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## Pathology: Molecular Pathology

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Page updated: September 2024

This section contains information to help providers bill for clinical laboratory tests or examinations related to molecular pathology and diagnostic services.

### Molecular Pathology Code Chart

The chart included later in this section correlates molecular pathology CPT® and HCPCS Level II Codes with the following:

- *Treatment Authorization Request* (TAR) and claim documentation requirements
- Allowable diagnosis (ICD-10-CM) codes
- Once-in-a-lifetime and other frequency limitations for reimbursement
- Select modifier and split-billing information

**Note:** Policy for most molecular pathology codes fits within the chart; however, some policy was too lengthy or complex for the chart and is covered outside of the chart.

### «Biomarker and Pharmacogenetic Testing

Medi-Cal covers medically necessary biomarker and pharmacogenomic testing, as described in the manual section *Proprietary Laboratory Analyses (PLA)*. Medi-Cal may not cover all CPT and HCPCS codes associated with a particular biomarker or pharmacogenomic test. As such, the particular biomarker or pharmacogenomic test code may be covered with an approved TAR if medical necessity is established, as described in the *TAR and Non-Benefit: Introduction to List* section of the Provider Manual.

### **Biomarker Testing**

Biomarker testing is used to diagnose, treat, manage, or monitor a Medi-Cal member's disease or condition to guide treatment decisions. As defined by Section 14132.09 of the *Welfare and Institutions Code*, biomarker testing is the analysis of an individual's tissue, blood or other biospecimen for the presence of a biomarker. Biomarker testing includes, but is not limited to, single-analyte tests, multiplex panel tests and whole genome sequencing. Biomarkers are a characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes or pharmacologic responses to a specific therapeutic intervention. A biomarker includes, but is not limited to, gene mutations or protein expression. Medically necessary biomarker testing is subject to utilization controls and evidence-based clinical practice guidelines.»

«When testing for biomarkers, all Medi-Cal providers must ensure that they are provided in a manner that limits disruptions to care. As with all Medi-Cal benefits, restricted or denied use of biomarker testing for the purpose of diagnosis, treatment or ongoing monitoring of any medical condition is subject to Medi-Cal's grievance, appeal and State Fair Hearing processes, as well as any additional processes established specifically for Medi-Cal managed care plans.

## Pharmacogenomic Testing

Pharmacogenomic testing is defined as a laboratory genetic testing that includes, but is not limited to, a panel test to identify how a person's genetics may impact the efficacy, toxicity and safety of medications. Medically necessary pharmacogenomic testing is covered subject to utilization controls and evidence-based clinical practice guidelines.»

## Modifiers

For a description of the modifiers billed with certain codes, refer to the *Modifiers: Approved List* section in this manual.

## Tier 1, Molecular Pathology, Code Correlation Chart

Providers should refer to the CPT code book for full descriptions of the following codes.

### Molecular Pathology CPT Codes, TAR and Billing Information

| CPT Code Description  | TAR Required | TAR and/or Billing Requirements  | Frequency          |
|---|--------------|--|--------------------|
| 81120<br>IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble), common variants        | No           | One of the following ICD-10-CM codes is required on the claim (except with valid TAR):<br>C71.0 thru C71.9 or C92.00 thru C92.02 | Once-in-a-lifetime |
| 81121<br>IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial), common variants  | No           | One of the following ICD-10-CM codes is required on the claim (except with valid TAR):<br>C71.0 thru C71.9 or C92.00 thru C92.02 | Once-in-a-lifetime |
| 81161<br>DMD (dystrophin) deletion analysis, and duplication analysis, if performed | No           | ICD-10-CM diagnosis code G71.0 (muscular dystrophy) is required on the claim.  | Once-in-a-lifetime |

«Molecular Pathology CPT Codes, TAR and Billing Information (continued)»

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements  | Frequency   |
|--|-----------------|--|---|
| 81162<br><br>BRCA1, BRCA2 gene analysis; full sequence analysis and full duplication/deletion analysis | Yes             | A TAR for CPT code 81162 requires documentation of one <i>or more</i> of the following numbered criteria.<br><br>Based on 2019 U.S. Preventive Services Task Force (USPSTF) recommendation: <ul style="list-style-type: none"> <li>- The patient has personal or family history that suggests an inherited cancer susceptibility based on any one of the following familial risk assessment tools:               <ul style="list-style-type: none"> <li>❖ The Ontario Family History Assessment Tool</li> <li>❖ Manchester Scoring System</li> <li>❖ Referral Screening Tool</li> <li>❖ Pedigree Assessment Tool</li> <li>❖ 7-Question Family History Screening Tool</li> <li>❖ International Breast Cancer Intervention Study instrument</li> <li>❖ Brief versions of BRCAPRO; <u>and</u></li> </ul> </li> <li>- The patient is willing to talk with a health professional who is suitably trained to provide genetic counseling and interpret test results; <u>and</u></li> </ul> <p align="right"><i>(continued on next page)</i></p> | Once-in-a-lifetime except with valid TAR override * |

## «Molecular Pathology CPT Codes, TAR and Billing Information (continued)»

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements  | Frequency   |
|--|-----------------|--|---|
| 81162<br>BRCA1, BRCA2 gene analysis; full sequence analysis and full duplication/deletion analysis | Yes             | <ul style="list-style-type: none"> <li>- The test results will aid in the decision-making; <u>or</u></li> <li>An individual from a family member with a known deleterious BRCA mutation; <u>or</u></li> <li>Personal history of breast cancer (invasive or ductal carcinoma in situ) plus one or more of the following:               <ul style="list-style-type: none"> <li>- Diagnosed at ≤45 years of age; <u>or</u></li> <li>- Diagnosed at 46 to 50 years of age with:                   <ul style="list-style-type: none"> <li>❖ An additional breast cancer primary at any age</li> <li>❖ One or more close blood relatives with breast cancer at any age</li> <li>❖ One or more close blood relatives with prostate cancer (Gleason score ≥7)</li> <li>❖ An unknown or limited family history; <u>or</u></li> </ul> </li> <li>- Diagnosed at ≤60 years of age with a triple negative breast cancer; <u>or</u></li> </ul> </li> </ul> <p style="text-align: right;"><i>(continued on next page)</i></p> | Once-in-a-lifetime except with valid TAR override * |

## «Molecular Pathology CPT Codes, TAR and Billing Information (continued)»

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements  | Frequency   |
|--|-----------------|--|---|
| 81162<br>BRCA1, BRCA2 gene analysis; full sequence analysis and full duplication/deletion analysis | Yes             | <ul style="list-style-type: none"> <li>- Diagnosed at any age with:               <ul style="list-style-type: none"> <li>❖ One or more close blood relatives with:                   <ul style="list-style-type: none"> <li>▪ Breast cancer diagnosed at ≤50 years of age; or</li> <li>▪ Ovarian carcinoma; or</li> <li>▪ Male breast cancer; or</li> <li>▪ Metastatic prostate cancer; or</li> <li>▪ Pancreatic cancer</li> </ul> </li> <li>❖ Two or more additional diagnosis of breast cancer at any age in patient and/or in close blood relatives; <u>or</u></li> </ul> </li> <li>- Ashkenazi Jewish ancestry; <u>or</u></li> <li>Personal history of ovarian carcinoma (includes fallopian tube and primary peritoneal cancers); <u>or</u></li> <li>Personal history of male breast cancer; <u>or</u></li> </ul> <p style="text-align: right;"><i>(continued on next page)</i></p> | Once-in-a-lifetime except with valid TAR override * |

## «Molecular Pathology CPT Codes, TAR and Billing Information (continued)»

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements   | Frequency   |
|--|-----------------|---|---|
| 81162<br>BRCA1, BRCA2 gene analysis; full sequence analysis and full duplication/deletion analysis | Yes             | Personal history of pancreatic cancer; <u>or</u><br>Personal history of metastatic prostate cancer (biopsy-proven and/or with radiographic evidence; includes distant metastasis and regional bed or nodes; not biochemical recurrence); <u>or</u><br>Personal history of high-grade prostate cancer (Gleason score $\geq 7$ ) at any age with: <ul style="list-style-type: none"> <li>- One or more close blood relatives (first-, second- or third-degree) with ovarian carcinoma, pancreatic cancer or metastatic prostate cancer at any age or breast cancer under 50 years of age; or</li> <li>- Two or more close blood relatives (first-, second- or third-degree relatives on the same side of family) with breast or prostate cancer (any grade) at any age; or</li> <li>- Ashkenazi Jewish ancestry; <u>or</u></li> </ul> <p style="text-align: right;"><i>(continued on next page)</i></p> | Once-in-a-lifetime except with valid TAR override * |

«Molecular Pathology CPT Codes, TAR and Billing Information (continued)»

| CPT Code<br>Description   | TAR<br>Required | TAR and/or Billing Requirements  | Frequency   |
|---|-----------------|--|---|
| 81162<br>BRCA1, BRCA2 gene<br>analysis; full<br>sequence analysis<br>and full<br>duplication/deletion<br>analysis | Yes             | <p>BRCA1/2 pathogenic/likely pathogenic variant detected by tumor profiling on any tumor type in the absence of germline pathogenic/likely pathogenic variant analysis; <u>or</u></p> <p>For an individual without history of breast or ovarian cancer, but with one or more first- or second-degree blood relative meeting any of the above criteria; <u>or</u></p> <p>For BRACAnalysis CDx testing for breast cancer, all of the following TAR criteria must be met:</p> <ul style="list-style-type: none"> <li>– Patient has metastatic breast cancer.</li> <li>– Patient is human epidermal growth factor receptor 2 (HER2)-negative.</li> <li>– Patient has previously been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting.</li> <li>– Patient’s additional treatment is contingent on the test results.</li> </ul> | Once-in-a-lifetime except with valid TAR override * |

«Molecular Pathology CPT Codes, TAR and Billing Information (continued)»

| <b>CPT Code<br/>Description</b>   | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>                        | <b>Frequency</b>   |
|---|-------------------------|---|--------------------|
| 81163<br>BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) gene analysis; full sequence analysis             | Yes                     | See CPT code 81162 for TAR criteria and billing requirements. | See CPT code 81162 |
| 81164<br>BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) gene analysis; full duplication/deletion analysis | Yes                     | See CPT code 81162 for TAR criteria and billing requirements. | See CPT code 81162 |
| 81165<br>BRCA1 (BRCA1, DNA repair associated) gene analysis; full sequence analysis   | Yes                     | See CPT code 81162 for TAR criteria and billing requirements. | See CPT code 81162 |
| 81166<br>BRCA1 (BRCA1, DNA repair associated) gene analysis; full duplication/deletion analysis                                       | Yes                     | See CPT code 81162 for TAR criteria and billing requirements. | See CPT code 81162 |



**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>                                  |
|---|---------------------|---|---|
| 81167<br>BRCA2 (BRCA2, DNA repair associated) gene analysis; full duplication/deletion analysis   | Yes                 | See CPT code 81162 for TAR criteria and billing requirements.   | See CPT code 81162                                |
| «81168<br>CCND1/IGH (t[11;14])(e.g., mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed | No                  | One of the following ICD-10-CM diagnosis codes is required on the claim:<br><br>C83.10 thru C83.19.   | Once in a lifetime»                               |
| 81170<br>ALB1 gene analysis, variants in the kinase domain  | Yes                 | Requires documentation on the TAR that the recipient has chronic myeloid leukemia (CML) and failed tyrosine kinase inhibitor (TKI) therapy  | Once-in-a-lifetime                                |
| 81171<br>AFF2 (AF4/FMR2 family, member 2 [FMR2]) gene analysis evaluation to detect abnormal alleles  | No                  | One of the following ICD-10-CM diagnosis codes is required on the claim (except with valid TAR):<br><br>F70, F71, F80.0 thru F89, H93.25, R48.0, R62.0 thru R62.59, F82, F88, R48.2 | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

|   |            |  |  |
|---|------------|--|--|
| <p>81172<br/>AFF2 (AF4/FMR2 family, member 2 [FMR2]) gene analysis; characterization of alleles</p> | <p>No</p>  | <p>One of the following ICD-10-CM diagnosis codes is required on the claim (except with valid TAR):</p> <ul style="list-style-type: none"> <li>• F70, F71, F80.0 thru F89, H93.25, R48.0, R62.0 thru R62.59, F82, F88, R48.2</li> </ul>  | <p>Once-in-a-lifetime except with valid TAR override</p> |
| <p>81173<br/>AR (androgen receptor) gene analysis; full gene sequence</p>                           | <p>Yes</p> | <p>A TAR for CPT code 81173 requires documentation of the following criteria:</p> <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for bulbar muscular atrophy, and</li> <li>• The patient requires the service as a confirmatory test for spinal and bulbar muscular atrophy</li> </ul> | <p>Once-in-a-lifetime except with valid TAR override</p> |
| <p>81174<br/>AR (androgen receptor) gene analysis; known familial variant</p>                       | <p>Yes</p> | <p>A TAR for CPT code 81174 requires documentation of the following criteria:</p> <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for bulbar muscular atrophy, and</li> <li>• The patient requires the service as a confirmatory test for spinal and bulbar muscular atrophy</li> </ul> | <p>Once-in-a-lifetime except with valid TAR override</p> |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|---|---------------------|--|---|
| 81175<br>ASXL gene analysis, full gene sequence                                 | No                  | One of the following ICD-10-CM codes is required on the claim (except with valid TAR):<br><br>C93.10 thru C93.12, D46.0 thru D46.C, D47.1  | Once-in-a-lifetime                                |
| 81176<br>ASXL gene analysis, targeted sequence analysis                         | No                  | One of the following ICD-10-CM codes is required on the claim (except with valid TAR):<br><br>C93.10 thru C93.12, D46.0 thru D46.C, D47.1  | Once-in-a-lifetime                                |
| 81177<br>ATN1 (atrophin 1) gene analysis, evaluation to detect abnormal alleles | Yes                 | A TAR for CPT code 81177 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for dentatorubral pallidolusian atrophy, and</li> <li>• The patient requires the service as a confirmatory test for dentatorubral pallidolusian atrophy</li> </ul> | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|--|---------------------|--|---|
| 81178<br>ATXN1 (ataxin 1) gene analysis, evaluation to detect abnormal alleles | Yes                 | A TAR for CPT code 81178 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 1 (SCA1), and</li> <li>• The patient requires the service as a confirmatory test for SCA1</li> </ul> | Once-in-a-lifetime except with valid TAR override |
| 81179<br>ATXN2 (ataxin 2) gene analysis, evaluation to detect abnormal alleles | Yes                 | A TAR for CPT code 81179 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 2 (SCA2), and</li> <li>• The patient requires the service as a confirmatory test for SCA2</li> </ul> | Once-in-a-lifetime except with valid TAR override |
| 81180<br>ATXN3 (ataxin 3) gene analysis, evaluation to detect abnormal alleles | Yes                 | A TAR for CPT code 81180 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 3 (SCA3), and</li> <li>• The patient requires the service as a confirmatory test for SCA3</li> </ul> | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>                                  |
|--|---------------------|---|---|
| 81181<br>ATXN7 (ataxin 7) gene analysis, evaluation to detect abnormal alleles                             | Yes                 | A TAR for CPT code 81181 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 7 (SCA7), and</li> <li>• The patient requires the service as a confirmatory test for SCA7</li> </ul>    | Once-in-a-lifetime except with valid TAR override |
| 81182<br>ATXN8OS (ATXN8 opposite strand [non-protein coding]) gene analysis, evaluation to detect abnormal | Yes                 | A TAR for CPT code 81182 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 8 (SCA8), and</li> <li>• The patient requires the service as a confirmatory test for SCA8</li> </ul>    | Once-in-a-lifetime except with valid TAR override |
| 81183<br>ATXN10 (ataxin 10) gene analysis, evaluation to detect abnormal alleles                           | Yes                 | A TAR for CPT code 81183 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 10 (SCA10), and</li> <li>• The patient requires the service as a confirmatory test for SCA10</li> </ul> | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>                                  |
|--|---------------------|---|---|
| 81184<br>CACNA1A (calcium voltage-gated channel subunit alpha1 A) gene analysis; evaluation to detect abnormal alleles | Yes                 | A TAR for CPT code 81184 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for Episodic ataxia type 2 (EA2), and</li> <li>• The patient requires the service as a confirmatory test for EA2</li> </ul> | Once-in-a-lifetime except with valid TAR override |
| 81185<br>CACNA1A (calcium voltage-gated channel subunit alpha1 A) gene analysis; full gene sequence                    | Yes                 | A TAR for CPT code 81185 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for Episodic ataxia type 2 (EA2), and</li> <li>• The patient requires the service as a confirmatory test for EA2</li> </ul> | Once-in-a-lifetime except with valid TAR override |
| 81186<br>CACNA1A (calcium voltage-gated channel subunit alpha1 A) gene analysis; known familial variant                | Yes                 | A TAR for CPT code 81186 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for Episodic ataxia type 2 (EA2), and</li> <li>• The patient requires the service as a confirmatory test for EA2</li> </ul> | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>                                  |
|---|---------------------|---|---|
| 81187<br>CNBP (CCHC-type zinc finger nucleic acid binding protein) gene analysis, evaluation to detect abnormal alleles | Yes                 | A TAR for CPT code 81187 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for Myotonic dystrophy type 2 (MD2), and</li> <li>• The patient requires the service as a confirmatory test for MD2</li> </ul>  | Once-in-a-lifetime except with valid TAR override |
| 81188<br>CSTB (cystatin B) gene analysis; evaluation to detect abnormal alleles   | Yes                 | A TAR for CPT code 81188 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for myoclonic epilepsy type 1 and requires the service as a confirmatory test for myoclonic epilepsy type 1, and</li> <li>• Treatment will be contingent on test results</li> </ul> | Once-in-a-lifetime except with valid TAR override |
| 81189<br>CSTB (cystatin B) gene analysis; full gene sequence  | Yes                 | A TAR for CPT code 81189 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for myoclonic epilepsy type 1 and requires the service as a confirmatory test for myoclonic epilepsy type 1, and</li> <li>• Treatment will be contingent on test results</li> </ul> | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>                                  |
|---|---------------------|---|---|
| 81190<br>CSTB (cystatin B) gene analysis; known familial variant(s)                                   | Yes                 | A TAR for CPT code 81190 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>The patient has clinical signs or symptoms suspicious for myoclonic epilepsy type 1 and requires the service as a confirmatory test for myoclonic epilepsy type 1, and</li> </ul> Treatment will be contingent on test results  | Once-in-a-lifetime except with valid TAR override |
| «81191<br>NTRK1 (neurotrophic receptor tyrosine kinase 1) (e.g., solid tumors) translocation analysis | Yes                 | A TAR for CPT code 81191 requires documentation of the following criteria:<br>Adult and pediatric patients with solid tumors with any one of the following clinical scenarios: <ul style="list-style-type: none"> <li>Metastatic tumor or where surgical resection is likely to result in severe morbidity, or</li> <li>Have no satisfactory alternative treatments or have progressed following treatment</li> </ul> | N/A»  |



**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>                        | <b>Frequency</b> |
|--|---------------------|---|------------------|
| «81192<br>NTRK2 (neurotrophic receptor tyrosine kinase 2)(e.g., solid tumors) translocation analysis                       | Yes                 | See CPT code 81191 for TAR criteria and billing requirements. | N/A»             |
| «81193<br>NTRK3 (neurotrophic receptor tyrosine kinase 3)(e.g., solid tumors) translocation analysis                       | Yes                 | See CPT code 81191 for TAR criteria and billing requirements. | N/A»             |
| «81194<br>NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (e.g., solid tumors) translocation analysis | Yes                 | See CPT code 81191 for TAR criteria and billing requirements. | N/A»             |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>                                  |
|---|---------------------|---|---|
| 81201<br>APC gene analysis;<br>full gene sequence                             | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C18.0 thru C18.9, D12.0 thru D12.9, K63.5, Z86.010  | Once-in-a-lifetime                                |
| 81202<br>APC gene analysis;<br>known familial variants                        | Yes                 | Requires documentation on the TAR of a family history of familial adenomatous polyposis that includes a relative with a known deleterious APC mutation  | Once-in-a-lifetime                                |
| 81203<br>APC gene analysis;<br>duplication/deletion variants                  | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C18.0 thru C18.9, D12.0 thru D12.9, K63.5, Z86.010  | Once-in-a-lifetime                                |
| 81204<br>AR (androgen receptor) gene analysis;<br>characterization of alleles | Yes                 | A TAR for CPT code 81204 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for bulbar muscular atrophy, and</li> <li>• The patient requires the service as a confirmatory test for spinal and bulbar muscular atrophy</li> </ul> | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>   |
|---|---------------------|---|--------------------|
| 81206<br>BCR/ABL1 translocation analysis; major breakpoint                                    | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C91.00 thru C91.02 or C92.10 thru C92.12  | N/A                |
| 81207<br>BCR/ABL1 translocation analysis; minor breakpoint                                    | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C91.00 thru C91.02 or C92.10 thru C92.12  | N/A                |
| 81208<br>BCR/ABL1 translocation analysis; other breakpoint                                    | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C91.00 thru C91.02 or C92.10 thru C92.12  | N/A                |
| 81210<br>BRAF (B-Raf proto-oncogene, serine/threonine kinase), gene analysis, V600 variant(s) | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C18.0 thru C18.9, C19, C20, C33, C34.00 thru C34.92, C43.0 thru C43.9, C79.2 or D03.0 thru D03.9  | Once-in-a-lifetime |
| 81212<br>BRCA1, BRCA2 gene analysis; variants   | Yes                 | Requires documentation on the TAR of the following: <ul style="list-style-type: none"> <li>An individual is of an ethnicity associated with the Ashkenazi Jewish population</li> </ul> No additional family history may be required | Once-in-a-lifetime |
| 81215<br>BRCA1 (breast cancer 1) gene analysis; known familial variant                        | Yes                 | See CPT code 81162 for TAR criteria and billing requirements.   | See CPT code 81162 |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|--|---------------------|--|--------------------|
| 81216<br>BRCA2 (breast cancer 2) gene analysis; full sequence analysis                           | Yes                 | See CPT code 81162 for TAR criteria and billing requirements.  | See CPT code 81162 |
| 81217<br>BRCA2 (breast cancer 2) gene analysis; known familial variant                           | Yes                 | See CPT code 81162 for TAR criteria and billing requirements.  | See CPT code 81162 |
| 81218<br>CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) gene analysis, full gene sequence | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C92.00 thru C92.02, C92.40 thru C92.42 or C92.50 thru C92.52 | Once-in-a-lifetime |
| 81219<br>CALR (calreticulin) gene analysis, common variants in exon 9                            | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C92.10 thru C92.12, D45, D47.3 or D75.81                     | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>   |
|--|---------------------|---|--------------------|
| 81220<br>CFTR (cystic fibrosis transmembrane conductance regulator) gene analysis; common variants                                       | No                  | When used to bill for cystic-fibrosis screening requires ICD-10-CM diagnosis code O09.00 thru O09.93, Z31.430, Z31.440, «Z31.5,» Z34.00 thru Z34.03, Z34.80 thru Z34.83, Z34.90 thru Z34.93<br><br>Not reimbursable with code 81224 for same date of service, recipient and provider<br><br>May be billed separately with an appropriate National Correct Coding Initiative (NCCI) associated modifier<br><br>Refer to the <i>Genetic Counseling and Screening</i> section for additional information | Once-in-a-lifetime |
| 81221<br>CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; known familial variants       | Yes                 | TAR requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The Patient has a strong clinical presentation suspicious of CF, and</li> <li>• Family with known variant not included in the test for common variants</li> </ul>  | Once-in-a-lifetime |
| 81222<br>CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; duplication/deletion variants | Yes                 | TAR requires a documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has a strong clinical presentation suspicious of CF, and</li> <li>• Gene test for common variants did not result in two disease-causing variants in CFTR</li> </ul>  | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|--|---------------------|--|---|
| 81223<br>CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; full gene sequence                                | Yes                 | TAR requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• Patient has intermediate sweat chloride result, or</li> <li>• Patient with confirmed or suspected CF, with unknown genotype, and additional treatment or assessment of prognosis is contingent on the result of the test, or</li> <li>• Patient with normal sweat chloride results despite a strong clinical suspicion of CF</li> </ul> | Once-in-a-lifetime                                |
| 81224<br>CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; intron 8 poly-T analysis (e.g., male infertility) | No                  | When used to bill for cystic-fibrosis testing requires ICD-10-CM diagnosis code N46.9  | Once-in-a-lifetime                                |
| 81225<br>CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19), gene analysis, common variants  | No                  | Billable with any valid ICD-10-CM diagnosis code   | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                   |
|--|---------------------|--|--|
| 81226<br>CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6), gene analysis, common variants  | Yes                 | A TAR requires documentation that: <ul style="list-style-type: none"> <li>The patient is being treated with Tetrabenazine and requires a dose above 50 milligrams per day, or</li> <li>The patient has Gaucher disease type 1 and is being considered for treatment with Eliglustat</li> </ul>       | Once-in-a-lifetime except with valid TAR override  |
| 81227<br>CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6) | Yes                 | A TAR requires documentation that the patient has a diagnosis of multiple sclerosis and is being considered for treatment with Siponimod   | Once-in-a-lifetime except with valid TAR override  |
| «81232<br>DPYD<br>(dihydropyrimidine dehydrogenase) gene analysis, common variant(s)   | Yes                 | A TAR requires documentation of the following criteria: <ul style="list-style-type: none"> <li>Patient had severe and unexpected toxicity (such as myelosuppression, mucositis, diarrhea, neurotoxicity, cardiotoxicity) during treatment with Fluorouracil or Capecitabine chemotherapy.</li> </ul> | Once-in-a-lifetime except with valid TAR override» |
| 81233<br>BTK (Bruton's tyrosine kinase) gene analysis, common variants   | No                  | One of the following ICD-10-CM codes is required on the claim (except with valid TAR):<br><br>D80.0 thru D80.6, C91.10 thru C91.12, C83.00 thru C83.09   | Once-in-a-lifetime except with valid TAR override  |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|---|---------------------|--|---|
| 81234<br>DMPK (DM1 protein kinase) gene analysis; evaluation to detect abnormal alleles                     | Yes                 | A TAR for CPT code 81234 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for myotonic dystrophy type 1 (MD1), and</li> <li>• The patient requires the service as a diagnostic test for MD1</li> </ul> | Once-in-a-lifetime except with valid TAR override |
| 81235<br>EGFR (epidermal growth factor receptor) gene analysis, common variants                             | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C33, C34.00 thru C34.92  | Once-in-a-lifetime                                |
| 81236<br>EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) gene analysis, full gene sequence | No                  | One of the following ICD-10-CM codes is required on the claim (except with valid TAR):<br>D47.1, D47.3, C83.30 thru C83.39   | N/A   |
| 81237<br>EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) gene analysis, common variant(s)  | No                  | One of the following ICD-10-CM codes is required on the claim (except with valid TAR):<br>D47.1, D47.3, C83.30 thru C83.39   | N/A   |
| 81238<br>F9 (coagulation factor IX) full gene analysis sequence   | No                  | ICD-10-CM code D67 is required on the claim (except with valid TAR)  | Once-in-a-lifetime                                |



**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|---|---------------------|--|---|
| 81239<br>DMPK (DM1 protein kinase) gene analysis;<br>characterization of alleles                            | Yes                 | A TAR for CPT code 81239 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>The patient has clinical signs or symptoms suspicious for myotonic dystrophy type 1 (MD1), and</li> </ul> The patient requires the service as a diagnostic test for MD1. | Once-in-a-lifetime except with valid TAR override |
| 81243<br>FMR1 (fragile X mental retardation 1) gene analysis;<br>evaluation to detect abnormal alleles      | No                  | One of the following ICD-10-CM codes is required on the claim:<br>F70, F71 thru F73, F78, F80.0 thru F84.2, F88, F89, H93.25, R48.2, R62.0, R62.50 thru R62.59   | Once-in-a-lifetime                                |
| 81244<br>FMR1 (fragile X mental retardation 1) gene analysis;<br>characterization of alleles                | No                  | One of the following ICD-10-CM codes is required on the claim:<br>F70, F71 thru F73, F78, F80.0 thru F84.2, F88, F89, H93.25, R48.2, R62.0, R62.50 thru R62.59   | Once-in-a-lifetime                                |
| 81245<br>FLT3 (fms-related tyrosine kinase 3), gene analysis;<br>internal tandem duplication (ITD) variants | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C92.00 thru C92.02, C92.60 thru C92.62 or C92.A0 thru C92.A2   | Once-in-a-lifetime                                |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>   |
|---|---------------------|---|--------------------|
| 81246<br>FLT3 (fms-related tyrosine kinase 3), gene analysis; tyrosine kinase domain (TKD) variants | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C92.00 thru C92.02, C92.60 thru C92.62 or C92.A0 thru C92.A2              | Once-in-a-lifetime |
| 81250<br>G6PC (glucose-6-phosphatase, catalytic subunit) gene analysis, common variants             | Yes                 | The patient has clinical features suspicious for, or requires the laboratory service as a diagnostic test for glycogen storage disease, type 1a | Once-in-a-lifetime |
| 81256<br>HFE (hemochromatosis) gene analysis, common variants                                       | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>E83.10, E83.110 or E83.118 thru E83.119                                   | Once-in-a-lifetime |
| 81257<br>HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; common deletions or variant  | No                  | N/A   | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>   |
|--|---------------------|---|--------------------|
| 81258<br>HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; known familial variant  | No                  | N/A   | Once-in-a-lifetime |
| 81259<br>HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; full gene sequence  | No                  | N/A   | Once-in-a-lifetime |
| 81260<br>IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinas complex-associated protein) gene analysis, common variants | Yes                 | Requires documentation on the TAR of: <ul style="list-style-type: none"> <li>• Hypotonia in infancy</li> <li>• Decreased or absent deep tendon reflexes</li> <li>• Decreased taste and absence of fungiform papillae of the tongue</li> <li>• Absence of overflow tears with emotional crying (alacrima)</li> <li>• Absence of axon flare response after intradermal histamine injection</li> <li>• Pupillary hypersensitivity to parasympathomimetic agents</li> </ul> | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>   |
|--|---------------------|---|--------------------|
| 81265<br>Comparative analysis using Short Tandem Repeat markers                                      | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C81.00 thru C96.9, D45, T86.00 thru T86.09 or T86.5 | Once-in-a-lifetime |
| 81266<br>Comparative analysis using Short Tandem Repeat markers; each additional specimen            | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C81.00 thru C96.9, D45, T86.00 thru T86.09 or T86.5 | Once-in-a-lifetime |
| 81267<br>Chimerism (engraftment) analysis, post transplantation specimen; without cell selection     | No                  | One of the following ICD-10-CM codes is required on the claim:<br>T86.01, T86.02, T86.09 or T86.5                     | N/A                |
| 81268<br>Chimerism (engraftment) analysis, post transplantation specimen; with cell selection        | No                  | One of the following ICD-10-CM codes is required on the claim:<br>T86.01, T86.02, T86.09 or T86.5                     | N/A                |
| 81269<br>HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; duplication/deletion variants | No                  | N/A   | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|--|---------------------|--|---|
| 81270<br>JAK2 (Janus kinase 2) gene analysis, p. Val617Phe (V617F) variant     | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C91.00 thru C91.02, D45, D47.1 or D47.3  | Once-in-a-lifetime                                |
| 81271<br>HTT (huntingtin) gene analysis; evaluation to detect abnormal alleles | Yes                 | A TAR for CPT code 81271 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• For adults, the patient has unequivocal motor signs of Huntington’s disease (HD) and requires the service to confirm the diagnosis</li> <li>• For children, the patient has a family history of HD and develops symptoms that raise the suspicion for juvenile-onset HD as exemplified by two or more of the following: <ul style="list-style-type: none"> <li>– Declining school performance</li> <li>– Seizures</li> <li>– Oral motor dysfunction</li> <li>– Rigidity</li> <li>– Gait disturbance</li> </ul> </li> </ul> | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>   |
|---|---------------------|---|--------------------|
| 81272<br>KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog), gene analysis, targeted sequence analysis | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C43.70, C92.00 thru C92.02, C92.40 thru C92.42, C92.50 thru C92.52, D03.70 thru D03.72 or D48.1 | Once-in-a-lifetime |
| 81273<br>KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog), gene analysis, D816 variant(s)            | No                  | One of the following ICD-10-CM codes is required on the claim:<br>C96.20 thru C96.29  | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>                                  |
|--|---------------------|---|---|
| 81274<br>HTT (huntingtin) gene analysis; characterization of alleles                         | Yes                 | <p>A TAR for CPT code 81274 requires documentation of the following criteria:</p> <ul style="list-style-type: none"> <li>• For adults, the patient has unequivocal motor signs of Huntington’s disease (HD) and requires the service to confirm the diagnosis</li> <li>• For children, the patient has a family history of HD and develops symptoms that raise the suspicion for juvenile-onset HD as exemplified by two or more of the following: <ul style="list-style-type: none"> <li>– Declining school performance</li> <li>– Seizures</li> <li>– Oral motor dysfunction</li> <li>– Rigidity</li> <li>– Gait disturbance</li> </ul> </li> </ul> | Once-in-a-lifetime except with valid TAR override |
| 81275<br>KRAS (Kirsten rat sarcoma viral oncogene homolog) gene analysis; variants in exon 2 | No                  | <p>One of the following ICD-10-CM codes is required on the claim:<br/>C18.0 thru C20, D01.1, D01.2, D01.40, D01.49, D37.4 or D37.5</p>  | Once-in-a-lifetime                                |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|---|---------------------|--|--------------------|
| 81276<br>KRAS (Kristen rat sarcoma viral oncogene homolog) gene analysis; additional variant(s)   | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C18.0, C18.2 thru C20, D01.1, D01.2, D01.40, D01.49, D37.4 or D37.5  | Once-in-a-lifetime |
| 81278<br>IGH @/BLC2 (t[4; 18]) (e.g., follicular lymphoma)translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative | Yes                 | A TAR for CPT code 81278 requires documentation of the following criteria:<br><br>The patient has clinical features suspicious for, or requires the service as a diagnostic test for follicular lymphoma | Once in a lifetime |
| 81279<br>JAK2 (Janus kinase 2) (e.g., myeloproliferative disorder) gene analysis, (e.g., exons 12 and 13)   | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C91.00 thru C91.02, D45, D47.1 or D47.3  | N/A                |



**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|--|---------------------|--|---|
| 81283<br>IFNL3 (interferon, lambda 3), gene analysis, rs12979860 variant     | No                  | ICD-10-CM code B18.2 is required on the claim (except with valid TAR)  | Once-in-a-lifetime                                |
| 81284<br>FXN (frataxin) gene analysis; evaluation to detect abnormal alleles | Yes                 | A TAR for CPT code 81284 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for Friedreich ataxia (FRDA), and</li> <li>• The patient requires the service as a confirmatory test for FRDA</li> </ul> | Once-in-a-lifetime except with valid TAR override |
| 81285<br>FXN (frataxin) gene analysis; characterization of alleles           | Yes                 | A TAR for CPT code 81285 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for Friedreich ataxia (FRDA), and</li> <li>• The patient requires the service as a confirmatory test for FRDA</li> </ul> | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|---|---------------------|--|---|
| 81286<br>FXN (frataxin) gene analysis; full gene sequence                   | Yes                 | A TAR for CPT code 81286 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>The patient has clinical signs or symptoms suspicious for Friedreich ataxia (FRDA), and</li> </ul> The patient requires the service as a confirmatory test for FRDA          | Once-in-a-lifetime except with valid TAR override |
| 81287<br>MGMT (O-6 methylguanin-DNA methyltransferase) methylation analysis | Yes                 | Document on the TAR: <ul style="list-style-type: none"> <li>The patient has the diagnosis of glioblastoma multiforme, and</li> <li>Treatment strategy will be contingent on the test results</li> </ul>  | Once-in-a-lifetime, any provider                  |
| 81288<br>MLH1 gene analysis; promoter methylation analysis                  | Yes                 | Document the following criteria on the TAR: <ul style="list-style-type: none"> <li>Patient with cancer(s) associated with Lynch Syndrome, and</li> <li>The tumor demonstrates microsatellite instability or immunohistochemistry results indicating loss of MLH1 protein expression</li> </ul> | Once-in-a-lifetime                                |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|--|---------------------|--|---|
| 81289<br>FXN (frataxin) gene analysis; known familial variant(s)   | Yes                 | A TAR for CPT code 81289 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for Friedreich ataxia (FRDA), and</li> <li>• The patient requires the service as a confirmatory test for FRDA</li> </ul> | Once-in-a-lifetime except with valid TAR override |
| 81292<br>MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) gene analysis; full sequence analysis  | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42  | Once-in-a-lifetime                                |
| 81293<br>MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) gene analysis; known familial variants | Yes                 | Document on the TAR family history of Lynch Syndrome that includes a relative with a known deleterious MLH1 mutation   | Once-in-a-lifetime                                |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>   |
|--|---------------------|---|--------------------|
| 81294<br>MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) gene analysis; duplication/deletion variants | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42 | Once-in-a-lifetime |
| 81295<br>MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) gene analysis; full sequence analysis        | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42 | Once-in-a-lifetime |
| 81296<br>MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) gene analysis; known familial variants       | Yes                 | Document on the TAR family history of Lynch Syndrome that includes a relative with a known deleterious MSH2 mutation  | Once-in-a-lifetime |
| 81297<br>MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) gene analysis; duplication/deletion variants | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42 | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|---|---------------------|--|--------------------|
| 81298<br>MSH6 (mutS homolog 6 [E. coli]) gene analysis; full sequence analysis  | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42  | Once-in-a-lifetime |
| 81299<br>MSH6 (mutS homolog 6 [E. coli]) gene analysis; known familial variants   | Yes                 | Document on the TAR family history of Lynch Syndrome that includes a relative with a known deleterious MSH6 mutation   | Once-in-a-lifetime |
| 81300<br>MSH6 (mutS homolog 6 [E. coli]) gene analysis; duplication/deletion variants   | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42  | Once-in-a-lifetime |
| 81301<br>Microsatellite instability analysis of markers for mismatch repair deficiency, includes comparison of neoplastic and normal tissue, if performed | No                  | Reimbursable for patients who meet one of the following criteria: the patient is diagnosed with one of the Lynch syndrome-associated cancers; or, the patient is diagnosed with an unresectable or metastatic solid tumor and the treatment will be contingent on the test result. | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|---|---------------------|--|---|
| 81305<br>MYD88 (myeloid differentiation primary response 88) (gene analysis, p.Leu265Pro (L265P) variant) | No                  | The following ICD-10-CM code is required on the claim (except with valid TAR):<br><br>C88.0  | Once-in-a-lifetime except with valid TAR override |
| 81306<br>NUDT15 (nudix hydrolase 15) gene analysis, common variant(s)                                     | Yes                 | A TAR for CPT code 81306 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient is undergoing thiopurine therapy, and</li> <li>• The patient has severe or prolonged myelosuppression.</li> </ul>    | Once-in-a-lifetime except with valid TAR override |
| 81309<br>PIK3CA gene analysis, targeted sequence analysis   | Yes                 | A TAR/SAR for CPT code 81309 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has confirmed diagnosis of breast cancer</li> <li>• Treatment is contingent on the result of the test</li> </ul> | Once-in-a-lifetime                                |
| 81310<br>NPM1 (nucleophosmin) gene analysis, exon 12 variants   | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C92.00 thru C92.02   | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|--|---------------------|--|---|
| 81311<br>NRAS<br>(neuroblastoma RAS viral [v-ras] oncogene homolog) gene analysis, variants in exon 2 and exon 3           | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C18.0, C18.2 thru C20, D01.1, D01.2, D01.40, D01.49, D37.4 or D37.5  | Once-in-a-lifetime                                |
| 81312<br>PABPN1 (poly[A] binding protein nuclear 1) gene analysis, evaluation to detect abnormal alleles                   | Yes                 | A TAR for CPT code 81312 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has symptoms of ptosis and dysphagia, and</li> <li>• The patient requires the service as a confirmatory test for Oculopharyngeal Muscular Dystrophy</li> </ul> | Once-in-a-lifetime except with valid TAR override |
| 81314<br>PDGFRA<br>(platelet-derived growth factor receptor, alpha polypeptide), gene analysis, targeted sequence analysis | No                  | ICD-10-CM code D48.1 is required on the claim.   | Once-in-a-lifetime                                |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|---|---------------------|--|--------------------|
| 81315<br>PML/RAR-alpha (promyelocytic leukemia/retinoic acid receptor alpha) translocation analysis; common breakpoints | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C92.40 thru C92.42   | N/A                |
| 81316<br>PML/RAR-alpha (promyelocytic leukemia/retinoic acid receptor alpha) translocation analysis; single breakpoint  | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C92.40 thru C92.42   | N/A                |
| 81317<br>PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) gene analysis; full sequence analysis               | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C17.0 thru C20, C24.0 thru C25.9, thru C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42 | Once-in-a-lifetime |



**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>                                  |
|---|---------------------|---|---|
| 81318<br>PMS2 (postmeiotic segregation increased 2 [ <i>S. cerevisiae</i> ]) gene analysis; known familial variants       | Yes                 | Document on the TAR family history of Lynch Syndrome that includes a relative with a known deleterious PMS2 mutation  | Once-in-a-lifetime                                |
| 81319<br>PMS2 (postmeiotic segregation increased 2 [ <i>S. cerevisiae</i> ]) gene analysis; duplication/deletion variants | No                  | One of the following ICD-10-CM codes is required on the claim:<br><br>C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42 | Once-in-a-lifetime                                |
| 81320<br>PLCG2 (phospholipase C gamma 2) gene analysis, common variants   | No                  | One of the following ICD-10-CM codes is required on the claim (except with valid TAR):<br><br>C91.10 thru C91.12  | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>   | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>          |
|---|-------------------------|---|---------------------------|
| <p>81321</p> <p>PTEN (phosphatase and tensin homolog) gene analysis; full sequence analysis</p> | <p>Yes</p>              | <p>A TAR for CPT code 81321 requires documentation of one or more of the following numbered criteria:</p> <ol style="list-style-type: none"> <li>1. Individual with a personal history of: Bannayan-Riley-Ruvalcaba syndrome, or               <ul style="list-style-type: none"> <li>– Adult Lhermitte-Duclos disease, or</li> <li>– Autism spectrum disorder AND macrocephaly, or</li> <li>– Two or more biopsy-proven trichilemmomas, or</li> <li>– Two or more major criteria (one macrocephaly), or</li> <li>– Three major criteria without macrocephaly, or</li> <li>– One major and three or more minor criteria, or</li> <li>– Four or more minor criteria (please see list below)</li> </ul> </li> </ol> <p>At-risk individual: With a relative who has a clinical diagnosis of Cowden syndrome or Bannayan-Riley-Ruvalcaba syndrome for whom testing has not been performed AND who has any one major criterion or two minor criteria</p> <p style="text-align: right;"><i>(continued on next page)</i></p> | <p>Once-in-a-lifetime</p> |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>                            | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|--|-------------------------|--|--------------------|
| 81321<br><br>PTEN gene analysis;<br>full sequence analysis | Yes                     | Major Criteria <ul style="list-style-type: none"> <li>• Breast cancer</li> <li>• Mucocutaneous lesions</li> <li>• One biopsy-proven trichilemmoma</li> <li>• Multiple palmoplantar keratosis</li> <li>• Multifocal or extensive oral mucosal papillomatosis</li> <li>• Multiple cutaneous facial papules (often verrucous)</li> <li>• Macular pigmentation of glans penis</li> <li>• Macrocephaly (megalcephaly, ie, ≥97th percentile)</li> <li>• Endometrial cancer</li> <li>• Non-medullary thyroid cancer</li> <li>• Multiple GI tract hamartomas or ganglioneuromas</li> </ul> <p style="text-align: right;"><i>(continued on next page)</i></p> | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>                                  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|--|---------------------|--|--------------------|
| 81321<br>PTEN gene analysis;<br>full sequence analysis       | Yes                 | Minor Criteria <ul style="list-style-type: none"> <li>• Other thyroid lesions (adenoma, nodule, goiter)</li> <li>• Mental retardation (IQ ≤75)</li> <li>• Autism spectrum disorder</li> <li>• Single GI tract hamartoma or ganglioneuroma</li> <li>• Fibrocystic disease of the breast</li> <li>• Lipomas</li> <li>• Fibromas</li> <li>• Renal cell carcinoma</li> <li>• Uterine fibroids</li> </ul> | Once-in-a-lifetime |
| 81322<br>PTEN gene analysis;<br>known familial variant       | Yes                 | Requires documentation on the TAR that patient is from a family with a known PTEN mutation   | Once-in-a-lifetime |
| 81323<br>PTEN gene analysis;<br>duplication/deletion variant | Yes                 | Requires documentation on the TAR of a negative result in the full sequence analysis in PTEN (CPT code 81321), and that patient meets one or more criteria listed under code 81321   | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>   | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>                                  |
|---|-------------------------|--|---|
| 81329<br>SMN1 (survival of motor neuron 1, telomeric) gene analysis; dosage/deletion analysis, includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed | No                      | One of the following ICD-10-CM diagnosis codes is required on the claim (except with valid TAR):<br><br>O09.00 thru O09.93, Z31.430, Z31.440, Z31.5, Z34.00 thru Z34.03, Z34.80 thru Z34.83, Z34.90 thru Z34.93, | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| CPT Code<br>Description                      | TAR<br>Required | TAR and/or Billing Requirements  | Frequency          |
|--|-----------------|--|--------------------|
| 81331<br>SNRPN/UBE3A<br>methylation analysis | Yes             | Document the following age-specific criteria on the TAR <ul style="list-style-type: none"> <li>• <u>Birth to two years</u>: Hypotonia with poor suck</li> <li>• <u>Two to six years</u>: Hypotonia with history of poor suck and global development delay</li> <li>• <u>Six to 13 years</u>: History of hypotonia with poor suck (hypotonia often persists); global development delay; and excessive eating (hyperphagia; obsession with food) with central obesity if uncontrolled</li> <li>• <u>13 years to adult</u>: Cognitive impairment – usually mild mental retardation; excessive eating (hyperphagia; obsession with food) with central obesity if uncontrolled; and hypothalamic hypogonadism and/or typical behavior problems (including temper tantrums and obsessive-compulsive features)</li> </ul> | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|---|---------------------|--|--------------------|
| 81334<br>RUNX1 (runt related transcription factor 1), gene analysis, targeted sequence analysis | No                  | One of the following ICD-10-CM codes is required on the claim (except with valid TAR):<br>C92.00 thru C92.02, C92.40 thru C92.A2   | Once-in-a-lifetime |
| 81335<br>TPMT (thiopurine S-methyltransferase), gene analysis, common variants                  | Yes                 | The service requires a TAR with documentation of the following criteria: <ul style="list-style-type: none"> <li>• That the patient is undergoing thiopurine therapy, and</li> <li>• The patient has severe or prolonged myelosuppression.</li> </ul>   | Once-in-a-lifetime |
| 81336<br>SMN1 (survival of motor neuron 1, telomeric) gene analysis; full gene sequence         | Yes                 | A TAR for CPT code 81336 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for spinal muscular atrophy, and</li> <li>• The patient requires the service as a confirmatory test for spinal muscular atrophy</li> </ul> | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>                                  |
|--|---------------------|---|---|
| 81337<br>SMN1 (survival of motor neuron 1, telomeric) gene analysis; known familial sequence variant(s)  | Yes                 | A TAR for CPT code 81337 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>The patient has clinical signs or symptoms suspicious for spinal muscular atrophy, and</li> </ul> The patient requires the service as a confirmatory test for spinal muscular atrophy | Once-in-a-lifetime except with valid TAR override |
| 81338<br>MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R) | Yes                 | A TAR for CPT code 81338 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>The patient has clinical features suspicious for, or requires the service as a diagnostic test for myeloproliferative disorder</li> </ul>   | N/A   |



**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|---|---------------------|--|--------------------|
| 81339<br>MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10  | Yes                 | A TAR for CPT code 81339 requires documentation of the following criteria:<br><br>The patient has clinical features suspicious for, or requires the service as a diagnostic test for myeloproliferative disorder   | N/A                |
| 81340<br>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) | Yes                 | A TAR for CPT code 81340 requires documentation of the following criteria:<br><br><ul style="list-style-type: none"> <li>The patient has clinical signs or symptoms suspicious for lymphoma and requires the service as a confirmatory test for lymphoma; or</li> </ul> The test is used to aid in classification of lymphomas | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|--|---------------------|--|--------------------|
| 81341<br>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) | Yes                 | A TAR for CPT code 81341 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for lymphoma and requires the service as a confirmatory test for lymphoma; or</li> </ul> The test is used to aid in classification of lymphomas            | Once-in-a-lifetime |
| 81342<br>TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)  | Yes                 | A TAR for CPT code 81342 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for lymphoma and requires the service as a confirmatory test for lymphoma; or</li> <li>• The test is used to aid in classification of lymphomas</li> </ul> | Once-in-a-lifetime |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>                                  |
|--|---------------------|---|---|
| 81343<br>PPP2R2B (protein phosphatase 2 re.g.ulatory subunit Bbeta) gene analysis, evaluation to detect abnormal alleles | Yes                 | A TAR for CPT code 81343 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 12 (SCA12), and</li> <li>• The patient requires the service as a confirmatory test for SCA12</li> </ul> | Once-in-a-lifetime except with valid TAR override |
| 81344<br>TBP (TATA box binding protein) gene analysis, evaluation to detect abnormal alleles                             | Yes                 | A TAR for CPT code 81344 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 17 (SCA17), and</li> <li>• The patient requires the service as a confirmatory test for SCA17</li> </ul> | N/A   |
| 81345<br>TERT (telomerase reverse transcriptase) gene analysis, targeted sequence analysis                               | Yes                 | A TAR for CPT code 81345 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• The patient has the diagnosis of grade II, III or IV glioma.</li> </ul>   | Once-in-a-lifetime except with valid TAR override |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b> |
|---|---------------------|--|------------------|
| 81347<br>SF3B1 (splicing factor [3b] subunit B1) (e.g., myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (e.g., A672T, E622D, L833F, R625C, R625L) | No                  | One of the following ICD-10-CM codes is required on the claim<br>C92.00 thru C92.02, D46.0, D46.1, D46.20, D46.21, D46.22, D46.A, D46.B, D46.C, D46.4, D46.Z, D46.9. | N/A              |
| 81348<br>SRSF2 (serine and arginine-rich splicing factor 2) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (e.g., P95H, P95L)            | No                  | One of the following ICD-10-CM codes is required on the claim<br>C92.00 thru C92.02, D46.0, D46.1, D46.20, D46.21, D46.22, D46.A, D46.B, D46.C, D46.4, D46.Z, D46.9. | N/A              |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b> |
|--|---------------------|---|------------------|
| <p>81351</p> <p>TP53 (tumor protein 53) (e.g., Li-Fraumeni syndrome) gene analysis; full gene sequence</p> | <p>Yes</p>          | <p>A TAR for CPT code 81351 requires documentation for one of the following numbered criteria:</p> <ol style="list-style-type: none"> <li>1. All of the following conditions: <ul style="list-style-type: none"> <li>• The patient has sarcoma diagnosed before 45 years of age, and</li> <li>• A first-degree relative with any cancer before 45 years of age, and</li> <li>• A first or second-degree relative with any cancer before 45 years of age, or a sarcoma at any age; or</li> </ul> </li> <li>2. All of the following conditions: <ul style="list-style-type: none"> <li>• A tumor belonging to the Li-Fraumeni Syndrome (LFS) tumor spectrum (soft tissue sarcoma, osteosarcoma, premenopausal breast cancer, brain tumor, adrenocortical carcinoma, leukemia or lung bronchoalveolar cancer) before 46 years of age, and (continued)</li> </ul> </li> </ol> | <p>N/A</p>       |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>  | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b> |
|--|-------------------------|--|------------------|
| 81351<br>TP53 (tumor protein 53) (e.g., Li-Fraumeni syndrome) gene analysis; full gene sequence (continued)                | Yes                     | <ul style="list-style-type: none"> <li>• At least one first or second-degree relative with an LFS tumor (except breast cancer if the patient has breast cancer) before 56 years of age or with multiple tumors; or</li> <li>3. The patient has multiple tumors (except multiple breast tumors), two of which belong to the LFS tumor spectrum, and the first occurred before 46 years of age; or</li> <li>4. The patient is diagnosed with adrenocortical carcinoma or choroid plexus tumor</li> </ul> | N/A              |
| 81352<br>TP53 (tumor protein 53) (e.g., Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (e.g., 4 oncology) | Yes                     | See CPT code 81351 for TAR criteria and billing requirements.  | N/A              |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b> |
|--|---------------------|--|------------------|
| 81353<br>TP53 (tumor protein 53) (e.g., Li-Fraumeni syndrome) gene analysis; known familial variant  | Yes                 | See CPT code 81351 for TAR criteria and billing requirements.  | N/A              |
| 81357<br>U2AF1 (U2 small nuclear RNA auxiliary factor 1) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (e.g. S34F, S34Y, Q157R, Q157P)                           | No                  | One of the following ICD-10-CM codes is required on the claim<br>C92.00 thru C92.02, D46.0, D46.1, D46.20, D46.21, D46.22, D46.A, D46.B, D46.C, D46.4, D46.Z, D46.9. | N/A              |
| 81360<br>ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/argine-rich 2) (e.g., myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (e.g., E65fs, E122fs, R448fs) | No                  | One of the following ICD-10-CM codes is required on the claim<br>C92.00 thru C92.02, D46.0, D46.1, D46.20, D46.21, D46.22, D46.A, D46.B, D46.C, D46.4, D46.Z, D46.9. | N/A              |

**Molecular Pathology CPT Codes, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b> | <b>Frequency</b>   |
|--|---------------------|--|--------------------|
| 81361<br>HBB (hemoglobin, subunit beta); common variant(s) (e.g., HbS, HbC, HbE) | No                  | N/A                                    | Once-in-a-lifetime |
| 81362<br>HBB (hemoglobin, subunit beta); known familial variant(s)               | No                  | N/A                                    | Once-in-a-lifetime |
| 81363<br>HBB (hemoglobin, subunit beta); duplication/deletion variant(s)         | No                  | N/A                                    | Once-in-a-lifetime |
| 81364<br>HBB (hemoglobin, subunit beta); full gene sequence                      | No                  | N/A                                    | Once-in-a-lifetime |



## **Human Platelet Antigen Genotyping ICD-10-CM Diagnosis**

### **Codes**

When billing for the following Tier 1 Molecular Pathology CPT codes, ICD-10-CM diagnosis codes D69.51 and P61.0 are required.

#### **CPT Codes**

|       |       |
|-------|-------|
| 81105 | 81109 |
| 81106 | 81110 |
| 81107 | 81111 |
| 81108 | 81112 |

### **Tier 2, Molecular Pathology Procedure, Level 1**

Coverage for CPT code 81400 (molecular pathology procedure, Level 1) is limited to the listed services. Reimbursement for code 81400 requires an approved *Treatment Authorization Request* (TAR), is limited to once in a lifetime and requires providers to document one of the following on the TAR:

- CCR5 (chemokine C-C motif receptor 5):
  - Initial test:
    - ❖ The use of a CCR5 inhibitor is being considered, or
    - ❖ The patient exhibits virologic failure on a CCR5 inhibitor
  - Subsequent tests:
    - ❖ A previous Trofile test was performed including the test date and the results showing that the patient has a CCR5 virus, and,
    - ❖ The patient's previous Trofile test was not less than 90 days from subsequent request, and,
    - ❖ The patient has clinical scenario such as, but not limited to the following:
      - The treatment with CCR5 antagonist drug therapy was interrupted and the clinician wishes to reinstitute CCR5 antagonist drug therapy, or,
      - The patient had a Trofile test performed previously that showed that the patient had the CCR5 virus, but the CCR5 antagonist drug therapy was never initiated.

## **Tier 2, Molecular Pathology Procedure, Level 2**

Coverage for CPT code 81401 (molecular pathology procedure, Level 2) is limited to the listed services. Reimbursement for code 81401 requires an approved TAR and requires providers to document one of the following on the TAR:

- ABCC8 (familial hyperinsulinism):
  - The patient has persistent hyperinsulinemic hypoglycemia of infancy (PHHI), failed medical therapy, and
  - The patient is under evaluation for surgical intervention
- ABL (c-abl oncogene 1, receptor tyrosine kinase) – The patient has chronic myeloid leukemia (CML) and failed tyrosine kinase inhibitor (TKI) therapy
- ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (e.g., acquired imatinib resistance), T315I variant – The patient has chronic myeloid leukemia (CML) and failed tyrosine kinase inhibitor (TKI) therapy.
- APOE (apolipoprotein E) (for example, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (for example, 2, 3, 4)
  - The patient has clinical signs and symptoms consistent with Alzheimer Disease, and
  - Medical treatment strategy will be contingent on the test results.
- DEK/NUP214 (t [6; 9])(for example: acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed – The patient has acute myeloid leukemia and the test is intended for the process of risk stratification
- E2A/PBX1 (acute lymphocytic leukemia):
  - The patient has the diagnosis of acute lymphocytic/lymphoblastic leukemia, and
  - Treatment or monitoring strategy will be contingent on the test results
- ETV6/RUNX1 (acute lymphocytic leukemia) – The patient has the diagnosis of acute lymphocytic or lymphoblastic leukemia and requires the test for assessment of cancer prognosis.
- H19 (Beckwith-Wiedemann syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Beckwith-Wiedemann syndrome.
- KCNQ1OT1 (Beckwith-Wiedemann syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Beckwith-Wiedemann syndrome.

- MLL/AFF1 (acute lymphoblastic leukemia):
  - The patient has the diagnosis of acute lymphoblastic leukemia, and
  - Treatment or monitoring strategy will be contingent on the test results
- MLL/MLLT3 (acute myeloid leukemia):
  - The patient has the diagnosis of acute myeloid leukemia, and
  - Treatment or monitoring strategy will be contingent on the test results
- MUTYH (MYH-associated polyposis) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for MUTYH-associated polyposis.
- MT-ATP6 (neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for NARP or Leigh syndrome.
- PRSS1 (hereditary pancreatitis):
  - An unexplained documented episode of acute pancreatitis in childhood, or
  - Recurrent acute attacks of pancreatitis of unknown cause, or
  - Chronic pancreatitis of unknown cause, particularly with onset younger than 25 years of age, or
  - A family history of recurrent acute pancreatitis, chronic pancreatitis of unknown cause, and/or childhood pancreatitis of unknown cause consistent with autosomal dominant inheritance
- PYGM (glycogen storage disease type V, McArdle disease) – The patient has clinical features suspicious for or requires the service as a confirmatory test for glycogen storage disease type V (McArdle disease).
- RUNX1/RUNX1T1 (t[8;21]) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for acute myeloid leukemia.

## **Tier 2, Molecular Pathology Procedure, Level 3**

Coverage for CPT code 81402 (molecular pathology procedure, Level 3) is limited to the listed services. Reimbursement for code 81402 requires an approved TAR and requires providers to document one of the following on the TAR:

- Chromosome 1p-/19q- (e.g., glial tumors), deletion analysis – Patient with diagnosis of grade II, III or IV glioma
- MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants:
  - The patient has clinical signs and symptoms suspicious for familial MEFV, and
  - The patient requires the service as a confirmatory test for familial MEFV

## **Tier 2, Molecular Pathology Procedure, Level 4**

Coverage for CPT code 81403 (molecular pathology procedure, Level 4) is limited to the listed services. Reimbursement for code 81403 requires an approved TAR and requires providers to document one of the following on the TAR:

- DNMT3A (acute myeloid leukemia):
  - The patient has diagnosis of acute myeloid leukemia, and
  - The treatment strategy will be contingent on test results
- EPCAM (Lynch syndrome) – The patient has one of the following:
  - Colon cancer
  - Uterine cancer
  - Lynch syndrome
  - Family history of colorectal cancer, uterine cancer or Lynch syndrome
  - Presence of synchronous, metachronous colorectal or other Lynch-associated tumors
- KCNC3 (spinocerebellar ataxia) – The patient has clinical features suspicious for or requires the service as a confirmatory test for spinocerebellar ataxia.
- KCNJ11 (familial hyperinsulinism) – TAR may be approved based on one of the following criteria:
  - For persistent hyperinsulinemic hypoglycemia of infancy (PHHI):
    - ❖ The patient has PHHI and failed medical therapy, and
    - ❖ The patient is under evaluation for surgical intervention

- For suspected developmental delay, epilepsy and neonatal diabetes (DEND) syndrome:
  - ❖ The patient has developmental delay, epilepsy and neonatal diabetes
  - ❖ The confirmation of the diagnosis and the treatment strategy is contingent on the test result
- KIR (killer cell immunoglobulin-like receptor for hematopoietic stem cell transplantation):
  - The patient has diagnosis of acute myeloid leukemia or multiple myeloma, and
  - The test is used for donor search process for patients considering hematopoietic stem cell transplantation
- Known family variant not otherwise specified, for gene listed in Tier 1 or Tier 2, or identified during a genomic sequencing procedure (GSP), DNA sequence analysis, each variant exon:
  - Documentation of the specific gene listed in Tier 1, Tier 2 or GSP for which further analysis is being requested
- MICA (solid organ transplantation):
  - The patient is undergoing evaluation for kidney transplantation, or
  - The patient is post kidney transplantation
- NDP (Norrie disease) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Norrie disease
- SH2D1A (X-linked lymphoproliferative syndrome) – The patient is a male with the diagnosis of:
  - Common variable immune deficiency, or
  - Hypogammaglobulinemia, or
  - Hemophagocytic lymphohistiocytosis, or
  - Severe infectious mononucleosis, or
  - Lymphoma, or
  - Family history of X-linked lymphoproliferative syndrome
- VHL (von Hippel-Lindau tumor suppressor), deletion/duplication analysis – The patient has clinical features suspicious for, or requires the service as a diagnostic test for von Hippel-Lindau syndrome.

## **Tier 2, Molecular Pathology Procedure, Level 5**

Coverage for CPT code 81404 (molecular pathology procedure, Level 5) is limited to the listed services. Reimbursement for code 81404 requires an approved *Treatment Authorization Request* (TAR) and requires providers to document one of the following on the TAR:

- ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain), targeted sequence analysis:
  - The patient has elevated C4-C on newborn screening test, and
  - Confirmation (urine acylglycines or urine organic acids) that C4 (butyrylcarnitine) and/or ethylmalonic acid (EMA) are elevated
- CD40LG (X-linked hyper IgM syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for hyperimmunoglobulin M syndromes.
- EMD (Emery-Dreifuss muscular dystrophy) – The patient has clinical features suspicious for or requires the service as a confirmatory test for Emery-Dreifuss muscular dystrophy.
- EPM2A (progressive myoclonus epilepsy) – The patient has clinical features suspicious for or requires the service as a confirmatory test for progressive myoclonus epilepsy.
- FHL1 (Emery-Dreifuss muscular dystrophy) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Emery-Dreifuss muscular dystrophy.
- MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence:
  - The patient has clinical signs and symptoms suspicious for familial MEFV, and
  - The patient requires the service as a confirmatory test for familial MEFV
- NDP (Norrie disease) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Norrie disease.
- PDX1 (pancreatic and duodenal homeobox 1):
  - The patient requires the service as a diagnostic test for (maturity onset diabetes of the young) MODY, and
  - Is younger than 25 years of age, and
  - Has a family history of diabetes, and
  - Has negative islet of autoantibodies

- PRNP (genetic prion disease) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for genetic prion disease.
- PRSS1 (hereditary pancreatitis):
  - An unexplained documented episode of acute pancreatitis in childhood, or
  - Recurrent acute attacks of pancreatitis of unknown cause, or
  - Chronic pancreatitis of unknown cause, particularly with onset younger than 25 years of age, or
  - A family history of recurrent acute pancreatitis, chronic pancreatitis of unknown cause, and/or childhood pancreatitis of unknown cause consistent with autosomal dominant inheritance
- RET (ret proto-oncogen), common variants
  - The patient has a personal history of primary C cell hyperplasia, Medullary Thyroid Carcinoma (MTC), or Multiple Endocrine Neoplasia (MEN), type 2B, or
  - The patient has a family history consistent with MEN, type 2B or MTC, and at risk for autosomal dominant inheritance of the syndrome
- SH2D1A (X-linked lymphoproliferative syndrome) – The patient is a male with the diagnosis of:
  - Common variable immune deficiency, or
  - Hypogammaglobulinemia, or
  - Hemophagocytic lymphohistiocytosis, or
  - Severe infectious mononucleosis, or
  - Lymphoma, or
  - Family history of X-linked lymphoproliferative syndrome
- SOD1 (superoxide dismutase 1, soluble) (e.g., amyotrophic lateral sclerosis), full gene sequence:
  - The patient requires the service as a confirmatory test for Amyotrophic Lateral Sclerosis (ALS) when the diagnosis is not clear, or
  - The patient has a diagnosis of ALS and is being considered for treatment with Tofersen.

- SPINK1 (hereditary pancreatitis):
  - An unexplained documented episode of acute pancreatitis in childhood, or
  - Recurrent acute attacks of pancreatitis of unknown cause, or
  - Chronic pancreatitis of unknown cause, particularly with onset younger than 25 years of age, or
  - A family history of recurrent acute pancreatitis, chronic pancreatitis of unknown cause, and/or childhood pancreatitis of unknown cause consistent with autosomal dominant inheritance
- UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (e.g., hereditary unconjugated hyperbilirubinemia [Crigler-Najjar syndrome]) full gene sequence
  - The patient has clinical features suspicious for or requires the service as a confirmatory test for Crigler-Najjar syndrome
- VHL (von Hippel-Lindau tumor suppressor), full gene sequence – the patient has clinical features suspicious for or requires the service as a diagnostic test for von Hippel-Lindau syndrome.



## **Tier 2, Molecular Pathology Procedure, Level 6**

Coverage for CPT code 81405 (molecular pathology procedure level 6) is limited to the listed services. Reimbursement for code 81405 requires an approved TAR and requires providers to document one of the following on the TAR:

- ABCD1 (adrenoleukodystrophy):
  - The patient has clinical features suspicious for adrenoleukodystrophy, and
  - The service is required as a confirmatory test for the diagnosis of adrenoleukodystrophy
- ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain), full gene sequence:
  - The patient has elevated C4-C on newborn screening test, and
  - Confirmation (urine acylglycines or urine organic acids) that C4 (butyrylcarnitine) and/or ethylmalonic acid (EMA) are elevated
- CPOX (coproporphyrinogen oxidase), full gene sequence:
  - The patient has elevated urinary and fecal coproporphyrin III, and
  - The patient requires the service as a confirmatory test for hereditary coproporphyrin
- CTRC (chymotrypsin C) (e.g, hereditary pancreatitis), full gene sequence:
  - The patient has an unexplained documented episode of acute pancreatitis in childhood, or
  - Recurrent acute attacks of pancreatitis of unknown cause, or
  - Chronic pancreatitis of unknown cause, particularly with onset younger than 25 years of age, or
  - A family history of recurrent acute pancreatitis, chronic pancreatitis of unknown cause, and/or childhood pancreatitis of unknown cause consistent with autosomal dominant inheritance
- EMD (Emery-Dreifuss muscular dystrophy) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Emery-Dreifuss muscular dystrophy
- FH (fumarate hydratase) (for example., fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence:
  - The patient presents with clinical symptoms and history suspicious for Hereditary Leiomyomatosis and Renal Cell Cancer (HLRCC), which may include one of the criteria below:

- ❖ Multiple cutaneous leiomyomas, with at least one histologically confirmed lesion
- ❖ Solitary cutaneous leiomyoma and family history of HLRCC
- ❖ Presentation of severely symptomatic uterine fibroids before age 40
- ❖ Presentation of Type II papillary renal cell cancer before age 40
- ❖ Family history of first-degree family member meeting one of the above-mentioned criteria; and
  - The patient requires the service as a confirmatory test for HLRCC
- GLA (galactosidase alpha [for example, Fabry disease]), full gene sequence:
  - The patient has a family member with documented disease-causing mutation, and
  - The decision whether to initiate enzyme replacement therapy will be contingent on the results
- HNF1A (HNF1 homeobox A)
  - The patient requires the service as a diagnostic test for MODY, and
  - Is younger than 25 years of age, and
  - Has a family history of diabetes, and
  - Has negative islet of autoantibodies
- HNF1B (HNF1 homeobox B)
  - The patient requires the service as a diagnostic test for MODY, and
  - Is younger than 25 years of age, and
  - Has a family history of diabetes, and
  - Has negative islet of autoantibodies
- LAMP2 (Danon disease) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for glycogen storage disease IIb (Danon disease)
- NF2 (neurofibromatosis, type 2):
  - The patient has clinical features suspicious for, or requires the service as a confirmatory test for type 2 neurofibromatosis, OR
  - The patient is at high risk for neurofibromatosis with one or more of the following:
    - ❖ A first-degree relative with type 2 neurofibromatosis
    - ❖ Multiple spinal tumors (schwannomas, meningiomas)
    - ❖ Cutaneous schwannomas

- ❖ Sporadic vestibular schwannoma younger than 30 years of age, or spinal tumor or meningioma younger than 20 years of age
- NPHS2 (steroid resistant nephrotic syndrome [SRNS])
  - The patient has clinical diagnosis of SRNS, and
  - Treatment will be contingent on the test results
- OTC (ornithine transcarbamylase deficiency) – The patient has clinical signs and symptoms of urea cycle disorders with positive biochemical laboratory results and requires the service as a confirmatory test for ornithine transcarbamylase deficiency
- PKLR (pyruvate kinase, liver and RBC), full gene sequence – The patient has clinical features suspicious for, or requires the service as a confirmatory test for pyruvate kinase deficiency
- RET (multiple endocrine neoplasia [MEN], type 2A and familial medullary thyroid carcinoma [MTC]) – exons 10, 11, 13 - 16:
  - The patient has a personal history of MTC, or MEN, type 2A, or
  - The patient has pheochromocytoma and a family history of MTC or pheochromocytoma, or
  - The patient has sporadic MEN2-related tumors and is younger than 35 years of age, multicentric tumors in one organ, and/or two different organs affected, or
  - The patient has a family history consistent with MEN, type 2A
- RET (ret proto-oncogen), targeted sequence analysis:
  - The patient has a personal history of primary C cell hyperplasia, MTC, or MEN, type 2A, or
  - The patient has a family history consistent with MEN, type 2A or MTC, and at risk for autosomal dominant inheritance of the syndrome
- SLC2A1 (glucose transporter type 1 [GLUT 1] deficiency syndrome) – The patient has clinical features suspicious for or requires the service as a confirmatory test for GLUT 1 deficiency syndrome.

- SPRED1 (Legius syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Legius syndrome.
- TCF4 (Pitt-Hopkins syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Pitt-Hopkins syndrome.
- THRB (Thyroid Hormone Receptor, Beta) (e.g., thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of more than 5 exons
  - The patient has clinical presentation suspicious for Resistance to Thyroid Hormone-beta (RTH-beta) with any one of the following:
    - ❖ Elevated free T4 and/or free T3 with normal or mildly elevated TSH
    - ❖ Goiter or tachycardia regardless of other clinical signs and symptoms of thyroid dysfunction
    - ❖ Requiring high doses of T4 or T3 to reduce the TSH secretion or to induce the appropriate responses in peripheral tissues
    - ❖ No evidence of thyroid hormone binding abnormalities or pituitary adenoma
    - ❖ Family history of thyroid disease or RTH-beta
  - The test is needed to confirm the diagnosis of RTH-beta
- TSC1 (tuberous sclerosis complex 1) – duplication/deletion analysis – The patient has signs or symptoms of tuberous sclerosis complex but a diagnosis cannot be clinically confirmed.
- WT1 (Wilms tumor 1) – full gene sequence – The patient has suspected or confirmed acute myeloid leukemia, and the result of the test will influence the diagnosis, prognosis and/or therapeutic management.

## **Tier 2, Molecular Pathology Procedure, Level 7**

Coverage for CPT code 81406 (molecular pathology procedure, Level 7) is limited to the listed services. Reimbursement for code 81406 requires an approved *Treatment Authorization Request* (TAR) and requires providers to document one of the following on the TAR:

- ACADVL (very long chain acyl-coenzyme A dehydrogenase deficiency) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for ACADVL.
- AFG3L2 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia.
- ATP7B (Wilson disease):
  - The patient has clinical features suspicious for Wilson disease, and
  - Diagnosis cannot be made based on the results of biochemical testing and liver biopsy, and
  - The patient requires the service as a confirmatory test for Wilson disease
- BTK (X-linked agammaglobulinemia):
  - The male patient has clinical features suspicious for X-linked agammaglobulinemia, and
  - The male patient has less than two percent CD19+ B cells
- CDH1 (hereditary diffuse gastric cancer):
  - Two gastric cancer cases in family, one confirmed diffuse gastric cancer younger than 50 years of age, or
  - Three confirmed diffuse gastric cancer cases in first or second degree relatives, regardless of age, or
  - Diffuse gastric cancer diagnosed younger than 40 years of age, or
  - Personal or family history of diffuse gastric cancer and lobular breast cancer, one diagnosed younger than 50 years of age
- CNTNAP2 (Pitt-Hopkins-like syndrome) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Pitt-Hopkins syndrome.

- GCK (glucokinase [hexokinase 4]):
  - The patient requires the service as a diagnostic test for MODY and
  - Is younger than 25 years of age, and
  - Has a family history of diabetes, and
  - Has negative islet of autoantibodies
- GLUD1 (familial hyperinsulinism):
  - The patient has persistent hyperinsulinemic hypoglycemia of infancy (PHHI) and failed medical therapy, and
  - The patient is under evaluation for surgical intervention
- HMBS (hydroxymethylbilane synthase), full gene sequence – The patient has clinical features suspicious for, or requires the service as a confirmatory test for acute intermittent porphyria
- HNF4A (hepatocyte nuclear factor 4, alpha):
  - The patient requires the service as a diagnostic test for MODY, and
  - Is younger than 25 years of age, and
  - Has a family history of diabetes, and
  - Has negative islet of autoantibodies
- IDUA (iduronidase, alpha-L) (eg, mucopolysaccharidosis type I), full gene sequence:
  - The patient has clinical signs and symptoms consistent with mucopolysaccharidosis type I, and
  - Treatment option (allogeneic transplantation or gene therapy) will be contingent on the test results

- JAG1 (Alagille syndrome) – duplication/deletion – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Alagille syndrome.
- KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2 [for example, epileptic encephalopathy], full gene sequence):
  - The patient has clinical symptoms and electroencephalogram (EEG) patterns consistent with early infantile epileptic encephalopathy, and
  - Treatment is contingent on test results
- MUTYH (MYH-associated polyposis) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for MUTYH-associated polyposis.
- NF2 (neurofibromatosis, type 2):
  - The patient has clinical features suspicious for, or requires the service as a confirmatory test for type 2 neurofibromatosis, or
  - The patient is at high risk for neurofibromatosis with one or more of the following:
    - ❖ A first-degree relative with type 2 neurofibromatosis
    - ❖ Multiple spinal tumors (schwannomas, meningiomas)
    - ❖ Cutaneous schwannomas
    - ❖ Sporadic vestibular schwannoma younger than 30 years of age, or spinal tumor or meningioma younger than 20 years of age
- PCSK9 (proprotein convertase subtilisin/kexin type 9) (e.g., familial hypercholesterolemia), full gene sequence:
  - Patient has coronary artery disease (CAD) or has risk factors for CAD
  - The intention to treat or not to treat with PCSK9 inhibitors will be contingent, at least in part, on the test results
- PHEX (phosphate-regulating endopeptidase homolog, X-Linked) (e.g., hypophosphatemic rickets), full gene sequence:
  1. The patient is undergoing evaluation for X-Linked Hypophosphatemia (XLH); and  
Diagnosis was not able to be established based on biochemical testing, which included the following tests:
    - ❖ Serum calcium, phosphate and alkaline phosphatase, and
    - ❖ PTH, 25 hydroxyvitamin D, and 1,25 dihydroxyvitamin D, and
    - ❖ Urinary calcium excretion; and

The confirmation of the diagnosis and the treatment strategy is contingent on the test result.

- POLG (polymerase [DNA directed], gamma [e.g., Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia], full gene sequence). TAR may be approved based on one of the following numbered criteria:
  - The patient is undergoing consideration for treatment using valproic acid, or
  - The patient is undergoing evaluation for potentially having any one of the following conditions:
    - ❖ Alpers-Huttenlocher syndrome
    - ❖ Ataxia neuropathy spectrum (ANS), previously known as mitochondrial recessive ataxia syndrome (MIRAS) and sensory ataxia neuropathy, dysarthria and ophthalmoplegia (SANDO)
    - ❖ Autosomal dominant progressive external ophthalmoplegia
    - ❖ Autosomal recessive progressive external ophthalmoplegia
    - ❖ Childhood myocerebrohepatopathy spectrum
    - ❖ Myoclonic epilepsy myopathy sensory ataxia
- PPOX (protoporphyrinogen oxidase), full gene sequence – The patient has clinical features suspicious for, or requires the service as a confirmatory test for acute variegate porphyria.
- PRKCG (spinocerebellar ataxia) – The patient has clinical features suspicious for or requires the service as a confirmatory test for spinocerebellar ataxia.
- PYGM (glycogen storage disease type V, McArdle disease) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for glycogen storage disease type V (McArdle disease).



- RPE65 (retinal pigment epithelium-specific protein 65kDa):
  - Patient has a clinical diagnosis of retinal dystrophy, and
  - The decision for gene therapy is contingent on the test results
- RYR1 (ryanodine receptor 1, skeletal) (e.g., malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations:
  - The patient has a clinical history suspicious for malignant hyperthermia, or
  - The patient has a positive contracture test for malignant hyperthermia, or
  - The patient has a family member who had a positive contracture or genetic test for malignant hyperthermia
- SCNN1A (pseudohypoaldosteronism) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for pseudohypoaldosteronism.
- SCNN1B (Liddle syndrome, pseudohypoaldosteronism) – The patient has clinical features suspicious for or requires the service as a confirmatory test for Liddle syndrome, pseudohypoaldosteronism.
- SCNN1G (Liddle syndrome, pseudohypoaldosteronism) – The patient has clinical features suspicious for or requires the service as a confirmatory test for Liddle syndrome, pseudohypoaldosteronism.
- SLC37A4 (glycogen storage disease, type Ib) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for glycogen storage disease, type Ib.
- TCF4 (Pitt-Hopkins syndrome) – The patient has clinical features suspicious for or requires the service as a confirmatory test for Pitt-Hopkins syndrome.
- TSC1 (tuberous sclerosis complex 1) – full gene sequence – The patient has signs or symptoms of tuberous sclerosis complex but a diagnosis cannot be clinically confirmed.
- TSC2 (tuberous sclerosis complex 2) – duplication/deletion analysis – The patient has signs or symptoms of tuberous sclerosis complex but a diagnosis cannot be clinically confirmed.
- UMOD (glomerulocystic kidney disease with hyperuricemia and isosthenuria) – The patient has clinical features suspicious for or requires the service as a confirmatory test for glomerulocystic kidney disease with hyperuricemia and isosthenuria.
- WAS (Wiskott-Aldrich syndrome) – The patient has clinical features suspicious for or requires the service as a confirmatory test for Wiskott-Aldrich syndrome.

## **Tier 2, Molecular Pathology Procedure, Level 8**

Coverage for CPT code 81407 (molecular pathology procedure, Level 8) is limited to the listed services. Reimbursement for code 81407 requires an approved TAR and requires providers to document one of the following on the TAR:

- ABCC8 (familial hyperinsulinism):
  - The patient has persistent hyperinsulinemic hypoglycemia of infancy (PHHI) who failed medical therapy, and
  - The patient is under evaluation for surgical intervention
- AGL (glycogen storage disease type III) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for glycogen storage disease type III
- JAG1 (Alagille syndrome) – full gene sequence – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Alagille syndrome
- NOTCH (notch 1) – full gene sequence – The patient has suspected or confirmed acute lymphoblastic leukemia, and the result of the test will influence the diagnosis, prognosis and/or therapeutic management
- NPHS1 (congenital Finnish nephrosis):
  - The patient has clinical diagnosis of steroid-resistant nephritic syndrome (SRNS)/congenital Finnish nephrosis, and
  - Treatment will be contingent on the test results

- SCN1A – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Dravet syndrome.
- SPTBN2 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia.
- TSC2 (tuberous sclerosis complex 2) – full gene sequence – The patient has signs or symptoms of tuberous sclerosis complex but a diagnosis cannot be clinically confirmed.

## **Tier 2, Molecular Pathology Procedure, Level 9**

Coverage for CPT code 81408 (molecular pathology procedure, Level 9) is limited to the listed services. Reimbursement for code 81408 requires an approved *Treatment Authorization Request* (TAR) explaining that the following criteria have been met:

- ITPR1 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia.
- DMD (dystrophin), full gene analysis:
  - Patient has a clinical diagnosis of dystrophinopathy based on the history, physical examination and elevated creatine kinase (CK) level
  - Result of the DMD (dystrophin) deletion or duplication is negative
- RYR1 (ryanodine receptor 1, skeletal) (e.g., malignant hyperthermia), full gene sequence:
  - The patient has a clinical history suspicious for malignant hyperthermia, or
  - The patient has a positive contracture test for malignant hyperthermia, or
  - The patient has a family member who had a positive contracture or genetic test for malignant hyperthermia

## **Human Leukocyte Antigen Typing**

CPT codes 81370 thru 81380, 81382 and 81383 (human leukocyte antigen typing) are reimbursable only with an ICD-10-CM diagnosis in the range of Z94.0 thru Z94.9.

CPT code 81381 (HLA Class I typing, high resolution, one allele or allele group, each) is only reimbursable with an ICD-10-CM diagnosis of B20, F31.0 thru F31.9, G40.001 thru G40.919, G50.0, R75, Z01.812, Z21, Z94.0 thru Z94.9.

## **Genomic Sequencing Procedures and Other Molecular Multianalyte Assays**

Providers should refer to the CPT code book for full descriptions of the following codes:

### **Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>   |
|--|---------------------|---|--|
| «81412<br>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 nine genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1 | Yes                 | ATAR requires documentation of the following: <ul style="list-style-type: none"> <li>• Patient is considering pregnancy or is currently pregnant, and</li> <li>• Patient reports they are of Ashkenazi Jewish descent (family history with one Ashkenazi Jewish grandparent or more, or more immediate family members), and</li> <li>• The panel includes only the conditions specified by American College of Obstetricians and Gynecologists (ACOG) (e.g., [ACOG] Carrier Screening for Genetic Conditions) and/or by American College of Medical Genetics and Genomics [ACMG] for individuals of Ashkenazi Jewish descent</li> </ul> | Once-in-a-lifetime for any provider<br><br>A TAR/SAR may override the frequency limit» |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>  | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>  |
|--|-------------------------|--|---|
| <p>81413</p> <p>Cardiac ion channelopathies; genomic sequence analysis panel, must include sequencing of at least 10 genes</p> | <p>Yes</p>              | <p>The required TAR must document a copy of the report of the physician-interpreted 12-lead electrocardiogram (ECG) with pattern consistent with or suspicious for prolonged QT interval. The TAR must also have clinical documentation of one or more of the following:</p> <ol style="list-style-type: none"> <li>1. Torsade de pointes in the absence of drugs known to prolong QT interval</li> <li>2. T-wave alternans</li> <li>3. Notched T-wave in three leads</li> <li>4. Syncope</li> <li>5. Family members with long QT syndrome</li> <li>6. Sudden death in family members less than 30 years of age without defined cause</li> </ol> | <p>Once-in-a-lifetime for any provider</p> <p>A TAR may override the frequency limit.</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>   | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>  |
|---|-------------------------|---|---|
| <p>81414</p> <p>Cardiac ion channelopathies; genomic sequence analysis panel, must include sequencing of at least 2 genes</p> | <p>Yes</p>              | <p>The required TAR must document a copy of the report of the physician-interpreted 12-lead electrocardiogram (ECG) with pattern consistent with or suspicious for prolonged QT interval. The TAR must also have clinical documentation of one or more of the following:</p> <ul style="list-style-type: none"> <li>7. Torsade de pointes in the absence of drugs known to prolong QT interval</li> <li>8. T-wave alternans</li> <li>9. Notched T-wave in three leads</li> <li>10. Syncope</li> <li>11. Family members with long QT syndrome</li> <li>12. Sudden death in family members less than 30 years of age without defined cause</li> </ul> | <p>Once-in-a-lifetime for any provider</p> <p>A TAR may override the frequency limit.</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>   | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b> |
|---|-------------------------|--|------------------|
| <p>81419</p> <p>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, SLC9AG, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2</p> | <p>Yes</p>              | <p>The required TAR must document the following:</p> <ul style="list-style-type: none"> <li>• Patient has specific epilepsy syndrome of unknown cause for which a number of genetic etiologies exist.</li> <li>• The test is needed for identifying the underlying diagnosis</li> <li>• The diagnostic or treatment strategy will be contingent on test results</li> </ul> | <p>N/A</p>       |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description   | TAR<br>Required | TAR and/or Billing Requirements | Frequency  |
|---|-----------------|---------------------------------|--|
| <p>81420</p> <p>Fetal chromosomal aneuploidy genomic sequence analysis panel, must include analysis of chromosomes 13, 18, and 21</p> | <p>No</p>       | <p>N/A</p>                      | <p>Reimbursement will be limited to one of the following Noninvasive Prenatal Tests per pregnancy: PLA code 0327U or CPT code 81420 or CPT code 81507. Concurrent or repeat use of these services during the same pregnancy is not covered unless there is documentation of medical necessity.</p> |



**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements  | Frequency  |
|--|-----------------|--|--|
| <p>81432</p> <p>Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes</p> | <p>Yes</p>      | <p>A TAR with documentation of one or more the following criteria is required:</p> <ol style="list-style-type: none"> <li>1. An individual from a family member with a known deleterious BRCA mutation; or</li> <li>2. Personal history of breast cancer (invasive or ductal carcinoma in situ) plus one of more of the following: <ul style="list-style-type: none"> <li>❖ Diagnosed at equal to or less than 45 years of age, or</li> <li>❖ Diagnosed at 46 to 50 years of age with: <ul style="list-style-type: none"> <li>❖ An additional breast cancer primary at any age</li> <li>❖ One or more close blood relatives with breast cancer at any age</li> <li>❖ One or more close blood relatives with prostate cancer (Gleason score equal to or greater than seven)</li> <li>❖ An unknown or limited family history; or</li> </ul> </li> <li>– Diagnosed at equal to or less than 60 years of age with a triple negative breast cancer; or</li> </ul> </li> </ol> <p style="text-align: right;"><i>(continued on next page)</i></p> | <p>Once-in-a-lifetime except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>   | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|---|-------------------------|--|--|
| <p>81432<br/>Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes</p> | <p>Yes</p>              | <ul style="list-style-type: none"> <li>- Diagnosed at any age with:</li> <li>- One or more close relatives with:</li> <li>- Breast cancer diagnosed at equal to or less than 50 years of age;</li> <li>- Ovarian carcinoma; or</li> <li>- Male Breast cancer; or</li> <li>- Metastatic prostate cancer; or</li> <li>- Pancreatic cancer</li> <li>- Two or more additional diagnosis of breast cancer at any age in patient and/or in close blood relatives; or</li> <li>- Ashkenazi Jewish ancestry: or</li> <li>3. Personal history of ovarian carcinoma (includes fallopian tube and primary peritoneal cancers); or</li> <li>4. Personal history of male breast cancer; or</li> <li>5. Personal history of pancreatic cancer, or</li> </ul> <p style="text-align: right;"><i>(continued on next page)</i></p> | <p>Once-in-a-lifetime except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements  | Frequency  |
|--|-----------------|--|--|
| <p>81432</p> <p>Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes</p> | <p>Yes</p>      | <p>6. Personal history of metastatic prostate cancer (biopsy-proven and/or with radiographic evidence; includes distant metastasis and regional bed or nodes; not biochemical recurrence); or</p> <p>7. Personal history of high-grade prostate cancer (Gleason score equal to or greater than seven) at any age with:</p> <ul style="list-style-type: none"> <li>– One or more close blood relatives (first, second or third-degree) with ovarian carcinoma, pancreatic cancer or metastatic prostate cancer at any age or breast cancer under 50 years of age; or</li> <li>– Two or more close blood relatives (first, second, or third-degree relatives on the same side of family) with breast or prostate cancer (any grade) at any age; or</li> <li>– Ashkenazi Jewish ancestry; or</li> </ul> <p>8. BRCA1/2 pathogenic/likely pathogenic variant detected by tumor profiling on any tumor type in the absence of germline pathogenic/likely pathogenic variant analysis; or</p> <p style="text-align: right;"><i>(continued on next page)</i></p> | <p>Once-in-a-lifetime except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>  |
|--|---------------------|--|---|
| 81432<br>Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes  | Yes                 | 9. For an individual without history of breast or ovarian cancer, but with one or more first or second-degree blood relative meeting any of the above criteria   | Once-in-a-lifetime except with valid TAR override             |
| 81434<br>Hereditary retinal disorders (e.g., 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 | Yes                 | A TAR is required with the following documentation: <ul style="list-style-type: none"> <li>• Patient has a clinical diagnosis of retinal dystrophy (retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy) <u>and</u></li> <li>• The decision for gene therapy is contingent on the test results</li> </ul> | Once-in-a-lifetime for any provider, without TAR/SAR override |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>   | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>  |
|---|-------------------------|---|---|
| 81435<br>Hereditary colon cancer disorders; genomic sequence analysis panel, must include sequencing of at least 10 genes | No                      | Reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:<br><br>C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030 thru Z85.038, Z85.040 thru Z85.048, Z85.42 or Z86.010 | Once-in-a-lifetime  |
| 81436<br>Hereditary colon cancer disorders; genomic sequence analysis panel, must include sequencing of at least 5 genes  | No                      | Reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:<br><br>C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030 thru Z85.038, Z85.040 thru Z85.048, Z85.42 or Z86.010 | Once-in-a-lifetime  |
| 81439<br>Inherited cardiomyopathy genomic sequence analysis panel, must include sequencing of at least 5 genes            | No                      | Reimbursable only when billed in conjunction with ICD-10-CM diagnosis codes:<br><br>I42.0 thru I42.5 or Z82.41 thru Z82.49<br><br>A TAR may override the required ICD-10-CM diagnosis codes   | Once-in-a-lifetime for any provider<br><br>A TAR may override the frequency limit |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>  |
|---|---------------------|---|---|
| <p>81445</p> <p>Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5 to 50 genes</p> | <p>Yes</p>          | <p>A TAR for CPT code 81445 requires documentation of the following criteria:</p> <ul style="list-style-type: none"> <li>• For Somatic Testing:               <ul style="list-style-type: none"> <li>– The patient has either recurrent, relapsed, refractory, metastatic or advanced stages III or IV cancer, and</li> <li>– The patient either has not been previously tested using the same Next Generation Sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the same NGS test only when a new primary cancer diagnosis is made by the treating physician, and</li> <li>– The decision for additional cancer treatment is contingent on the test results.</li> </ul> </li> </ul> <p>TAR criteria continued on next page.</p> | <p>Once-in-a-lifetime for any provider except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description   | TAR<br>Required | TAR and/or Billing Requirements  | Frequency   |
|---|-----------------|--|---|
| <p>81445</p> <p>Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5 to 50 genes</p> | <p>Yes</p>      | <ul style="list-style-type: none"> <li>• For Germline Testing:               <ul style="list-style-type: none"> <li>– Ovarian or breast cancer, and</li> <li>– Clinical indication for germline (inherited) testing for hereditary breast or ovarian cancer (i.e., American College of Obstetrician Gynecologists’ criteria for further genetic evaluation for hereditary [germline] breast and ovarian cancer), and</li> <li>– A risk factor for germline (inherited) breast or ovarian cancer, and (BRCA1/2, Myriad, Claus, Boadicea, or Tyrer Cuzick), and</li> <li>– Has not been previously tested with the same germline test using NGS for the same germline genetic content.</li> </ul> </li> <li>• Independent of the above criteria, either Somatic or Germline testing may be approved if the test is approved by the U.S. Food and Drug Administration (FDA) as a Companion Diagnostic Device, and the decision for additional treatment is contingent on the test results.</li> </ul> | <p>Once-in-a-lifetime for any provider except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description   | TAR<br>Required | TAR and/or Billing Requirements  | Frequency  |
|---|-----------------|--|--|
| 81448<br>Hereditary peripheral neuropathies, genomic sequence analysis panel, must include sequencing of at least 5 neuropathy-related genes                  | No              | One of the following ICD-10-CM diagnosis codes is required on the claim (except with valid TAR): <ul style="list-style-type: none"> <li>• G11.4 or G60.0</li> </ul>  | Once-in-a-lifetime for any provider                                |
| 81455<br>Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes | Yes             | A TAR for CPT code 81455 requires documentation of the following criteria: <ul style="list-style-type: none"> <li>• For Somatic Testing: <ul style="list-style-type: none"> <li>– The patient has either recurrent, relapsed, refractory, metastatic or advanced stages III or IV cancer, and</li> <li>– The patient either has not been previously tested using the same Next Generation Sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the same NGS test only when a new primary cancer diagnosis is made by the treating physician, and</li> <li>– The decision for additional cancer treatment is contingent on the test results.</li> </ul> </li> </ul> <p>TAR criteria continued on next page.</p> | Once-in-a-lifetime for any provider except with valid TAR override |



**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements   | Frequency   |
|--|-----------------|---|---|
| <p>81455</p> <p>Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes</p> | <p>Yes</p>      | <ul style="list-style-type: none"> <li>• For Germline Testing:               <ul style="list-style-type: none"> <li>– Ovarian or breast cancer, and</li> <li>– Clinical indication for germline (inherited) testing for hereditary breast or ovarian cancer (i.e., American College of Obstetrician Gynecologists’ criteria for further genetic evaluation for hereditary [germline] breast and ovarian cancer), and</li> <li>– A risk factor for germline (inherited) breast or ovarian cancer, and (BRCA1/2, Myriad, Claus, Boadicea, or Tyrer Cuzick), and</li> <li>– Has not been previously tested with the same germline test using NGS for the same germline genetic content.</li> </ul> </li> <li>• Independent of the above criteria, either Somatic or Germline testing may be approved if the test is FDA-approved as a Companion Diagnostic Device, and the decision for additional treatment is contingent on the test results.</li> </ul> | <p>Once-in-a-lifetime for any provider except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>  |
|--|---------------------|--|---|
| <p>81457</p> <p>Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability</p> | <p>Yes</p>          | <p>A TAR for CPT code 81457 requires documentation of the following criteria:</p> <p><u>For Somatic Testing</u></p> <ul style="list-style-type: none"> <li>• The patient has recurrent, relapsed, refractory, metastatic or advanced stage III or IV cancer, and</li> <li>• The patient either has not been previously tested using the same next-generation sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the same NGS test only occurs when a new primary cancer diagnosis is made by the treating physician, and</li> <li>• The decision for additional cancer treatment is contingent on the test results.</li> </ul> <p>TAR criteria continued on next page.</p> | <p>Once-in-a-lifetime for any provider except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements  | Frequency   |
|--|-----------------|--|---|
| <p>81457</p> <p>Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability</p> | <p>Yes</p>      | <p><u>For Germline Testing</u></p> <ul style="list-style-type: none"> <li>• The patient has ovarian or breast cancer, and</li> <li>• The patient has a clinical indication for germline (inherited) testing for inherited breast or ovarian cancer, and</li> <li>• The patient has a risk factor for germline (inherited) breast or ovarian cancer, and</li> <li>• The patient has not been previously tested with the same germline test using NGS for the same germline genetic content.</li> <li>• Independent of the above criteria, either Somatic or Germline testing may be approved if the test is approved by the U.S. Food and Drug Administration (FDA) as a companion diagnostic device, and the decision for additional treatment is contingent on the test results.</li> </ul> | <p>Once-in-a-lifetime for any provider except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description   | TAR<br>Required | TAR and/or Billing Requirements  | Frequency   |
|---|-----------------|--|---|
| <p>81458</p> <p>Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability</p> | <p>Yes</p>      | <p>A TAR for CPT code 81458 requires documentation of the following criteria:</p> <p><u>For Somatic Testing</u></p> <ul style="list-style-type: none"> <li>• The patient has recurrent, relapsed, refractory, metastatic or advanced stage III or IV cancer, and</li> <li>• The patient either has not been previously tested using the same next-generation sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the same NGS test only occurs when a new primary cancer diagnosis is made by the treating physician, and</li> <li>• The decision for additional cancer treatment is contingent on the test results.</li> </ul> <p>TAR criteria continued on next page.</p> | <p>Once-in-a-lifetime for any provider except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description   | TAR<br>Required | TAR and/or Billing Requirements  | Frequency   |
|---|-----------------|--|---|
| <p>81458</p> <p>Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability</p> | <p>Yes</p>      | <p><u>For Germline Testing</u></p> <ul style="list-style-type: none"> <li>• The patient has ovarian or breast cancer, and</li> <li>• The patient has a clinical indication for germline (inherited) testing for inherited breast or ovarian cancer, and</li> <li>• The patient has a risk factor for germline (inherited) breast or ovarian cancer, and</li> <li>• The patient has not been previously tested with the same germline test using NGS for the same germline genetic content.</li> <li>• Independent of the above criteria, either Somatic or Germline testing may be approved if the test is approved by the U.S. Food and Drug Administration (FDA) as a companion diagnostic device, and the decision for additional treatment is contingent on the test results.</li> </ul> | <p>Once-in-a-lifetime for any provider except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements  | Frequency   |
|--|-----------------|--|---|
| <p>81459</p> <p>Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements</p> | <p>Yes</p>      | <p>A TAR for CPT code 81459 requires documentation of the following criteria:</p> <p><u>For Somatic Testing</u></p> <ul style="list-style-type: none"> <li>• The patient has recurrent, relapsed, refractory, metastatic or advanced stage III or IV cancer, and</li> <li>• The patient either has not been previously tested using the same next-generation sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the same NGS test only occurs when a new primary cancer diagnosis is made by the treating physician, and</li> <li>• The decision for additional cancer treatment is contingent on the test results.</li> </ul> <p>TAR criteria continued on next page.<br/>(continued)</p> | <p>Once-in-a-lifetime for any provider except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements  | Frequency   |
|--|-----------------|--|---|
| <p>81459</p> <p>Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements</p> | <p>Yes</p>      | <p><u>For Germline Testing</u></p> <ul style="list-style-type: none"> <li>• The patient has ovarian or breast cancer, and</li> <li>• The patient has a clinical indication for germline (inherited) testing for inherited breast or ovarian cancer, and</li> <li>• The patient has a risk factor for germline (inherited) breast or ovarian cancer, and</li> <li>• The patient has not been previously tested with the same germline test using NGS for the same germline genetic content.</li> <li>• Independent of the above criteria, either Somatic or Germline testing may be approved if the test is approved by the U.S. Food and Drug Administration (FDA) as a companion diagnostic device, and the decision for additional treatment is contingent on the test results.</li> </ul> | <p>Once-in-a-lifetime for any provider except with valid TAR override</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>  | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>   |
|--|-------------------------|---|--|
| 81462<br><br>Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (e.g., plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements | Yes                     | A TAR for CPT code 81462 requires documentation of the following criteria: <ol style="list-style-type: none"> <li>1. The patient has a diagnosis of non-small cell lung cancer, and</li> <li>2. The patient is medically unable to undergo invasive biopsy or tumor tissue testing is not feasible, and</li> <li>3. Management is contingent on the test results</li> </ol> | Once-in-a-lifetime for any provider except with valid TAR override |



**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>                                      | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|--|---------------------|--|--|
| 81500<br>Oncology (ovarian), biochemical assays of two proteins  | No                  | Reimbursable for females who meet the following criteria: <ul style="list-style-type: none"> <li>• 18 years of age or older</li> <li>• Ovarian adnexal mass present for which surgery is planned, and not yet referred to an oncologist</li> </ul> ICD-10-CM diagnosis code R19.09 is required for reimbursement   | 81500<br>Oncology (ovarian), biochemical assays of two proteins  |
| 81503<br>Oncology (ovarian), biochemical assays of five proteins | No                  | Reimbursable for females who meet the following criteria: <ul style="list-style-type: none"> <li>• 18 years of age or older</li> <li>• Ovarian adnexal mass present for which surgery is planned, and not yet referred to an oncologist</li> </ul> CPT code 81503 is reimbursable only when billed in conjunction with at least one of the following ICD-10-CM diagnosis codes:<br>D39.10 thru D39.12, N83.00 thru N83.02, N83.10 thru N83.12, N83.201, N83.202, N83.209, N83.291, N83.292, N83.299, R19.00, R19.03 thru R19.05, R19.07 or R19.09. | 81503<br>Oncology (ovarian), biochemical assays of five proteins |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements | Frequency  |
|--|-----------------|---------------------------------|--|
| <p>81507</p> <p>Fetal aneuploidy (trisomy 21, 18 and 13) DNA sequence analysis of selected regions</p> | <p>No</p>       | <p>N/A</p>                      | <p>Reimbursement will be limited to one of the following Noninvasive Prenatal Tests per pregnancy: PLA code 0327U or CPT code 81420 or CPT code 81507. Concurrent or repeat use of these services during the same pregnancy is not covered unless there is documentation of medical necessity.</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b> |
|---|---------------------|---|------------------|
| 81508<br>Fetal congenital abnormalities, biochemical assays of two proteins   | No                  | Reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:<br><br>O09.00 thru O09.73, Z34.00 thru Z34.93, Z36.0, Z36.81, or Z36.83 thru Z36.89.<br><br>Reimbursable for females only | N/A              |
| 81509<br>Fetal congenital abnormalities, biochemical assays of three proteins | No                  | Reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:<br><br>O09.00 thru O09.73, Z34.00 thru Z34.93, Z36.0, Z36.81, or Z36.83 thru Z36.89.<br><br>Reimbursable for females only | N/A              |
| 81510<br>Fetal congenital abnormalities, biochemical assays of three analytes | No                  | Reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:<br><br>O09.00 thru O09.73, Z34.00 thru Z34.93, Z36.0, Z36.81, or Z36.83 thru Z36.89.<br><br>Reimbursable for females only | N/A              |
| 81511<br>Fetal congenital abnormalities, biochemical assays of four analytes  | No                  | Reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:<br><br>O09.00 thru O09.73, Z34.00 thru Z34.93, Z36.0, Z36.81, or Z36.83 thru Z36.89.<br><br>Reimbursable for females only | N/A              |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>  | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b> |
|--|-------------------------|---|------------------|
| 81512<br>Fetal congenital abnormalities, biochemical assays of five analytes   | No                      | Reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes:<br><br>O09.00 thru O09.73, Z34.00 thru Z34.93, Z36.0, Z36.81, or Z36.83 thru Z36.89.<br><br>Reimbursable for females only | N/A              |
| 81517<br>Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years | No                      | N/A   | N/A              |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description  | TAR<br>Required | TAR and/or Billing Requirements   | Frequency                 |
|--|-----------------|---|---------------------------|
| <p>81518‡<br/>Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes</p> | <p>Yes</p>      | <p>Requires a <i>Treatment Authorization Request</i> (TAR) with documentation of the following criteria:</p> <ul style="list-style-type: none"> <li>• The recipient is estrogen and/or progesterone receptor (ER/PgR)-positive.</li> <li>• The recipient is HER2-receptor negative.</li> <li>• The recipient is lymph node negative or lymph node positive with up to three positive nodes.</li> <li>• The recipient has stage I or stage II breast cancer.</li> <li>• The recipient is disease-free (or no evidence of metastasis).</li> <li>• Test results will be used in determining treatment management of the patient for chemotherapy and/or extended endocrine therapy.</li> </ul> <p>Use CPT code 81518 when billing for Breast Cancer Index.</p> | <p>Once-in-a-lifetime</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>          |
|--|---------------------|--|---------------------------|
| <p>81519‡<br/>Oncology (breast), mRNA, gene expression profiling by real time RT-PCR of 21 genes</p> | <p>Yes</p>          | <p>Requires a TAR with documentation of the following criteria:</p> <ul style="list-style-type: none"> <li>• The recipient is estrogen and progesterone receptor (ER/PgR)-positive</li> <li>• The recipient is HER2-receptor negative</li> <li>• The recipient is lymph node negative; or has one to three positive lymph nodes</li> <li>• The recipient has stage I or stage II breast cancer</li> <li>• The recipient is a candidate for chemotherapy</li> <li>• The assay is used within six months of diagnosis</li> <li>• The recipient is under consideration for adjuvant systemic therapy</li> </ul> <p>Use CPT code 81519 when billing for Oncotype Dx.</p> | <p>Once-in-a-lifetime</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>   | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>          |
|---|-------------------------|--|---------------------------|
| <p>81520‡<br/>Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes</p> | <p>Yes</p>              | <p>Requires a TAR with documentation of the following criteria:</p> <ul style="list-style-type: none"> <li>• The recipient is estrogen and progesterone receptor (ER/PgR)-positive.</li> <li>• The recipient is HER2-receptor negative.</li> <li>• The recipient is lymph node negative.</li> <li>• The recipient has stage I or stage II breast cancer.</li> <li>• The recipient is a candidate for chemotherapy.</li> <li>• The assay is used within six months of diagnosis.</li> <li>• The recipient is under consideration for adjuvant systemic therapy.</li> </ul> <p>Use CPT code 81520 when billing for Prosigna.</p> | <p>Once-in-a-lifetime</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description   | TAR<br>Required | TAR and/or Billing Requirements  | Frequency                 |
|---|-----------------|--|---------------------------|
| <p>81521‡</p> <p>Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes</p> | <p>Yes</p>      | <p>Requires a TAR with documentation of the following criteria:</p> <ul style="list-style-type: none"> <li>• The recipient has high clinical risk per MINDACT categorization.</li> <li>• The recipient is estrogen and progesterone receptor (ER/PgR)-positive.</li> <li>• The recipient is HER2-receptor negative.</li> <li>• The recipient is lymph node negative or lymph node positive.</li> <li>• The recipient is a candidate for chemotherapy.</li> <li>• The assay is used within six months of diagnosis.</li> <li>• The recipient is under consideration for adjuvant systemic therapy.</li> </ul> <p>Use CPT code 81521 when billing for MammaPrint.</p> <p>As noted in the 2017 ASCO guideline, the Adjuvant! Online website was not functional. As an alternative, clinicians can determine a patient’s clinical risk status by using the printed version of the Adjuvant! Online clinical risk criteria found in the Data Supplement of the MINDACT publication.</p> | <p>Once-in-a-lifetime</p> |



**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>   | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>          |
|---|-------------------------|--|---------------------------|
| <p>81522‡<br/><br/>Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes</p> | <p>Yes</p>              | <p>Requires a TAR with documentation of the following criteria:</p> <ul style="list-style-type: none"> <li>• The recipient is estrogen and progesterone receptor (ER/PgR)-positive.</li> <li>• The recipient is HER2-receptor negative.</li> <li>• The recipient is lymph node negative.</li> <li>• The recipient has stage I or stage II breast cancer.</li> <li>• The recipient is a candidate for chemotherapy.</li> <li>• The assay is used within six months of diagnosis.</li> <li>• The recipient is under consideration for adjuvant systemic therapy.</li> </ul> <p>Use CPT 81522 when billing for EndoPredict.</p> | <p>Once-in-a-lifetime</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description   | TAR<br>Required | TAR and/or Billing Requirements   | Frequency  |
|---|-----------------|---|------------|
| <p>81523‡<br/>Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis</p> | <p>Yes</p>      | <p>Requires a TAR with documentation of the following criteria:</p> <ul style="list-style-type: none"> <li>• The recipient has high clinical risk per MINDACT categorization.</li> <li>• The recipient is estrogen and progesterone receptor (ER/PgR)-positive.</li> <li>• The recipient is HER2-receptor negative.</li> <li>• The recipient is lymph node negative or lymph node positive.</li> <li>• The recipient is a candidate for chemotherapy.</li> <li>• The assay is used within six months of diagnosis.</li> <li>• The recipient is under consideration for adjuvant systemic therapy.</li> </ul> <p>Use CPT code 81523 when billing for MammaPrint. As noted in the 2017 ASCO guideline, the Adjuvant! Online website was not functional. As an alternative, clinicians can determine a patient’s clinical risk status by using the printed version of the Adjuvant! Online clinical risk criteria found in the Data Supplement of the MINDACT publication.</p> | <p>N/A</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description   | TAR<br>Required | TAR and/or Billing Requirements  | Frequency  |
|---|-----------------|--|--|
| 81528<br>Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers  | No              | Reimbursable for recipients 45 thru 75 years of age. For recipients outside this age range, providers must submit a TAR documenting medical necessity.   | Once per year<br><br>For recipients requiring additional tests within a year, providers must submit a TAR documenting medical necessity. |
| 81541<br>Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score | Yes             | <p>The following criteria must be documented on the TAR:</p> <ol style="list-style-type: none"> <li>For identification of patients with Prostate Cancer who are most likely to benefit from active surveillance or treatment. <ul style="list-style-type: none"> <li>Coverage is limited to Decipher<sup>®</sup>, Prolaris<sup>®</sup> and ProMark. Gene expression profiling for prostate cancer may be billed as follows: <ul style="list-style-type: none"> <li>❖ Decipher<sup>®</sup> Prostate – Use CPT code 81542</li> <li>❖ Prolaris<sup>®</sup> – Use CPT code 81541</li> <li>❖ ProMark – Use CPT code 81599</li> </ul> </li> </ul> </li> </ol> <p><i>(continued on next page)</i></p> | Once-in-a-lifetime   |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| CPT Code<br>Description   | TAR<br>Required | TAR and/or Billing Requirements  | Frequency                 |
|---|-----------------|--|---------------------------|
| <p>81541<br/>oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score</p> | <p>Yes</p>      | <ul style="list-style-type: none"> <li>- The patient must have one of the following:               <ul style="list-style-type: none"> <li>❖ Higher volume Grade Group 1</li> <li>❖ Favorable intermediate risk (e.g., Grade Group 2, percentage of positive biopsy scores, 50 percent and no more than on NCCN intermediate-risk factor)</li> <li>❖ Discordant features in their risk stratification (e.g., palpable mass with Grade Group 1)</li> <li>❖ Other features associated with progression while on active surveillance (e.g., high PSA density and certain germline or somatic mutations)</li> <li>❖ Unfavorable intermediate-risk when considering decisions to proceed with treatment (i.e. add androgen deprivation therapy to radiation)</li> </ul> </li> <li>- Result of the test, when considered as a whole with routine clinical factors, is likely to influence the decision to proceed with surveillance or treatment</li> </ul> <p style="text-align: right;"><i>(continued on next page)</i></p> | <p>Once-in-a-lifetime</p> |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>  | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b>   |
|--|---------------------|--|--------------------|
| 81541  | Yes                 | <p>2. For post-prostatectomy patients who seek guidance on adjuvant vs. salvage radiation:</p> <ul style="list-style-type: none"> <li>– Coverage is limited to Decipher Genomic Classifier</li> </ul> <p>Result of the test, when considered as a whole with routine clinical factors, is likely to affect treatment</p> | Once-in-a-lifetime |
| 81542<br>oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score | Yes                 | See CPT code 81541 for TAR criteria and billing requirements.  | Once-in-a-lifetime |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code<br/>Description</b>   | <b>TAR<br/>Required</b> | <b>TAR and/or Billing Requirements</b>   | <b>Frequency</b> |
|---|-------------------------|--|------------------|
| <p>81546</p> <p>Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (e.g., benign or suspicious)</p> | <p>Yes</p>              | <p>The following numbered criteria must be documented on the TAR:</p> <ol style="list-style-type: none"> <li>1. The patient is under evaluation for thyroid nodule(s)</li> <li>2. The cytopathology result from fine needle aspiration is indeterminate, defined as one of the following: <ul style="list-style-type: none"> <li>• Follicular lesion of undetermined significance (FLUS), Bethesda III, or</li> <li>• Atypia of undetermined significance (AUS), Bethesda III, or</li> <li>• Follicular neoplasm, Bethesda IV.</li> </ul> </li> </ol> <p>The diagnostic or treatment strategy will be contingent on test results</p> | <p>N/A</p>       |

**Genomic Sequencing and Other Molecular Multianalyte Assay Code, TAR and Billing Information (continued)**

| <b>CPT Code Description</b>   | <b>TAR Required</b> | <b>TAR and/or Billing Requirements</b>  | <b>Frequency</b>   |
|---|---------------------|---|--------------------|
| 81552<br>Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes | No                  | An ICD-10-CD diagnosis code from the following ranges must be documented:<br><br>C69.30 thru C69.32 or C69.40 thru C69.42 | Once-in-a-lifetime |
| 81596<br>Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays      | No                  | The following ICD-10-CM code is required on the claim (except with valid TAR):<br><br>B18.2                               | N/A                |

## **Legend**

Symbols used in the document above are explained in the following table.

| <b>Symbol</b> | <b>Description</b>   |
|---------------|--|
| «             | This is a change mark symbol. It is used to indicate where on the page the most recent change begins.  |
| »             | This is a change mark symbol. It is used to indicate where on the page the most recent change ends.  |
| *             | <p>An approved TAR that meets the necessary criteria listed below to override the once-in-a-lifetime frequency is required:</p> <p>For patients with previous BRCA test other than BRACAnalysis CDx, repeat BRCA testing with BRACAnalysis CDx may be necessary when treatment with Lynparza™ (olaparib) is contingent on the test results.</p>  |
| ‡             | <p>These benefits are limited to EndoPredict, Oncotype Dx, Prosigna (PAM50 risk of recurrence score) and Breast Cancer Index. Use CPT code 81518 when billing for Breast Cancer Index. Use CPT code 81519 when billing for Oncotype Dx. Use CPT code 81520 when billing for Prosigna. Use CPT code 81521 when billing for MammaPrint. Use CPT code 81522 when billing for EndoPredict.</p> <p>These once-in-a-lifetime benefits may be billed for the same recipient and any provider. Providers need an approved TAR and documentation showing that the recipient has a new second primary breast cancer that meets the necessary criteria as listed above to override the once-in-a-lifetime frequency.</p> <p>Concurrent use of more than one test is not recommended as there is no data to support that ordering multiple assays in an individual patient would be beneficial in guiding treatment decisions.</p> |