in the Policy Guidelines section.

i. Copper Metabolism Disorders Panel (Invitae; California)

- ii. Nervous System/Brain Cancer (Invitae; California)
- iii. DCMNext (Ambry Genetics; California)
- iv. HCMNext (Ambry Genetics; California)
- v. GeneTrails® GIST Genotyping Panel (OHSU Knight Diagnostic Laboratories; Oregon)
- vi. GeneTrails® Hematologic Malignancies 76 Gene Panel (OHSU Knight Diagnostic Laboratories; Oregon)
- vii. Lymph3Cx Lymphoma Molecular Subtyping Assay (Mayo Clinic; Test developed and performed in Arizona)
- viii. NextStep DX Plus (Lineagen, Inc.; Utah)
- ix. Skeletal Dysplasias Core Panel (Blueprint Genetics; Washington)
- x. Megalencephaly Panel (Seattle Children's Hospital, UW Medical Center; Washington)
- xi. Oncoplex Select Cancer Gene Panel (University of Washington; Washington)
- xii. Retinal Dystrophy Panel (Blueprint Genetics; Washington)
- xiii. UW-OncoPlex - Cancer Gene Panel (University of Washington; Washington)
- xiv. Riscover Hereditary Cancer Panel (Progenity; Michigan) *(No longer offered)*
- xv. Macula Risk PGx (ArcticDX Inc. / Arctic Medical Laboratories; Michigan)
- xvi. Vita Risk® (0205U) (ArcticDX Inc. / Arctic Medical Laboratories; Michigan)
- xvii. OtoSCOPE® Panel (University of Iowa, D/B/A Molecular Otolaryngology and Renal Research Laboratories; Iowa)
- xxviii. DecisionDx®-SCC (Castle Biosciences, Inc.; Arizona)
- xix. EpiSign Complete (Greenwood Genetic Center)
- xx. Bridge Urinary Tract Infection Detection and Resistance (Bridge Diagnostics; California)
- xxi. GYNPlus® (Ambry Genetics; California) *(No longer offered)*
- xxii. OvaNext® (0103U; Ambry Genetics; California) *(No longer offered)*
- xxiii. CancerNext-Expanded (Ambry Genetics; California)
- xxiv. CancerNext-Expanded +RNAinsight™ (Ambry Genetics; California)
- xxv. CancerNext +RNAinsight™ (Ambry Genetics; California)
- xxvi. myRisk® Hereditary Cancer *Update*
- xxvii. Bridge Women's Health Infectious Disease Detection (Bridge Diagnostics [California] and ThermoFisher; 0330U)
- xxviii.
- xxix. RNAinsight™ for BreastNext® (0131U) (Ambry Genetics; California)
- xxx. RNAinsight™ for OvaNext® (0132U) (Ambry Genetics; California)
- xxxi. RNAinsight™ for CancerNext® (0134U) (Ambry Genetics; California)
- xxxii. RNAinsight™ for GynPlus® (0135U) (Ambry Genetics; California)
- xxxiii. RNAinsight™ for ATM (0136U) (Ambry Genetics; California)
- xxxiv. RNAinsight™ for PALB2 (0137U) (Ambry Genetics; California)
- xxxv. RNAinsight™ for BRCA1/2 (0138U) (Ambry Genetics; California)

- xxxvi. ColoNext +RNAinsight™ (Ambry Genetics; California)
  - xxxvii. VistaSeq Breast and Gyn Cancer Profile (LabCorp / Integrated Genetics / Integrated Oncology)
  - xxxviii. VistaSeq Breast Cancer Profile (LabCorp / Integrated Genetics / Integrated Oncology)
  - xxxix. VistaSeq Hereditary Cancer Panel
    - xl. VistaSeq Hereditary Cancer Panel without BRCA
    - xli. VistaSeq High/Moderate Risk Breast Cancer Profile (LabCorp / Integrated Genetics / Integrated Oncology)
    - xlii. VistaSeq Colorectal Cancer Profile (LabCorp / Integrated Genetics / Integrated Oncology)
    - xliii. DEPAarray™ HER2 (0009U) (PacificDX; California)
    - xliv. EpiSwitch® CiRT [Checkpoint-inhibitor Response Test] (0332U; Next Bio-Research Services, LLC. and Oxford BioDynamics, PLC)
    - xlv. Nodify CDT® (0360U) (Biodesix, Inc.; Kansas)
    - xlvi. Pharmacogenomic/Pharmacogenetic Tests
      - 1. INFINITI® Neural Response Panel (0078U) (PersonalizeDx Labs; California)
      - 2. Mind.Px (0258U) (Mindera Corporation; California)
      - 3. GeneSight® ADHD (AssureRX Health, Inc. [Ohio])
      - 4. GeneSight® Analgesic Panel (AssureRX Health, Inc. [Ohio])
      - 5. SureGene Test for Antipsychotic and Antidepressant Response (STA2R) (SureGene LLC. [Kentucky])
      - 6. Pain Panel (aka, "Pain/Psychiatry Panel") (Alpha Genomix [Georgia])
      - 7. Pain Medication DNA Insight™ (Pathway Genomics® [California])
      - 8. Personalized Medicine Panel (Alpha Genomix [Georgia])
      - 9. Polypharmacy Panel (Genelex Corporation [Washington])
      - 10. Polypharmacy Comprehensive Panel (Genelex Corporation [Washington])
      - 11. Psychiatry/ADHD Panel (Alpha Genomix [Georgia])
- B. The following tests are **not medically necessary** based on the Medicare guidance found in [Table 3](#) in the Policy Guidelines section (in addition to any specific notes included below).
- i. Arrhythmia Panel (GeneDx, Maryland)
  - ii. Ataxia Comprehensive Evaluation Panel (Athena Diagnostics; Massachusetts)
  - iii. Breast/Gyn Cancer Panel (GeneDx, Maryland)
  - iv. Cardiomyopathy Panel (GeneDx, Maryland)
  - v. CNGnome™ PerkinElmer Genomics (Pennsylvania)
  - vi. Colorectal Cancer Panel (GeneDx, Maryland)
  - vii. CxBladder Detect (0012M) and CxBladder Monitor (0013M) and CxBladder Triage (0363U) Pacific Edge, Ltd. (Pennsylvania) (According to Novitas Solutions, Inc., the LCA [A58529](#) does not mean this test is considered medically necessary. According to Novitas, the 'is now covered' language means the test 'falls under' the noted section of the Social Security Act. The

Novitas LCD L35396 requires all tests to be reviewed using peer reviewed literature and approved manufacturer claims about the test in question. Novitas has communicated to the Company that they have evaluated the literature for the CxBladder test and while they did find physicians may use the CxBladder test to alter their evaluation, treatment, and/or follow-up for patients with suspected or proven urothelial carcinoma (looking for evidence of recurrence), this utilization has yet to be documented or endorsed by a national body such as the American Urological Association (AUA) for the National Comprehensive Cancer Network (NCCN). Therefore, Novitas Solutions, Inc. considers CxBladder tests to be **not medically necessary** as the local MAC with jurisdiction over the performing laboratory. This non-coverage is consistent with both the evidence-based Company criteria, found in the *Genetic Testing: Non-Covered Genetic Panel Tests (All Lines of Business Except Medicare)* policy, as well as LCAs for other service areas and different MACs [[A55451](#), [A55457](#), and [A55458](#)].)

- viii. Genomic Unity® Ataxia Repeat Expansion Analysis (0216U) (Variantyx Inc.; Massachusetts)
- ix. Genomic Unity® Comprehensive Ataxia Repeat Expansion and Sequence Analysis (0217U) (Variantyx Inc.; Massachusetts)
- x. Genomic Unity® DMD Analysis (0218U) (Variantyx Inc.; Massachusetts)
- xi. Hemiplegic Migraine Panels (GeneDx, Maryland)
- xii. Infantile Epilepsy Panel (GeneDx, Maryland)
- xiii. myTAIHEART (TAI Diagnostics, Inc.; Wisconsin)
- xiv. OmniSeq Advance<sup>SM</sup> (OmniSeq® Corporation; New York)
- xv. OmniSeq Comprehensive® (OmniSeq® Corporation; New York)
- xvi. OtoGenome™ (Laboratory for Molecular Medicine / Partners HealthCare; Massachusetts)
- xvii. Tissue of Origin® (TOO®) – Endometrial (Cancer Genetics Inc.; New Jersey, with labs also in California and North Carolina)
- xviii. Tissue of Origin® (TOO®) – Head & Neck (Cancer Genetics Inc.; New Jersey, with labs also in California and North Carolina)
- xix. ERA® (Endometrial Receptivity Analysis) (Igenomix®; Florida) - In vitro fertilization (IVF) services are not a covered Medicare benefit. See member benefits. In addition, testing to ensure successful IVF does not meet Medicare’s definition of medical necessity. Therefore, this test is **not medically necessary** under *Social Security Act, §1862(a)(1)(A)* for Medicare.
- xx. PancreaSeq® Genomic Classifier (Molecular and Genomic Pathology Laboratory, University of Pittsburgh Medical Center)
- xxi. Versiti™ Thrombosis Panel (0278U) (Versiti™ Diagnostic Laboratories; Wisconsin)
- xxii. PGDx elio™ tissue complete (0250U) (Personal Genome Diagnostics, Inc.; Maryland)
- xxiii. Oncomine™ Lung cfDNA Assay (Thermo Fisher Scientific, Massachusetts)
- xxiv. Versiti™ Coagulation Disorder Panel (0270U) (Versiti™ Diagnostic Laboratories; Wisconsin)
- xxv. Versiti™ Comprehensive Bleeding Disorder Panel (0272U) (Versiti™ Diagnostic Laboratories; Wisconsin)
- xxvi. Genecept™ Assay (Genomind; Pennsylvania)
- xxvii. GenoMind Professional PGx Express™, Full Mental Health Report (24 Genes) (Genomind; Pennsylvania)
- xxviii. GenoMind Professional PGx Express™, CORE Anxiety & Depression Report (15 Genes) (0175U) (Genomind; Pennsylvania)
- xxix. PGxOne™ Plus Pharmacogenomics Test Admera Health (New Jersey)

- xxx. RightMed Comprehensive Test OneOme (Minnesota)
  - xxxi. Focused Pharmacogenomics Panel (0029U) (Mayo Clinic, Mayo Medical Laboratories, headquartered in Minnesota)
  - xxxii. Warfarin Response Genotype (0030U) (Mayo Clinic, Mayo Medical Laboratories, headquartered in Minnesota)
  - xxxiii. Catechol-O-Methyltransferase (COMT) Genotype (0032U) (Mayo Clinic, Mayo Medical Laboratories, headquartered in Minnesota)
  - xxxiv. Serotonin Receptor Genotype (HTR2A and HTR2C) (0033U) (Mayo Clinic, Mayo Medical Laboratories, headquartered in Minnesota)
  - xxxv. CNT (CEP72, TPMT and NUDT15) genotyping panel (0286U) (RPRD Diagnostics)
  - xxxvi. Versiti™ Congenital Neutropenia Panel (0271U) (Versiti™ Diagnostic Laboratories; Wisconsin)
  - xxxvii. Versiti™ Fibrinolytic Disorder Panel (0273U) (Versiti™ Diagnostic Laboratories; Wisconsin)
  - xxxviii. Versiti™ Comprehensive Platelet Panel (0274U) (Versiti™ Diagnostic Laboratories; Wisconsin)
  - xxxix. Versiti™ aHUS Genetic Evaluation (0268U) (Versiti™ Diagnostic Laboratories; Wisconsin)
    - xl. Versiti™ Inherited Thrombocytopenia Panel (0276U) (Versiti™ Diagnostic Laboratories; Wisconsin)
    - xli. Versiti™ Platelet Function Disorder Panel (0277U) (Versiti™ Diagnostic Laboratories; Wisconsin)
    - xlii. Genomic Unity® AR Analysis (0230U) (Variantyx Inc.; Massachusetts)
    - xliii. Genomic Unity® FXN Analysis (0233U) (Variantyx Inc.; Massachusetts)
    - xliv. Genomic Unity® MECP2 Analysis (0234U) (Variantyx Inc.; Massachusetts)
    - xlv. Genomic Unity® SMN1/2 Analysis (0236U) (Variantyx Inc.; Massachusetts)
    - xlvi. Genomic Unity® Cardiac Ion Channelopathies Analysis (0237U) (Variantyx Inc.; Massachusetts)
    - xlvii. Genomic Unity® Lynch Syndrome Analysis (0238U) (Variantyx Inc.; Massachusetts)
    - xlviii. Genomic Unity® Whole Genome Analysis – Proband (0212U) (Variantyx Inc.; Massachusetts)
    - xlix. Genomic Unity® Whole Genome Analysis – Comparator (0213U) (Variantyx Inc.; Massachusetts)
      - I. Genomic Unity® Exome Plus Analysis – Proband (0214U) (Variantyx Inc.; Massachusetts)
      - li. Genomic Unity® Exome Plus Analysis – Comparator (0215U) (Variantyx Inc.; Massachusetts)
      - lii. RightMed® PGx16, RightMed® Comprehensive Test Exclude F2 and F5, RightMed® Comprehensive tests and RightMed® Gene Report (OneOme®, Minnesota) (According to National Government Services, Inc., the LCD [L35000](#) requires all tests to be reviewed using peer reviewed literature and approved manufacturer claims about the test in question. According to this LCD and the companion LCA A56199, several genes included in these panel tests are non-covered (e.g., DPYD, CYP3A4 and CYP3A5). Therefore, this single code to represent the entire panel would be considered not medically necessary.)
      - liii. Apolipoprotein L1 (APOL1) Renal Risk Variant Genotyping (0355U) (Quest Diagnostics®; New Jersey)
- XVIII. The following tests may be **medically necessary** as FDA-approved or cleared companion diagnostic (CDx) in vitro tests when all other applicable criteria from the national coverage determination (NCD) for *Next Generation Sequencing (NGS)* ([90.2](#)) are met:
- i. FoundationOne CDx™ (F1CDx) (0037U) (Foundation Medicine, Inc., Massachusetts)
  - ii. FoundationOne® Liquid CDx (0239U) (Foundation Medicine, Inc., Massachusetts)

- iii. Guardant360® CDx (0242U) (Guardant Health, California)
- iv. MyChoice® CDx (0172U) (Myriad Genetics, Utah)
- v. Oncomine™ Dx Target Test (0022U) (Thermo Fisher Scientific, Massachusetts)
- vi. Praxis™ Extended RAS Panel (0111U) (Illumina, Inc., California)

**IMPORTANT NOTICE:** While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

## POLICY CROSS REFERENCES

- [Circulating Tumor Cell and DNA Assays For Cancer Management](#), MP306
- [Genetic Testing: CADASIL Disease](#), MP238
- [Genetic Testing: Gene Expression Profile Testing for Breast Cancer](#), MP48
- [Genetic Testing: Gene Expression Profile Testing for Melanoma](#), MP253
- [Genetic Testing: Myeloproliferative Diseases](#), MP71
- [Genetic Testing: Non-Covered Genetic Panel Tests](#), MP213
- [Genetic Testing: Thyroid Nodules](#), MP40
- [PHA Medicare Medical Policy Development and Application](#), MP50

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

## POLICY GUIDELINES

### DOCUMENTATION REQUIREMENTS

In order to review for medical necessity, the following documentation **must** be provided. If any of these items are not submitted, the review may be delayed and the decision outcome could be affected:

- Test name;
  - If the test is a panel test, the name of the panel test;
  - For single gene/variant testing, the name of the gene(s) and/or components of the test;
- Name and location of laboratory that performed or will be performing the test;
- Clinical notes should include the following:
  - Documentation supporting the member was advised what tests were being ordered;
  - Condition or suspected condition;
  - What test results are expected to provide (e.g., make diagnosis, determine medication therapy(ies), etc.);
  - Signs/symptoms/prior test results related to reason for genetic testing;
  - Family history, if applicable;
  - How test results will impact clinical decision making
- CPT and/or HCPCS code(s) billed
- For pharmacogenetic testing, the following information is required:
  - Clinical documentation supporting the diagnosis for which pharmacologic therapy is requested, as well as which drug(s) is/are being considered and their relevant indication(s).
  - Clinical documentation that an initial personalized decision has been made for the patient based on the patient's diagnosis, other medical conditions, other medications the patient is taking, professional judgement, clinical science and basic science pertinent to the drug (e.g., mechanism of action, side effects), the patient's past medical history and if applicable, relevant family history, patient preferences and values.

### GENETIC AND MOLECULAR TESTING

Genetic testing is performed to detect variants in DNA, RNA, and/or chromosomes. Within the Medicare program, genetic testing may also be referred to as molecular or biomarker testing.

According to Human Genome Variation Society (HGVS) nomenclature, the term “variant” is used to describe a change in a DNA or protein sequence, replacing previously-used terms, such as “mutation.” Pathogenic variants are variants associated with disease, while benign variants are not. However, the majority of genetic changes have unknown effects on human health. These are referred to as “variants of uncertain significance.”

Such testing may be requested for a variety of purposes, such as diagnosing a condition, predicting susceptibility for inherited conditions, determining carrier status, diagnostic and prognostic testing, screening for common disorders, or selecting appropriate treatments (also known as pharmacogenetic testing). However, this is not a complete list of reasons genetic testing may be requested or performed.

Some genetic tests may be eligible for Medicare coverage, while others are potentially covered in select individuals or for certain conditions. Still other tests may not be eligible for Medicare coverage at all due to Medicare’s reasonable and necessary requirements for diagnostic testing.

Some tests may be single gene testing, while other tests are offered as multi-gene panels. Panel testing technology, such as next generation sequencing (NGS) and chromosomal microarray, is a testing method that examines multiple genes or mutations simultaneously. There is currently no standardization of the design and composition of panel tests. Therefore, panels can vary by laboratory. Thus, different commercially available test options that appear to be for the same condition may test different sets of genes. In addition, the composition of any individual panel is likely to change over time, as genes are added to or removed from existing panels.

Some tests are performed at one single laboratory, while other tests may be developed as “test kits,” which can be sent out by a manufacturer to any laboratory for processing.

While genetic testing has potential benefits for certain conditions, especially cancer, there are also risks associated with genetic testing. These include emotional, social, or financial consequences. Reasons include what test results may reveal, and the feelings that can arise with such test results (e.g., results revealing information about other family members who were not the intended individual the testing was performed for, etc.). In addition, there are limitations to what genetic and molecular tests can provide regarding an inherited condition. Even if a positive result is received, the test may be unable to determine if a person will ever show symptoms of a disorder, how severe the symptoms will be, or whether the disorder will progress over time. Another limitation of molecular testing is that there may not be treatments or cures available for conditions related to an identified genetic variant or genetic disorder. Therefore, it is very important that any individual who is considering genetic testing understand all aspects of the test results before making a decision. While not a requirement for Medicare coverage in most cases, individuals considering genetic testing may wish to consult with a genetics professional to explain in detail both benefits and risks of testing, as well as any potential and significant limitations of a particular test. (Genetics Home Reference U.S. National Library of Medicine, <https://ghr.nlm.nih.gov/primer/testing/geneticstesting>)

## **MEDICARE COVERAGE AND MEDICAL NECESSITY BACKGROUND**



In order for a laboratory service (including genetic and molecular testing) to be considered for coverage, Medicare requires that the test in question meet all of the following:

- **Not be excluded from coverage** by statute, regulation, National Coverage Determination, (NCD), or Local Coverage Determination (LCD);<sup>2</sup>
- **Be ordered by a physician or practitioner** who is treating the beneficiary;<sup>7,8</sup>
- Provide data that will be **directly used in the management** of a beneficiary's specific medical problem;<sup>7,8</sup>
- **Be considered medically reasonable and necessary**, as required per the *Social Security Act, §1862(a)(1)(A)*. This means the service must be considered reasonable and necessary in the diagnosis or treatment of an illness or injury, or to rule out or confirm a suspected diagnosis because the patient has signs and/or symptoms.<sup>4,5</sup>
  - This also means services deemed **not** medically necessary for any reason (including lack of safety and efficacy for investigational services) are also non-covered.<sup>6</sup>

In addition to the above general Medicare requirements, under Chapter 13 of the Medicare Program Integrity Manual, Medicare allows contractors to consider a service "reasonable and necessary" when the service is appropriate for the member's condition. This includes appropriateness in duration, frequency, and that the service is furnished in accordance with accepted standards of medical practice for the condition, furnished in a setting appropriate to the medical needs and condition, ordered and furnished by qualified personnel, that the service meets, but does not exceed, the medical need; and is at least as beneficial as an existing and available medically appropriate alternative.<sup>11</sup>

To effectively manage a patient's specific medical problem using genetic or molecular diagnostic testing, the genetic tests performed must be relevant to the medical condition **and** have established clinical utility and analytical validity for that condition. Therefore, ordering physicians must be familiar with the genetic tests they order to ensure all test result components are clinically actionable.

## MEDICARE GUIDANCE ON GENETIC SCREENING TESTS

According to the Medicare Claims Processing Manual, Chapter 16<sup>1</sup>:

"Tests that are performed in the absence of signs, symptoms, complaints, personal history of disease, or injury are **not covered** except when there is a statutory provision that explicitly covers tests for screening as described.

If a person is tested to rule out or to confirm a suspected diagnosis because the patient has a sign and/or symptoms, this is considered a diagnostic test, not a screening test. A/B MACs (A) and (B) have discretionary authority to make reasonable and necessary scope of benefit determinations."

## REPRODUCTIVE PLANNING AND PRENATAL GENETIC TESTING

Tests performed in the absence of clinical signs/symptoms are considered "screening" tests. For Medicare members of child-bearing age, there are many routine tests, including screening tests, performed during a pregnancy which are covered tests; however, other tests are not eligible for

Medicare coverage. These include, but are not limited to, tests performed to determine gender of fetus and carrier screening.

While reproductive planning and prenatal tests may provide useful information, test results are not generally used to diagnose or make direct treatment decisions for an illness or injury, as defined by Medicare. Some tests are not used in the management of a beneficiary’s specific medical problem because they are performed in the absence of signs or symptoms. Since these tests do not meet Medicare’s medical and reasonable threshold requirements under *Title XVIII of the Social Security Act, Section 1862(a)(1)(A)*, they are considered not medically necessary for Medicare.

Direct-to-Consumer (DTC) and over-the-counter (OTC) tests are also considered not medically necessary for Medicare. Tests must be ordered by a treating provider to provide actionable data to be used promptly by the treating physician to treat or diagnose an illness or condition in order to be considered medically reasonable and necessary.<sup>8</sup> DTC and OTC testing also do not meet this Medicare laboratory testing coverage requirement and therefore, are not medically reasonable or necessary under *Title XVIII of the Social Security Act, Section 1862(a)(1)(A)*.

### NATIONAL COVERAGE DETERMINATION (NCD) FOR NEXT GENERATION SEQUENCING (NGS)

Medicare does have a national coverage determination (NCD) applicable to some next-generation sequencing (NGS) somatic and germline testing ([90.2](#)). However, this NCD has limitations. Specifically, this NCD is only applicable to tests which meet **all** of the following:

- The test is a next-generation sequencing (NGS) test;
- The test performs **DNA** sequencing to detect genomic mutations;
- The test **has** [FDA approval or clearance](#) as a companion in vitro diagnostic (CDx) test;
- The tests is used for cancer-related indications.

According to this NCD, coverage for NGS tests not otherwise addressed by the NCD is left to local Medicare Administrative Contractor (MAC) discretion. This includes, but is not necessarily limited to, tests using NGS for *RNA* sequencing and protein analysis, tests **without** FDA approval or clearance as a CDx test, and testing used for **non**-cancer related indications.

Based on Transmittal #10832 ([Change Request 12124](#)), the following CPT codes are considered appropriate for billing for the FDA-approved companion diagnostic tests that are addressed by NCD 90.2.

NGS Test	Code(s)
FoundationOne CDx (F1CDx)	81455 (3/16/18 - 3/31/18) 0037U (4/1/18 to present)
FoundationOne®Liquid CDx	81479 (8/26/20 to 12/31/20) 0239U (1/1/21 to present)
Oncomine Dx Target Test	0022U
Guardant360® CDx	81479 (8/7/20-3/31/21) 0242U (4/1/21 to present)
MyChoice® CDx	0172U
Praxis™ Extended RAS Panel	0111U

## DIAGNOSTIC LABORATORY TEST JURISDICTION

The Company policy *PHA Medicare Medical Policy Development and Application* (MP# 50) describes the Plan's hierarchy with respect to Medicare medical policy development. In compliance with Medicare guidelines, some LCDs and LCAs used may be for test service areas **outside** of the Company service area. This is because Medicare's general rule regarding jurisdiction of claims furnished by an independent laboratory is that jurisdiction lies with the A/B MAC (B) (aka, Medicare Contractor) serving the **area in which the laboratory test is performed**.<sup>10</sup>

However, there may be exceptions to this rule. According to Medicare, while jurisdiction for laboratory services normally lies with the carrier serving the performing laboratory service area, there are situations where a regional or national lab chain jurisdiction (e.g., Quest Diagnostics, LabCorp, etc.) lies with a single carrier.<sup>16</sup> Therefore, tests performed by a national laboratory chain may have a single carrier established within the Company medical policies for all laboratory services they perform, regardless of the individual laboratory location. This allows for consistent outcomes for all members who receive the same test by the same lab chain.

Another exception to this rule involves "referring laboratory tests." This is when one laboratory sends the sample to another laboratory for processing. Under Medicare rules for referred tests, the location of the **billing** provider determines jurisdiction for claim payment and coverage criteria. Note, also under Medicare rules, only one laboratory is allowed to bill for the services rendered. If the performing laboratory and billing provider both submit a claim, then the performing laboratory's claim is the claim that would adjudicate according to member benefits.<sup>18-20</sup>

### Medicare's Molecular Diagnostic (MoIDX) Program Contractor

While many Medicare contractors (MACs) have adopted guidelines developed and published by the Molecular Diagnostic Services (MoIDX) Program for their service areas, the program is **not** national in scope. MoIDX-related reference materials only apply to genetic and molecular tests performed in the following states: OR, WA, AK, ID, UT, AZ, MT, ND, SD, WY, CA, NV, HI, NC, SC, AL, GA, TN, VA, WV, KY, OH, IA, KS, MO, NE, IN, and MI.<sup>12</sup>

The MoIDX Program was developed by Palmetto GBA in 2011. The MoIDX Contractor performs the following functions<sup>12,14</sup>:

- Establish clinical utility expectations.
- Complete technical assessments of published test data to determine clinical utility and coverage of individual tests.
- Develop unique test identifiers (Z-codes), adding to the DEX™ register of molecular diagnostic tests to allow for automated claims processing and to track utilization.
- Establish reimbursement.

### Table 2: General MoIDX Requirements by LCD

Genetic tests performed within a MoIDX service area are required to undergo a technical assessment (TA) review by MoIDX. The LCDs in Table 2 detail this requirement.

	LOCATION/MEDICARE CONTRACTOR				
	<i>NORIDIAN J-F</i>	<i>NORIDIAN J-E</i>	<i>PALMETTO GBA J-J AND J-M</i>	<i>WPS J-5 AND J-8</i>	<i>CGS J-15</i>
	OR, WA, AK, ID, UT, AZ, MT, ND, SD, and WY	CA and NV	NC, SC, AL, GA, TN, VA, and WV	IA, KS, MO, NE, IN, and MI	KY and OH
<b>General MolDX Requirements</b>	<a href="#">L36256</a>	<a href="#">L35160</a>	<a href="#">L35025</a>	<a href="#">L36807</a>	<a href="#">L36021</a>

The outcome of these TA reviews is maintained in the DEX™ Diagnostics Exchange registry catalog and when possible, the coverage outcome is included within this medical policy to assist with coverage decision-making.

- Tests listed as “not covered” in this catalog have had clinical utility and analytical validity (CU/AV) reviewed and were determined to be **not medically reasonable or necessary** for Medicare under *Social Security Act, §1862(a)(1)(A)*.
- Tests which have **not yet** completed the required TA review are by default also considered to be **not medically reasonable or necessary** for Medicare under *§1862(a)(1)(A)*, based on the requirements found in the LCDs noted in Table 1 above.
- Tests listed as “covered” in this catalog have completed the required TA review and have been determined to be **medically reasonable or necessary** for Medicare under *§1862(a)(1)(A)*; however, this coverage is not automatic, as both of the following must be met:
  - Applicable NCD, LCD, and LCA criteria are met; and,
  - The member has signs/symptoms of a relevant disease or condition.

If a test is not specifically called out in this medical policy, additional research is required to determine coverage.

Note, test coverage or non-coverage positions included in this medical policy were accurate at the time of policy publication, but they are subject to change by the Medicare MolDX Program contractor at any time. Appeals to dispute non-coverage should include documentation by the MolDX Contractor which reflects a positive coverage decision (e.g., copy of the MolDX determination letter).

### Non-MolDX Service Area Genetic Testing

Services areas which have **not** adopted MolDX guidelines include testing performed in the following states: FL, CO, NM, OK, TX, AR, LA, MS, DE, MD, NJ, PA, IL, MN, WI, CT, NY, ME, MA, NH, RI, and VT.

**Table 3: Non-MolDX Service Area LCDs**

The LCDs in Table 3 provide general coverage requirements for each jurisdiction area:

STATE(S)	MEDICARE CONTRACTOR	LCD	COVERAGE REQUIREMENTS
IL, MN, WI, CT, NY, ME,	<i>National Government</i>	<a href="#">L35000</a>	This LCD requires clinical utility and analytical validity be established, but it doesn't address all tests by name specifically. For panels, this LCD also states, “testing would be covered ONLY for the number of genes or test

<p><b>MA, NH, RI, and VT</b></p>	<p><b><i>Services (NGS) J-6 and J-K</i></b></p>		<p>that are reasonable and necessary to obtain necessary information for therapeutic decision making.”</p> <p>In the absence of specific guidance in this LCD, the PHP Company policies for genetic tests provide a peer review of medical literature to evaluate clinical utility/analytical validity. When the biomarkers included in a test do not have proven clinical validity/utility, the test is not medically reasonable or necessary under <i>Social Security Act, §1862(a)(1)(A)</i> for Medicare members.</p>
<p><b>CO, NM, OK, TX, AR, LA, MI, DE, MD, NJ, and PA</b></p>	<p><b><i>Novitas J-H and J-L</i></b></p>	<p><a href="#">L35062</a> / <a href="#">L35396</a></p>	<p>The LCD L35062 requires clinical utility and analytical validity be established, but it doesn’t address all tests by name specifically. Additionally, for multi-biomarker panel test, the LCD L35396 requires evidence to support how “each requested biomarker can be individually contributory.”</p> <p>In the absence of specific guidance in these LCDs, the PHP Company policies for genetic tests provide a peer review of medical literature to evaluate clinical utility/analytical validity. When the biomarkers included in a test do not have proven clinical validity/utility, the test is not medically reasonable or necessary under <i>Social Security Act, §1862(a)(1)(A)</i> for Medicare members.</p>
<p><b>FL</b></p>	<p><b><i>First Coast Service Options J-N</i></b></p>	<p><a href="#">L34519</a></p>	<p>The LCD L34519 requires tests to undergo evaluation to establish clinical utility and analytical validity, based on published peer reviewed medical literature, or be FDA-approved, in order to be eligible for coverage. However, it doesn’t address all tests by name specifically. For panels, this LCD also states, “testing would be covered ONLY for the number of genes or test that are reasonable and necessary to establish a diagnosis.”</p> <p>In the absence of specific guidance in this LCD, the PHP Company policies for genetic tests provide a peer review of medical literature to evaluate clinical utility/analytical validity. When the biomarkers included in a test do not have proven clinical validity/utility, the test is not medically reasonable or necessary under <i>Social Security Act, §1862(a)(1)(A)</i> for Medicare members.</p>

As noted in Table 3, all of the listed LCDs require tests undergo evaluation to establish clinical utility (CU) and analytical validity (AV) in order to be eligible for coverage. However, due to the large number of proprietary tests marketed and available, most genetic tests – particularly panel tests – are not specifically called out by name within an LCD or LCA, nor do LCDs or LCAs provide the outcome for the peer-reviewed CU/AV for most tests.

The Company policy *PHA Medicare Medical Policy Development and Application* (MP# 50) describes the Plan’s hierarchy with respect to Medicare medical policy development. Medicare rules and regulations state that when no NCD, LCD, LCA, or other Medicare coverage guideline exists, Medicare allows Medicare Advantage Organizations (MAOs) to make coverage determinations based on an objective, evidenced-based process. Therefore, in the absence of a specific Medicare policy or reference for a test,

Company Commercial medical policy criteria may be applied to panel tests which do not have clinical utility or analytical validity documented within an LCD directly. Tests which are considered “investigational” in a Company Commercial policy will be denied as not medically reasonable or necessary under *Social Security Act, §1862(a)(1)(A)* for Medicare members.

## **GENETIC PANEL TESTING**

According to the MoIDX program, a test panel is defined as “A predetermined set of medical tests composed of individual laboratory tests, related by medical condition, specimen type, frequency ordered, methodology or types of components to aid in the diagnosis/treatment of disease.”<sup>12</sup>

Genetic panel tests may be used for a number of indications and they may be either be proprietary, “off-the-shelf”, tests with a set number of genes (subject to change without notice), or they may be customized, “a la cart”, tests with genes selected by the ordering provider or genetic counselor based on a patient’s symptoms.

In addition to targeted tumor panels, there are also comprehensive genomic profile (CGP) tests. Targeted next generation sequencing (NGS) tumor panels are “tests that identify somatic alterations known to occur in certain regions (i.e., 'hotspots') within specific genes of interest for cancer management (i.e., diagnosis, selection of molecularly targeted therapies, prognosis in a context where prognostic classification is essential for treatment selection).”<sup>17</sup>

CGP tests are “NGS-based molecular assays that provide additional insight beyond individual gene hotspots; these assays seek to describe the genomic makeup of a tumor and can help identify underlying mechanisms of disease to guide clinical decision making. These tests include not only mutations in individual relevant genes, but also patterns of mutations across related genes in established cancer pathways and often include an assessment of overall mutational burden.”<sup>17</sup>

## **REGULATORY STATUS**

### **U.S. FOOD & DRUG ADMINISTRATION (FDA)**

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

## **BILLING GUIDELINES AND CODING**

### **GENERAL**

Some, but not all, panel tests may have a specific CPT or HCPCS code assigned (81410-81471, 815XX multianalyte assays with algorithmic analyses [MAAA] codes or newly developed proprietary laboratory analyses [PLA] codes). However, many panels may not have a specific code available. When no specific CPT or HCPCS code exists for the panel, the provider is required to bill using an unlisted code (e.g., 81479 or 81599). It is not appropriate for the provider to bill any of the tests in a panel separately as if

they were performed individually. This is a misrepresentation of services performed and is not appropriate based on either CPT or CMS guidelines. In a “Healthcare Fraud Prevention Partnership” white paper, the unbundling of claims for lab panels was identified as an area of concern for inappropriate billing.<sup>13</sup>

According to Noridian, under the instruction by the MolDX Contractor, to report targeted NGS gene panel services for somatic variant detection of 5 or more genes, providers are to first consider CPT® codes 81445 and 81450, with a unit of service (UOS) of one (UOS=1). Laboratories providing panel tests of 2 to 4 genes should use CPT® 81479 and one (1) UOS.<sup>17</sup>

Since CGP testing is not defined as a targeted panel by MolDX and it is not currently satisfactorily described by any existing CPT code, to report a CGP test, providers should use CPT® code 81479 at this time. Coverage of CGP is limited to one test per surgical specimen and precludes the use of any other molecular testing on that specimen.<sup>17</sup>

For NGS-based tests that do not fit under the Medicare definitions of “targeted” or “Comprehensive” panels, claims should be reported using the “Not Otherwise Classified” (NOC) code 81479. Tier 1 and/or Tier 2 individual biomarker CPT codes should not be used for a single gene or any combination of genes when testing is performed as part of a NGS or other multiplexing technology panel.<sup>17</sup>

Consistent with all HCPCS S-codes, the *National Physician Fee Schedule Relative Value File (NPF SRVF)*, published by Medicare<sup>1</sup> indicates HCPCS codes S3844 and S3870 have been assigned a Status Indicator of “I.” This is defined as “Not valid for Medicare purposes.” HCPCS codes S3844 and S3870 are not covered unless allowed under a Medicare Advantage provider contract exception, as indicated in the relevant Company coding policy.

While not a complete list, please refer to the following local coverage articles (LCAs) for coding and billing assistance:

- Noridian J-F LCA: Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer ([A58681](#))
- Noridian J-E LCA: Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer ([A58679](#))
- Palmetto LCA: Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer ([A58652](#)).

Note: Codes addressed by this policy, may include, but are not limited to, the following:

CODES*		
CPT	0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score ( <i>Overa (Ova1 Next Generation)</i> ), by <i>Aspira Labs Inc.; Texas</i> )
	0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score ( <i>ScoliScore™</i> )

0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier ( <i>HeproDX™</i> )
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index ( <i>NETest</i> )
0009M	Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified ( <i>DEPArray™ HER2, by PacificDX; California</i> )
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and XCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma
0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents ( <i>OncoTarget/OncoTreat, by Columbia University Department of Pathology and Cell Biology; New York</i> )
0022U	Targeted genomic sequence analysis panel, cholangiocarcinoma and non-small cell lung neoplasia, DNA and RNA analysis, 1-23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider ( <i>OncoPrint™ Dx Target Test, by Thermo Fisher Scientific; Massachusetts</i> )
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin ( <i>LeukoStrat® CDx FLT3 Mutation Assay, by LabPMM LLC; California</i> )
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823) ( <i>Focused Pharmacogenomics Panel, by Mayo Clinic; Minnesota</i> )
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823) ( <i>Warfarin Response Genotype, by Mayo Clinic; Minnesota</i> )



0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7) ( <i>Cytochrome P450 1A2 Genotype, by Mayo Clinic; Minnesota</i> )
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant ( <i>Catechol-Omethyltransferase (COMT) Genotype, by Mayo Clinic; Minnesota</i> )
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G]) ( <i>Serotonin Receptor Genotype (HTR2A and HTR2C), by Mayo Clinic; Minnesota</i> )
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5) ( <i>Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping, by Mayo Clinic; Minnesota</i> )
0036U	Oncology (somatic mutations). Whole Exome 22,000 genes by Next Generation Sequencing. DNA extracted and analyzed from formalin fixed paraffin embedded tissue and Whole Blood. Algorithm result type is predictive and prognostic. Report of specific gene mutations, alterations as targets for therapeutic agents. ( <i>EXaCT-1 Whole Exome Testing, by Weill Cornell Medicine- Clinical Genomics Laboratory; New York</i> )
0037U	Broad next generation sequencing in vitro diagnostic device, solid malignant neoplasms, DNA analysis, 324 genes, detection of substitutions, insertion and deletion alterations (indels), copy number alterations (CNAs), and select gene rearrangements as well as genomic signatures including microsatellite instability (MSI) and tumor mutational burden (TMB), reported as presence/absence of variants and discrete levels of MSI and TMB, and associated therapy(ies) including multiple FDA-approved companion diagnostics, using DNA isolated from formalin-fixed paraffin embedded (FFPE) tumor tissue specimens ( <i>FoundationOne CDx™ (F1CDx), by Foundation Medicine Inc.; Massachusetts</i> )
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative ( <i>FLT3 ITD MRD by NGS, by LabPMM LLC; California</i> )
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s) ( <i>MSK-IMPACT (Integrated Mutation Profiling of Actionable Cancer Targets), by Memorial Sloan Kettering Cancer Center; New York</i> )
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative ( <i>NPM1 MRD by NGS, by LabPMM LLC; California</i> )
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements ( <i>MyAML NGS Panel, by LabPMM LLC; California</i> )
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma ( <i>myTAIHEART, by TAI Diagnostics, Inc.; Wisconsin</i> )
0056U	<b>TERMED CODE 9/30/2022</b> Hematology (acute myelogenous leukemia), DNA, whole genome next generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of

	specific gene rearrangement(s) ( <i>MatePair Acute Myeloid Leukemia Panel, by Mayo Clinic; Minnesota</i> )
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood ( <i>Panorama® Twin Zygosity test, by Natera, Inc.; California</i> )
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score ( <i>BBDRisk Dx™, by Silbiotech, Inc.; Maryland</i> )
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN) ( <i>CYP2D6 Common Variants and Copy Number, by Mayo Clinic; Minnesota</i> )
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure) ( <i>CYP2D6 Full Gene Sequencing, by Mayo Clinic; Minnesota</i> )
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure) ( <i>CYP2D6-2D7 Hybrid Gene Targeted Sequence Analysis, by Mayo Clinic; Minnesota</i> )
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure) ( <i>CYP2D7-2D6 Hybrid Gene Targeted Sequence Analysis, by Mayo Clinic; Minnesota</i> )
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure) ( <i>CYP2D6 trans-duplication/multiplication non-duplicated gene targeted sequence analysis, by Mayo Clinic; Minnesota</i> )
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure) ( <i>CYP2D6 5' gene duplication/multiplication targeted sequence analysis, by Mayo Clinic; Minnesota</i> )
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure) ( <i>CYP2D6 3' gene duplication/multiplication targeted sequence analysis, by Mayo Clinic; Minnesota</i> )
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder ( <i>INFINITI® Neural Response Panel, by PersonalizeDx Labs; California</i> )
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm

		reported as a probability score ( <i>Molecular Microscope® MMDx—Heart, by Kashi Clinical Laboratories; Oregon</i> )
0088U		Transplantation medicine (kidney allograft rejection) microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection ( <i>Molecular Microscope® MMDx—Kidney, by Kashi Clinical Laboratories; Oregon</i> )
0091U		Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result
0092U		Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy ( <i>REVEAL Lung Nodule Characterization, by MagArray, Inc.; California</i> )
0094U		Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis ( <i>RCIGM Rapid Whole Genome Sequencing, by Rady Children's Institute for Genomic Medicine (RCIGM); California</i> )
0101U		Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated [15 genes (sequencing and deletion/duplication), EPCAM and GREM1 (deletion/duplication only)] ( <i>ColoNext®, by Ambry Genetics; California</i> )
0102U		Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated [17 genes (sequencing and deletion/duplication)] ( <i>BreastNext®, by Ambry Genetics; California</i> )
0103U		Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated [24 genes (sequencing and deletion/duplication); EPCAM (deletion/duplication only)] ( <i>OvaNext®, by Ambry Genetics; California</i> )
0105U		Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD) ( <i>KidneyIntelX™, by RenalytixAI; New York</i> )
0108U		Gastroenterology (Barrett's esophagus), whole slide–digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer ( <i>TissueCypher® Barrett's Esophagus Assay, by Cernostics; Pennsylvania</i> )
0111U		Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue ( <i>Praxis™ Extended RAS Panel, by Illumina; California</i> )
0118U		Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of

		donor-derived cell-free DNA in the total cell-free DNA ( <i>Viracor TRACTM; dd-cfDNA, by Viracore Eurofins; Missouri</i> )
0120U		Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter ( <i>Lymph3Cx Lymphoma Molecular Subtyping Assay, by Mayo Clinic; Minnesota</i> )
0124U		Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21
0129U		Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53) ( <i>BRCPlus, by Ambry Genetics; California</i> )
0130U		Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure) (Use 0130U in conjunction with 81435, 0101U) ( <i>RNAinsight™ for ColoNext®, by Ambry Genetics; California</i> )
0131U		Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure) ( <i>RNAinsight™ for BreastNext®, by Ambry Genetics; California</i> )
0132U		Hereditary ovarian cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure) (Use 0132U in conjunction with 81162, 81432, 0103U) ( <i>RNAinsight™ for OvaNext®, by Ambry Genetics; California</i> )
0133U		Hereditary prostate cancer–related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure) (Use 0133U in conjunction with 81162) ( <i>RNAinsight™ for ProstateNext®, by Ambry Genetics; California</i> )
0134U		Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure) ( <i>RNAinsight™ for CancerNext®, by Ambry Genetics; California</i> )
0135U		Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure) (Use 0135U in conjunction with 81162) ( <i>RNAinsight™ for GynPlus®, by Ambry Genetics; California</i> )
0136U		ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure) ( <i>RNAinsight™ for ATM, by Ambry Genetics; California</i> )
0137U		PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure) ( <i>RNAinsight™ for PALB2</i> )

0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure) (Use 0138U in conjunction with 81162) ( <i>RNAinsight™ for BRCA1/2, by Ambry Genetics; California</i> )
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement ( <i>Insight TNBctype, by Insight Molecular Labs; Tennessee</i> )
0154U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) ( <i>Therascreen FGFR3, by QIAGEN Sciences; Maryland</i> )
0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y) ( <i>Therascreen PIK3CA, by QIAGEN Sciences [when using tumor tissue]; Maryland</i> )  For the Therascreen PIK3CA, by QIAGEN Sciences when using <i>blood plasma</i> , see the Medicare medical policy for <i>Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare Only)</i>
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure) ( <i>CustomNext + RNA: APC, by Ambry Genetics; California</i> )
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) ( <i>CustomNext + RNA: MLH1, by Ambry Genetics; California</i> )
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) ( <i>CustomNext + RNA: MSH2, by Ambry Genetics; California</i> )
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) ( <i>CustomNext + RNA: MSH6, by Ambry Genetics; California</i> )
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) ( <i>CustomNext + RNA: PMS2, by Ambry Genetics; California</i> )
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure) ( <i>CustomNext + RNA: Lynch (MLH1, MSH2, MSH6, PMS2), by Ambry Genetics; California</i> )
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas ( <i>BeScreened™-CRC, by Beacon Biomedical Inc.; Arizona</i> )
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine Smethyltransferase) (eg, drug metabolism) gene analysis, common variants ( <i>NT [NUDT15 and TPMT] Genotyping Panel, by RPRD Diagnostics; Wisconsin</i> )

0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence ( <i>MyMRD<sup>®</sup> NGS Panel, by Laboratory for Personalized Molecular Medicine; California</i> )
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score ( <i>myChoice<sup>®</sup> CDx, by Myriad Genetic Laboratories; Utah</i> )
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes ( <i>Psych HealthPGx Panel, by RPRD Diagnostics; Wisconsin</i> )
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents ( <i>LC-MS/MS Targeted Proteomic Assay, by OncoOmicDx Laboratory, LDT; Maryland</i> )
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes ( <i>Genomind<sup>®</sup> Professional PGx Express<sup>™</sup> CORE, by Genomind, Inc.; Pennsylvania</i> )
0179U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score ( <i>Resolution ctDx Lung<sup>™</sup>, by Resolution Bioscience, Inc.; Washington</i> )
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-Nacetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons ( <i>Navigator ABO Sequencing, by Grifols Immunohematology Center; California</i> )
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1 ( <i>Navigator CO Sequencing, by Grifols Immunohematology Center; California</i> )
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10 ( <i>Navigator CROM Sequencing, by Grifols Immunohematology Center; California</i> )
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19 ( <i>Navigator DI Sequencing, by Grifols Immunohematology Center; California</i> )
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2 ( <i>Navigator DO Sequencing, by Grifols Immunohematology Center; California</i> )
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4 ( <i>Navigator FUT1 Sequencing, by Grifols Immunohematology Center; California</i> )
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2 ( <i>Navigator FUT2 Sequencing, by Grifols Immunohematology Center; California</i> )

0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2 ( <i>Navigator FY Sequencing, by Grifols Immunohematology Center; California</i> )
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4 ( <i>Navigator GE Sequencing, by Grifols Immunohematology Center; California</i> )
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2 ( <i>Navigator GYPA Sequencing, by Grifols Immunohematology Center; California</i> )
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3 ( <i>Navigator GYPB Sequencing, by Grifols Immunohematology Center; California</i> )
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6 ( <i>Navigator IN Sequencing, by Grifols Immunohematology Center; California</i> )
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9 ( <i>Navigator JK Sequencing, by Grifols Immunohematology Center; California</i> )
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2- 26 ( <i>Navigator JR Sequencing, by Grifols Immunohematology Center; California</i> )
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8 ( <i>Navigator KEL Sequencing, by Grifols Immunohematology Center; California</i> )
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13) ( <i>Navigator KLF1 Sequencing, by Grifols Immunohematology Center; California</i> )
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3 ( <i>Navigator LU Sequencing, by Grifols Immunohematology Center; California</i> )
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1 ( <i>Navigator LW Sequencing, by Grifols Immunohematology Center; California</i> )
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5 ( <i>Navigator RHD/CE Sequencing, by Grifols Immunohematology Center; California</i> )
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12 ( <i>Navigator SC Sequencing, by Grifols Immunohematology Center; California</i> )
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (Xlinked Kx blood group) exons 1-3 ( <i>Navigator XK Sequencing, by Grifols Immunohematology Center</i> )
0201U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (Xlinked Kx blood group) exons 1-3 ( <i>Navigator YT Sequencing, by Grifols Immunohematology Center; California</i> )
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements ( <i>Vita Risk, by Arctic Medical Laboratories; Michigan</i> )

0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities ( <i>CNGnome, by PerkinElmer Genomics; Pennsylvania</i> )
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association ( <i>MI Cancer Seek™ NGS Analysis, by Caris Life Sciences; Arizona</i> )
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband ( <i>Genomic Unity® Whole Genome Analysis, by Variantyx Inc.; Massachusetts</i> )
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling) ( <i>Genomic Unity® Whole Genome Analysis – Comparator, by Variantyx Inc.; Massachusetts</i> )
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband ( <i>Genomic Unity® Exome Plus Analysis – Proband, by Variantyx Inc.; Massachusetts</i> )
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling) ( <i>Genomic Unity® Exome Plus Analysis – Comparator, by Variantyx Inc.; Massachusetts</i> )
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants ( <i>Genomic Unity® Ataxia Repeat Expansion and Sequence Analysis, by Variantyx Inc.; Massachusetts</i> )
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants ( <i>Genomic Unity® Comprehensive Ataxia Repeat Expansion and Sequence Analysis, by Variantyx Inc.; Massachusetts</i> )
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants ( <i>Genomic Unity® DMD Analysis, by Variantyx Inc.; Massachusetts</i> )
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase



		and alpha 1-3-galactosyltransferase) gene ( <i>Navigator ABO Blood Group NGS, by Grifols Immunohematology Center; California</i> )
0222U		Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3 ( <i>Navigator Rh Blood Group NGS, by Grifols Immunohematology Center; California</i> )
0229U		BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis ( <i>Colvera, by Clinical Genomics Pathology Inc.; New Jersey</i> )
0230U		AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions ( <i>Genomic Unity® AR Analysis, by Variantyx Inc.; Massachusetts</i> )
0231U		CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions ( <i>Genomic Unity® CACNA1A Analysis, by Variantyx Inc.; Massachusetts</i> )
0232U		CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions ( <i>Genomic Unity® CSTB Analysis, by Variantyx Inc.; Massachusetts</i> )
0233U		FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions ( <i>Genomic Unity® FXN Analysis, by Variantyx Inc.; Massachusetts</i> )
0234U		MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions ( <i>Genomic Unity® MECP2 Analysis, by Variantyx Inc.; Massachusetts</i> )
0235U		PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions ( <i>Genomic Unity® PTEN Analysis, by Variantyx Inc.; Massachusetts</i> )
0236U		SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions ( <i>Genomic Unity® SMN1/2 Analysis, by Variantyx Inc.; Massachusetts</i> )
0237U		Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions ( <i>Genomic Unity® Cardiac Ion Channelopathies Analysis, by Variantyx Inc.; Massachusetts</i> )
0238U		Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic

		regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions ( <i>Genomic Unity<sup>®</sup> Lynch Syndrome Analysis</i> , by <i>Variantyx Inc.</i> ; <i>Massachusetts</i> )
0239U		Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations ( <i>FoundationOne Liquid CDx</i> , by <i>Foundation Medicine, Inc.</i> ; <i>Massachusetts</i> )
0242U		Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements ( <i>Guardant360<sup>®</sup> CDx</i> , by <i>Guardant Health, Inc.</i> ; <i>Washington</i> )
0243U		Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia ( <i>PIGF Preeclampsia Screen</i> , by <i>PerkinElmer Genomics</i> ; <i>Pennsylvania</i> )
0244U		Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue ( <i>Oncotype MAP<sup>™</sup> PanCancer Tissue Test</i> , by <i>Paradigm Diagnostics, Inc.</i> ; <i>Arizona</i> )
0246U		Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens ( <i>Precision Blood<sup>™</sup></i> , <i>San Diego Blood Bank</i> ; <i>California</i> )
0247U		Obstetrics (preterm birth), insulin-like growth factor–binding protein 4 (IBP4), sex hormone–binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth ( <i>PreTRM<sup>®</sup></i> , by <i>Sera Prognostics</i> ; <i>Utah</i> )
0249U		Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report ( <i>Theralink<sup>®</sup> Reverse Phase Protein Array (RPPA)</i> , by <i>Theralink<sup>®</sup> Technologies, Inc.</i> ; <i>Colorado</i> )
0250U		Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden ( <i>PGDx elio<sup>™</sup> tissue complete</i> , by <i>Personal Genome Diagnostics, Inc.</i> ; <i>Maryland</i> )
0252U		Fetal aneuploidy short tandem–repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy ( <i>POC (Products of Conception)</i> , by <i>Igenomix</i> ; <i>Florida</i> )
0253U		Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive) ( <i>ERA<sup>®</sup> (Endometrial Receptivity Analysis)</i> , by <i>Igenomix</i> ; <i>Florida</i> )
0254U		Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and

		segmental aneuploidy, per embryo tested ( <i>SMART PGT-A (Preimplantation Genetic Testing - Aneuploidy)</i> , by <i>Igenomix; Florida</i> )
0258U		Autoimmune (psoriasis), mRNA, next generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologic ( <i>Mind.Px</i> , by <i>Mindera Corporation; California</i> )
0260U		Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping ( <i>Augusta Optical Genome Mapping</i> , by <i>Bionano Genomics Inc.; California</i> )
0264U		Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping ( <i>Praxis Optical Genome Mapping</i> , by <i>Praxis Genomics LLC; Georgia</i> )
0265U		Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants ( <i>Praxis Whole Genome Sequencing</i> , by <i>Praxis Genomics LLC; Georgia</i> )
0266U		Unexplained constitutional or other heritable disorders or syndromes, tissue specific gene expression by whole transcriptome and next-generation sequencing, blood, formalin-fixed paraffin embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes ( <i>Praxis Transcriptome</i> , by <i>Praxis Genomics LLC; Georgia</i> )
0267U		Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing ( <i>Praxis Combined Whole Genome Sequencing and Optical Genome Mapping</i> , by <i>Praxis Genomics LLC; Georgia</i> )
0268U		Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid ( <i>Versiti™ aHUS Genetic Evaluation</i> , by <i>Versiti™ Diagnostic Laboratories; Wisconsin</i> )
0269U		Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid ( <i>Versiti™ Autosomal Dominant Thrombocytopenia Panel</i> , by <i>Versiti™ Diagnostic Laboratories; Wisconsin</i> )
0270U		Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid ( <i>Versiti™ Coagulation Disorder Panel</i> , by <i>Versiti™ Diagnostic Laboratories; Wisconsin</i> )
0271U		Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid ( <i>Versiti™ Congenital Neutropenia Panel</i> , by <i>Versiti™ Diagnostic Laboratories; Wisconsin</i> )
0272U		Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive ( <i>Versiti™ Comprehensive Bleeding Disorder Panel</i> , by <i>Versiti™ Diagnostic Laboratories; Wisconsin</i> )
0273U		Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLA1), blood, buccal swab, or amniotic fluid ( <i>Versiti™ Fibrinolytic Disorder Panel</i> , by <i>Versiti™ Diagnostic Laboratories; Wisconsin</i> )

0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid ( <i>Versiti™ Comprehensive Platelet Panel, by Versiti™ Diagnostic Laboratories; Wisconsin</i> )
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid ( <i>Versiti™ Inherited Thrombocytopenia Panel, by Versiti™ Diagnostic Laboratories; Wisconsin</i> )
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid ( <i>Versiti™ Platelet Function Disorder Panel, by Versiti™ Diagnostic Laboratories; Wisconsin</i> )
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid ( <i>Versiti™ Thrombosis Panel, by Versiti™ Diagnostic Laboratories; Wisconsin</i> )
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score ( <i>MindX Blood Test™ - Memory/Alzheimer's, by MindX Sciences™ Inc.; Indiana</i> )
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score ( <i>MindX Blood Test™ - Pain, by MindX Sciences™ Inc.; Indiana</i> )
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score ( <i>MindX Blood Test™ - Mood, by MindX Sciences™ Inc.; Indiana</i> )
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score ( <i>MindX Blood Test™ - Stress, by MindX Sciences™ Inc.; Indiana</i> )
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score ( <i>MindX Blood Test™ - Suicidality, by MindX Sciences™ Inc.; Indiana</i> )
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score ( <i>MindX Blood Test™ - Longevity, by MindX Sciences™ Inc.; Indiana</i> )
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy ( <i>mRNA CancerDetect™, by Viome Life Sciences, Inc.; Washington</i> )
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification ( <i>Praxis Somatic Whole Genome Sequencing, by Praxis Genomics, LLC.; Georgia</i> )
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification ( <i>Praxis Somatic Transcriptome, by Praxis Genomics, LLC.; Georgia</i> )
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow,

		comparative structural variant identification ( <i>Praxis Somatic Optical Genome Mapping, by Praxis Genomics, LLC.; Georgia</i> )
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification ( <i>Praxis Somatic Combined Whole Genome Sequencing and Optical Genome Mapping, by Praxis Genomics, LLC.; Georgia</i> )	
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi ( <i>Used to report the Johns Hopkins Metagenomic Next-Generation Sequencing Assay for Infectious Disease Diagnostics test by Johns Hopkins Medical Microbiology Laboratory</i> )	
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden ( <i>Used to report the Guardant360® LDT test by Guardant Health, Inc.</i> )	
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed ( <i>Used to report the Vasistema™ test by Natara, Inc.</i> )	
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations ( <i>Used to report the Oncomap™ ExTra test by Exact Sciences, Inc. and Genomic Health Inc.</i> )	
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab ( <i>Used to report the Bridge Women's Health Infectious Disease Detection test, by Bridge Diagnostics, ThermoFisher and Hologic Test Kit</i> )	

0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations <i>(Used to report the Augusta Hematology Optical Genome Mapping test, by Georgia Esoteric and Molecular Labs)</i>
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint–inhibitor therapy <i>(Used to report the EpiSwitch® CiRT [Checkpoint-inhibitor Response Test] by Next Bio-Research Services, LLC. and Oxford BioDynamics, PLC)</i>
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden <i>(Used to report the Guardant360 TissueNext™ test by Guardant Health, Inc.)</i>
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants <i>(Used to report the IriSight™ Prenatal Analysis – Proband test by Variantyx, Inc.)</i>
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent) <i>(Used to report the IriSight™ Prenatal Analysis – Comparator test by Variantyx, Inc.)</i>
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid <i>(Used to report the Single Cell Prenatal Diagnosis (SCPD) Test by Luna Genetics, Inc.)</i>
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 <i>(Used to report the GeneSight® Pyschotropic test by Assurex health and Myriad Genetics)</i>
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes <i>(Used to report the RightMed® PGx16 Test by OneOme® LLC.)</i>
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes <i>(Used to report the RightMed® Comprehensive Test Exclude F2 and F5 by OneOme® LLC.)</i>
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions <i>(Used to report the RightMed® Comprehensive Test by OneOme® LLC.)</i>

0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes ( <i>Used to report the RightMed® Gene Report by OneOme® LLC.</i> )
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2) ( <i>Used to report the Apolipoprotein L1 [APOL1] Renal Risk Variant Genotyping by Quest Diagnostics</i> )
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy ( <i>Used to report the Nodify CDT® by Biodesix, Inc.</i> )
0363U	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma ( <i>Used to report the Cxbladder™ Triage by Pacific Edge Diagnostics</i> )
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)

81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles



81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (e.g., Maple syrup urine disease) gene analysis, common variants (e.g., R183P, G278s, E422X)
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative
81209	BLM (Bloom syndrome, RecQ helicase-like) (e.g., Bloom syndrome) gene analysis 2281 del6ins7 variant
81210	BRAF(v-raf murine sarcoma viral oncogene homolog B1) (e.g. Colon Cancer) gene analysis, V600E variant
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants

81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence
81219	CALR (calreticulin)(eg myeloproliferative disorders, gene analysis, common variants in exon 9)
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism variants, comparative genomic hybridization [CGH] microarray analysis
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles
81235	EGFR (Epidermal growth factor receptor)(EG, non-small cell lung cancer) gene analysis, common variants (EG, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)

81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant
81242	FANCC (Fanconi anemia, complementation group C) (e.g., Fanconi Anemia, type C) gene analysis, common variant (e.g., IVS4=4A>T)
81243	FMR1 (Fragile X mental retardation 1) (e.g., fragile x mental retardation) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81244	FMR1 (Fragile X mental retardation 1) (e.g., fragile X mental retardation) gene analysis; characterization of alleles (e.g., expanded size and methylation status)
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (e.g., Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (e.g., R83C, Q347X)
81251	GBA (glucosidase, beta, acid) (e.g., Gaucher disease) gene analysis, common variants (e.g., N370S, 84GG, L444P, IVS2=1G>A)
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])
81255	HEXA (hexosaminidase A [alpha polypeptide]) (e.g. Tay-Sachs disease) gene analysis common variants (e.g., 1278insTATC, 1421+1G>C, G269S)
81256	HFE (hemochromatosis) (e.g. hereditary hemochromatosis) gene analysis, common variants (e.g. C282Y, H63D)
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2)(e.g. alpha thalassaemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (e.g., Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha20.5, and Constant Spring)
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant

81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex- associated protein)(e.g. familial dysautonomia) gene analysis, common variants
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)
81275	KRAS ((V-KI-RAS2 Kirsten Rat Sarcoma Viral Oncogene)(EG carcinoma) gene analysis, variants in codons 12 and 13
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)

81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)
81290	MCOLN1 (mucopolipin 1 ) (e.g., Mucopolipidosis, Type IV) gene analysis, common variants (e.g. IVS3-2A>G, del6.4b)
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (e.g., hereditary hypercoagulability) gene analysis, common variants (e.g., 677T, 1298C)
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81301	Microsatellite instability analysis (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (e.g., BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed

81302	MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; full sequence analysis
81303	MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; known familial variant
81304	MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; duplication/deletion variants 6 or exon 6), qualitative or quantitative
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)
81321	PTEN (phosphatase and tensin)(e.g., Cowden Syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
81322	PTEN (phosphatase and tensin)(e.g., Cowden Syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
81323	PTEN (phosphatase and tensin)(e.g., Cowden Syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant

81324	PMP22 (peripheral myelin protein 22)(e.g., Charcot-Marie-Tooth hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
81325	PMP22 (peripheral myelin protein 22)(e.g., Charcot-Marie-Tooth hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence
81326	PMP22 (peripheral myelin protein 22) (e.g., Charcot-Marie-Tooth hereditary neuropathy with liability to pressure palsies) gene analysis; know familial variant
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed
81330	SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (e.g., Niemann-Pick disease Type A) gene analysis, common variants (e.g., R496L, L302P, fsP330)
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and Ubiquitin protein ligase E3A) (e.g., Prader-Willi syndrome and/or Angelman syndrome methylation analysis
81332	SERPINA 1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase variants (e.g., *S and *Z)
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analabnormal (eg, expanded) alleles
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)

81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLADRB1/3/4/5 and -DQB1
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each



81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each
81400	Molecular pathology procedure, Level 1 (e.g., identification of single germline variant [e.g., SNP] by techniques such as restriction enzyme digestion or melt curve analysis)
81401	Molecular pathology procedure, Level 2 (e.g., 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)
81402	Molecular pathology procedure, level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon)
81403	Molecular pathology procedure, level 4 (e.g. analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)
81404	Molecular pathology procedure, level 5 (e.g., analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder /triplet repeat by southern blot analysis)
81405	Molecular pathology procedure, level 6 (e.g., analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)
81406	Molecular pathology procedure, Level 7 (e.g., analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)
81407	Molecular pathology procedure, level 8 (e.g., analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)
81408	Molecular pathology, level 9 (e.g., analysis of >50 exons in a single gene by DNA sequence analysis)
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease,

		Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1
81413		Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A
81414		Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1
81415		Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
81416		Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
81417		Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)
81418		Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis
81419		Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXB1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2
81420		Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21
81422		Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood
81425		Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
81426		Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)
81427		Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)
81430		Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1
81431		Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes
81432		Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ATM,

		BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53
81433		Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11
81434		Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A
81435		Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11
81436		Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion of gene analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11
81437		Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL
81438		Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL
81439		Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)
81440		Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
81441		Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2
81442		Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1
81443		Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis

	panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes,

		including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
81471		X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
81479		Unlisted Molecular Pathology
81490		Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score
81500		Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score
81503		Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score
81504		Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores
81506		Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score
81507		Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
81508		Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
81509		Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score
81510		Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
81511		Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)
81512		Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score
81525		Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score
81538		Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival
81540		Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype
81554		Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])

	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
	81599	Unlisted multianalyte assay with algorithmic analysis
	84999	Unlisted chemistry procedure
	88299	Unlisted cytogenetic study
	89398	Unlisted reproductive medicine laboratory procedure
<b>HCPCS</b>	G0327	Colorectal cancer screening; blood-based biomarker ( <i>Epi proColon</i> <sup>®</sup> )
	G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
	S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness
	S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability

**\*Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

## REFERENCES

3. *Medicare Claims Processing Manual, Chapter 16 - Laboratory Services, §120.1 - Negotiated Rulemaking Implementation* (See section titled, "Clarification of the Use of the Term “Screening” or “Screen”"); Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf> [Cited 09/02/2021]
4. Medicare Coverage Determination Process; Available at: <https://www.cms.gov/medicare/coverage/determinationprocess> [Cited 09/02/2021]
5. Medicare Managed Care Manual, Ch. 4 - Benefits and Beneficiary Protections, §10.2 - Basic Rule; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c04.pdf> [Cited 09/02/2021]
6. Title XVIII of the Social Security Act, §1862(a)(1)(A); Available at: [https://www.ssa.gov/OP\\_Home/ssact/title18/1862.htm](https://www.ssa.gov/OP_Home/ssact/title18/1862.htm) [Cited 09/02/2021]
7. Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §20 - Services Not Reasonable and Necessary; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf> [Cited 09/02/2021]

8. Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician's Fee Schedule, Subsection A; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c23.pdf> [Cited 09/02/2021]
9. 42 CFR §410.32(a); Available at: <https://www.govinfo.gov/content/pkg/CFR-2011-title42-vol2/pdf/CFR-2011-title42-vol2-sec410-32.pdf> [Cited 09/02/2021]
10. Medicare Benefit Policy Manual, Ch. 15 – Covered Medical and Other Health Services, §80.1 - Clinical Laboratory Services; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf> [Cited 09/02/2021]
11. Federal Register / Vol. 66, No. 226 / Friday, November 23, 2001; Available at: <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/downloads/lab2.pdf> [Cited 09/02/2021]
12. Medicare Claims Processing Manual, Chapter 16 - Laboratory Services, §50.5 - Jurisdiction of Laboratory Claims; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104C16.pdf> [Cited 09/02/2021]
13. Medicare Program Integrity Manual, Chapter 13 – Local Coverage Determinations, §13.5.4 - Reasonable and Necessary Provision in an LCD; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c13.pdf> [Cited 09/02/2021]
14. Palmetto GBA MoIDX Manual; Available at: [https://www.palmettogba.com/Palmetto/moldx.Nsf/files/MoIDX\\_Manual.pdf/\\$File/MoIDX\\_Manual.pdf?Open&](https://www.palmettogba.com/Palmetto/moldx.Nsf/files/MoIDX_Manual.pdf/$File/MoIDX_Manual.pdf?Open&) [Cited 09/29/2021]
15. Healthcare Fraud Prevention Partnership (HFPP) White Paper for Genetic Testing Fraud, Waste, and Abuse; Available at: <https://www.cms.gov/hfpp/hfpp-white-papers> [Cited 09/29/2021]
16. Noridian web page for Molecular Diagnostic Services (MoIDX); Last Updated: 9/23/2021; Available at: <https://med.noridianmedicare.com/web/jfb/policies/moldx>
17. Medicare Managed Care Manual, Ch. 4 - Benefits and Beneficiary Protections, §90.4.1 - MACS with Exclusive Jurisdiction over a Medicare Item or Service; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c04.pdf>
18. Medicare Claims Processing Manual, Chapter 1 - General Billing Requirements, §10.1.5.4 - Independent Laboratories; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>
19. Noridian LCA for *Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer (A56518)*
20. Medicare Claims Processing Manual, Ch. 1 - General Billing Requirements, §10.1.5.4.1 - Cases Involving Referral Laboratory Services; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>
21. Medicare Claims Processing Manual, Chapter 16 - Laboratory Services, §40.1 - Laboratories Billing for Referred Tests; Available at: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c16.pdf>
22. Medicare Claims Processing Manual, Chapter 16 - Laboratory Services, §50.5.1 - Jurisdiction Of Referral Laboratory Services; Available at: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c16.pdf>

## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
------	------------------

