

LAB ALERT

Billing for Genetic and Molecular Tests

Dear Regional Pathology Clients,

Genetic and Molecular testing often requires prior authorization or predetermination by Medicaid and commercial insurance companies. Specific coverage requirements are insurance dependent and can vary.

In addition, Medicare patients may have a local or national determination policy that applies to testing. If there is reason to believe the test is not covered, the patient should be informed with an Advanced Beneficiary Notice (ABN).

ABN and non-covered patient forms can be found on our website at:

<http://www.reglab.org/billingcompliance/billing-forms/>

CPT codes for several of our molecular tests have been updated; please see our test directory for complete details www.reglab.org. The CPT Code(s) for tests listed below are for informational purposes only, and reflect our interpretation of coding requirements based upon AMA guidelines. For those patients with UHC plans that require authorization through their Genetic and Molecular Testing Program, we have included the UHC test codes that correspond to the method used.

Please note this is not an all-inclusive list of tests that require prior authorization or have limited coverage. The patient's insurance company should be contacted for plan specific details.

Test Code	Test Name	CPT Code(s)	UHC Molecular Test Code
AATM	Alpha Antitrypsin Pyrosequencing	81332	56281332
BCRRT	BCR ABL Qualitative	81207	56281207
BCRQNT	BCR ABL Quantitative p210	81206	56281206
BRAF	BRAF Mutation Detection	81210	56281210
CALRM	Calreticulin Exon 9 Mutations	81219	56281219_CALRM
CEBPA	CEBPA Gene Analysis	81218	CEBPA82
VARIES CODES	Chromosome analysis *see our website for other sample types and their codes	88230,88262, 88262, 88280, 88285 and 88289	n/a
EWNGS	Ewings by RT-PCR	81401	56281401
PROTH	Prothrombin Factor II	81240	56200038A
VARIES CODES	FISH Analysis	88271, 88275	N/A
FLT3	FLT3 ITD Mutation Detection	81245	56281255

Test Code	Test Name	CPT Code(s)	UHC Molecular Test Code
FLTTKD	FLT3 TKD Mutation	81479	56200050
FRGX	Fragile X Mutation Analysis, Modified by CE	81243	56281243
GIP	Gastrointestinal Pathogen Panel	87507	GIP
PCRIG	IgH Gene Rearrangement by DNA	81261	56281261
JK2E12	JAK 2 Exon 12 Seq Detection by NGS	81479	56200032_JK2E12
JAK2	JAK2 Mutation Detection by NGS, Qualitative	81479	56281271_JAK2
LEYDN	Leiden Factor V	81241	56200038B
MSI	Micro Satellite Instability	81301	n/a
VARIES CODES	Microarray Analysis	81229	* Molecular testing code differs depending on testing reason/sample type. See our website for specifics
MLH1	MLH1 by PCR	81288	MLH1M87
MPLM	MPL by NGS Mutation Detection	81479	56281339
MYD88/MYDBM	MYD88 Gene Analysis	81305	56200041
MYMPO/MYMPB	Myeloid Mutation Panel	81450	56200036
MPNBM/MPNPB	Myeloproliferative Neoplasm by NGS	81450	56200023
NPM1	NPM1 Mutation	81310	56281310
RESPP	Respiratory Pathogen Panel	0202U	n/a
0020	Rhabdomyosarcoma by RT-PCR	81401	56281407
RHD	RHD Genotype	81403	n/a
STPP	Solid Tumor Precision Panel	81445	56200048
0030	Synovial Sarcoma by RT-PCR	81401	56281408
TGAMA	T Gamma Gene Rearrangement by DNA	81342	56281342
TP53	TP53 Mutation Detection by NGS*	81352	56281352
TMB	Tumor Mutation Burden Assay	81479	56200049
YCMD	Y-Chromosome Micro-Deletion	81403	55801005

* For your patients with commercial United Healthcare insurance plans, we have updated this information on the UHC Test Directory. Please make sure you utilize the updated test codes listed below when requesting prior authorization online.

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If you have any questions or need assistance with prior authorizations please contact our billing department at 402-559-9480