Tier 2 Molecular Pathology Procedures

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➲ Terms and Conditions

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Policy Summary

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Overview

According to the American Medical Association (AMA) Current Procedural Terminology (CPT®) manual, molecular pathology procedures are medical laboratory procedures involving the analyses of nucleic acid to detect variants in genes that may be indicative of germline (e.g., constitutional disorders) or somatic (e.g., neoplasia) conditions, or to test for histocompatibility antigens (e.g., HLA). Code selection is typically based on the specific gene(s) that is being analyzed.

Codes that describe tests to assess for the presence of gene variants use common gene variant names. Typically, all of the listed variants would be tested. However, these lists are not exclusive. If other variants are also tested in the analysis, they would be included in the procedure and not reported separately. Full gene sequencing should not be reported using codes that assess for the presence of gene variants unless the CPT code specifically states full gene sequence in the code descriptor. In other words, you may only assign the CPT code that is described as “full gene sequence” if the test assay performed was a full gene sequence.

There are Tier 1 and Tier 2 molecular pathology procedure codes. Tier 1 codes generally describe testing for a specific gene or HLA locus. Tier 2 molecular pathology procedures represent procedures that are generally performed in lower volumes than Tier 1 molecular pathology procedures (e.g., the incidence of the disease being tested is rare). They are arranged by level of technical resources and interpretive work by the physician or other qualified healthcare professional.

Use the appropriate molecular pathology procedure level code that includes the specific analyte listed after the code descriptor. If the analyte/gene tested is not listed under one of the Tier 2 codes or is not represented by a Tier 1 code in CPT, use of the Not Otherwise Classified (NOC) CPT code is required.

Tier 1 and/or Tier 2 individual biomarker CPT codes should not be used for a single gene or any combination of genes when testing is performed as part of a Next-Generation Sequencing (NGS) or other multiplexing technology panel.

Molecular pathology procedures have broad clinical and research applications. The following examples of applications may not be relevant to a Medicare member or may not meet a Medicare benefit category and/or reasonable and necessary threshold for coverage. Such examples include genetic testing and genetic counseling (when applicable) for:

- Disease risk;
- Carrier screening;
- Hereditary cancer syndromes;
- Gene expression profiling for certain cancers;
- Prenatal diagnostic testing;
- Diagnosis and monitoring non-cancer indications; and
- Several pharmacogenomic applications.

Guidelines

Tier 2 Molecular pathology procedures may be eligible for coverage when **all** of the following criteria are met:

- Alternative laboratory or clinical tests to definitively diagnose the disorder/identify the condition are unavailable or results are clearly equivocal; **and**
- Availability of a clinically valid test, based on published peer reviewed medical literature; **and**
- Testing assay(s) are Food and Drug Administration (FDA) approved/cleared or if LDT (lab developed test) or LDT protocol or FDA modified test(s) the laboratory documentation should support assay(s) analytical validity and clinical utility; **and**
- Results of the testing must directly impact treatment or management of the member; **and**
- For testing panels, including but not limited to, multiple genes or multiple conditions, and in cases where a tiered approach/method is clinically available, testing would be covered **only** for the number of genes or test that are reasonable and necessary to establish a diagnosis; **and**
- Individual has not previously received genetic testing for the disease/condition. (In general, diagnostic genetic testing for a disease should be performed once in a lifetime.)

A specific genetic test may only be performed once in a lifetime per member for inherited conditions; however, when medically reasonable and necessary, genetic testing may be done on acquired conditions such as malignancies (including separate malignancies developing at different times) as they are treated and are being followed, in order to assess response or other relevant clinical criteria. Likewise, there are situations where medical record and literature documentation are able to demonstrate that serial testing can be reasonably predicted to provide additional clinically useful information. When the record documents that this information, such as confirmed significant response to current therapy, is likely to assist in modifying treatment, serial testing can be considered reasonable and necessary and eligible for coverage.

Gene Identification

Covered

Specific diagnosis criteria for covered services can be found in the Applicable Codes section.

- **For CPT Code 81400**
  - ACE
  - F13B
  - F5
  - F7
  - FGB
- **For CPT Code 81401**
  - CBFB-MYH11
  - E2A/PBX1
  - EML4-ALK
  - ETV6-RUNX1

- EWSR1/ERG
- EWSR1/FLI1
- EWSR1/WT1
- F11 coagulation factor XI
- FGFR3 is covered for patients who would otherwise be considered candidates for erdafitinib based on the FDA label
- FIP1L1-PDGFR
- FOXO1/PAX3
- FOXO1/PAX7
- MT-RNR1
- MUTYH (mutY homolog [E. coli])
- NPM/ALK
- PAX8/PPARG
- RUNX1/RUNX1T1

- **For CPT Code 81403**
  - EpCAM
  - F8 (coagulation factor VIII)
  - FGFR3 is covered for patients who would otherwise be considered candidates for erdafitinib based on the FDA label
  - VHL (von Hippel-Lindau tumor suppressor)
- **For CPT Code 81404**
  - CDKN2A (cyclin-dependent kinase inhibitor 2A)
  - FGFR2 is covered for patients who would otherwise be considered candidates for erdafitinib based on the FDA label
  - FGFR3 is covered for patients who would otherwise be considered candidates for erdafitinib based on the FDA label
  - MEN1 (multiple endocrine neoplasia 1) (e.g., multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion
  - MEN2B
  - PRSS1 (protease, serine, 1 [trypsin 1])
  - RET (ret-proto-oncogene) is considered medically necessary in patients with medullary CA of thyroid, multiple endocrine neoplasia, pheochromocytoma, and parathyroid tumors) to guide therapeutic decision making
  - VHL (von Hippel-Lindau tumor suppressor)
- **For CPT Code 81405**
  - MEN1 (multiple endocrine neoplasia 1) (e.g., multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence is considered medically necessary in patients with multiple endocrine neoplasia to guide therapeutic decision-making
  - MEN2A
  - RET (ret-proto-oncogene) is considered medically necessary in patients with medullary CA of thyroid, multiple endocrine neoplasia, pheochromocytoma, and parathyroid tumors) to guide therapeutic decision making
- **For CPT Code 81406**
  - ATP7B (ATPase, Cu++ transporting, beta polypeptide) is considered medically necessary in patients with symptoms of Wilson's disease to guide therapeutic decision making
  - RYR1 (Volatile anesthetics (class): desflurane, enflurane, halothane, isoflurane, methoxyflurane, sevoflurane, succinylcholine)

Non-Covered

The following individual Tier 2 genetic tests are unlikely to impact therapeutic decision-making, directly impact treatment, outcome and/or clinical management in the care of the member and will be denied as not medically necessary. (Please note that this list of non-covered genes is not exhaustive, and the fact that a specific gene is not mentioned does not mean it is covered. In addition, many genes have several names that are used. The most common names have been used in this policy.)

- **For CPT Code 81400**
  - ABCC8
  - ACADM
  - AGTR1
  - CCR5
  - CLRN1
  - DYT1 (TOR1A)

- IL28B
- IVD
- TOR1A

- **For CPT Code 81401**
  - ABCC8
  - ADRB2
  - APOE
  - CFH/ARMS2
  - DEK/NUP214
  - GALT (galactose-1-phosphate uridylyltransferase)
  - H19
  - KCNQ10T1 (KCNQ1 overlapping transcript 1)
  - MEG3/DLK1
  - MLL/AFF
  - MT-ATP6
  - MT-ND4
  - MT-ND6
  - MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5)
  - MT-TK (mitochondrially encoded tRNA lysine)
  - MT-TL1
  - MT-TS1
  - PRSS1 (protease, serine, 1 [trypsin 1])
- **For CPT Code 81402**
  - CYP21A2
  - Chromosome 18q-
  - MEFV (Mediterranean fever) (e.g., familial Mediterranean fever)
  - TRD
  - Uniparental disomy (UPD)
- **For CPT Code 81403**
  - ANG (angiogenin, ribonuclease, RNase A family, 5)
  - GJB1 (gap junction protein, beta 1) (e.g., Charcot-Marie-Tooth X-linked), full gene sequence
  - HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog Costello syndrome)
  - MT-RNR1 (mitochondrially encoded 12S RNA)
  - MT-TS1 (mitochondrially encoded tRNA serine 1)
- **For CPT Code 81404**
  - ACADS (acyl-CoA dehydrogenase)
  - AQP2 (aquaporin 2 [collecting duct])
  - ARX (aristaless related homeobox)
  - BTD (biotinidase)
  - CAV3 (caveolin 3) (e.g., CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence
  - CLRN1 (clarin 1)
  - CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1)
  - EGR2 (early growth response 2) (e.g., Charcot-Marie-Tooth)
  - FKRP (Fukutin related protein)
  - FOXG1 (forkhead box G1)
  - FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (e.g., facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (e.g., deleted) alleles
  - FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (e.g., facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (i.e., chromosome 4A and 4B haplotypes)
  - HNF1B (HNF1 homeobox B)
  - HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog)
  - KCNJ10 (potassium inwardly rectifying channel, subfamily J, member 10)
  - MMACHC (Methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) is associated with the most common error of vitamin B12 metabolism. Although considered a disease of infancy or childhood, some individuals develop symptoms in adulthood. However, to date, the exact function of the protein encoded by this gene is not

known. Therefore, MMACHC testing does not meet the clinical utility requirements for a Medicare Benefit and is considered a statutorily excluded service
    - SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocation])
    - VWF (von Willebrand factor)
- **For CPT Code 81405**
    - ACADS (acyl-CoA dehydrogenase)
    - CASR (CAR, EIG8, extracellular calcium-sensing receptor, FHH, FIH, GPRC2A, HHC, HHC1, NSHPT, PCAR1)
    - CDKL5 (cyclin-dependent kinase-like 5)
    - CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2)
    - ENG
    - HNF1B (HNF1 homeobox B)
    - MPZ (myelin protein zero)
    - NF2 (neurofibromin 2 [merlin])
    - NSD1
    - RPS19
    - STAT3
    - TSC1 (tuberous sclerosis 1)
- **For CPT Code 81406**
    - ACADVL (acyl-CoA dehydrogenase, very long chain)
    - AIRE
    - BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide)
    - CBS (cystathionine-beta-synthase)
    - CDH1, full gene sequence
    - CDKL5 (cyclin-dependent kinase-like 5)
    - DLAT (dihydrolipoamide S-acetyltransferase)
    - DLD (dihydrolipoamide dehydrogenase)
    - ENG
    - F8 (coagulation factor VIII)
    - GALT (galactose-1-phosphate uridylyltransferase)
    - HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit)
    - HEXA (hexosaminidase A, alpha polypeptide)
    - IVD
    - LMNA (lamin A/C)
    - NF2 (neurofibromin 2 [merlin])
    - NSD1 (nuclear receptor binding SET domain protein 1)
    - PAH (phenylalanine hydroxylase)
    - PAX2 (paired box 2)
    - PDHA1 (pyruvate dehydrogenase [lipoamide] alpha1)
    - POLG (polymerase [DNA directed], gamma)
    - PRKAG2 (protein kinase, AMP-activated gamma 2 non-catalytic subunit)
    - PTPN11 (protein tyrosine phosphatase, non-receptor type 11)
    - RET (ret-proto-oncogene) (e.g., Hirschsprung disease), full gene sequence
    - SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger] member 6)
    - SOS1 (son of sevenless homolog 1)
    - TAZ (tafazzin)
    - TSC1 (tuberous sclerosis 1)
    - TSC2 (tuberous sclerosis 2)
    - UBE3A (ubiquitin protein ligase)
- **For CPT Code 81407, level 8 Molecular Pathology Procedures are noncovered**
- **For CPT Code 81408, level 9 Molecular Pathology Procedures are noncovered**

Based on the Centers for Medicare & Medicaid Services (CMS) Program Integrity Manual (100 - 08), this policy addresses the circumstances under which the item or service is reasonable and necessary under the Social Security Act, §1862(a)(1)(A). For laboratory services, a service can be reasonable and necessary if the service is safe and effective; not experimental or

investigational (exception: routine costs of qualifying clinical trial services which meet the requirements of the Clinical Trials NCD and are considered reasonable and necessary); and appropriate, including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member; furnished in a setting appropriate to the patient's medical needs and condition; ordered and furnished by qualified personnel; one that meets, but does not exceed, the patient's medical need; and is at least as beneficial as an existing and available medically appropriate alternative.

Nationally Non-Covered Indications

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury..." Furthermore, it has been longstanding CMS policy that ***"tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute".***

Screening services, such as pre - symptomatic genetic tests and services, used to detect an undiagnosed disease or disease predisposition are not a Medicare benefit and not covered. Similarly, Medicare may not reimburse the costs of tests/examinations that assess the risk of a condition unless the risk assessment clearly and directly effects the management of the patient.

Many applications of the molecular pathology procedures are not covered services given lack of benefit category (preventive service) and/or failure to reach the reasonable and necessary threshold for coverage (based on quality of clinical evidence and strength of recommendation). Furthermore, payment of claims in the past (based on stacking codes) or in the future (based on the new code series) is not a statement of coverage since the service was not audited for compliance with program requirements and documentation supporting the reasonable and necessary testing for the member. Certain molecular pathology procedures may be subject to prepayment medical review (records requested) and paid claims must be supportable, if selected, for post payment audit. Molecular pathology tests for diseases or conditions that manifest severe signs or symptoms in newborns and in early childhood or that result in early death (e.g., Canavan disease) could be subject to automatic denials since these tests are not usually relevant to a member.

Documentation Guidelines

Documentation must be adequate to verify that coverage guidelines listed above have been met. Thus, the medical record must contain documentation that the testing is expected to influence treatment of the condition toward which the testing is directed. The laboratory or billing provider must have on file the physician requisition which sets forth the diagnosis or condition that warrants the test(s).

Examples of documentation requirements of the ordering physician/non - physician practitioner (NPP) include, but are not limited to, history and physical or exam findings that support the decision making, problems/diagnoses, relevant data (e.g., lab testing, imaging results).

Documentation requirements of the performing laboratory (when requested) include, but are not limited to, lab accreditation, test requisition, test record/procedures, reports (preliminary and final), and quality control record.

Documentation requirements for lab developed tests/protocols (when requested) include diagnostic test/assay, lab/manufacturer, names of comparable assays/services (if relevant), description of assay, analytical validity evidence, clinical validity evidence, and clinical utility.

Providers are required to code to specificity; however, if an unlisted CPT code is used, the documentation must clearly identify the unique procedure performed. When multiple procedure codes are submitted on a claim (unique and/or unlisted) the documentation supporting each code should be easily identifiable. If on review UnitedHealthcare cannot link a billed code to the documentation, these services will be denied.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1)(A) of the Social Security Act.

Because there are multiple biomarkers represented by each of the Tier 2 codes, when billing for these codes, it will be necessary to report the specific biomarker in the claim narrative/remarks. Report information in the narrative/remarks that provides ample information to uniquely identify the specific biomarker.

Providing the descriptive information for the Tier 2 molecular pathology code will assist in timely processing of claims.

Failure to provide the information may result in delayed processing or claim denials.

Billing Claims with Multiple Biomarkers

There are typically submissions of claims where multiple biomarkers on the same date of service (DOS) can better support the further diagnosis, prognosis or chemotherapy prediction of a neoplastic disease.

It would not be expected for providers to order multiple biomarkers on different DOS's, since the molecular evaluation of a particular neoplasm is typically comprehensive in nature.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
81400	Molecular pathology procedure, Level 1 (short description)
81401	Molecular pathology procedure, Level 2 (short description)
81402	Molecular pathology procedure, Level 3 (short description)
81403	Molecular pathology procedure, Level 4 (short description)
81404	Molecular pathology procedure, Level 5 (short description)
81405	Molecular pathology procedure, Level 6 (short description)
81406	Molecular pathology procedure, Level 7 (short description)
81407	Molecular pathology procedure, Level 8 (short description)
81408	Molecular pathology procedure, Level 9 (short description)

Diagnosis Code	Description
CPT Code 81404 for FGFR2, FGFR3	
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus

Diagnosis Code	Description
CPT Code 81404 for FGFR2, FGFR3	
C67.8	Malignant neoplasm of overlapping sites of bladder
CPT Code 81406 for RYR1	
T41.0X5A	Adverse effect of inhaled anesthetics, initial encounter
T41.0X5D	Adverse effect of inhaled anesthetics, subsequent encounter
T41.0X5S	Adverse effect of inhaled anesthetics, sequela
T41.0X6A	Underdosing of inhaled anesthetics, initial encounter
T41.0X6D	Underdosing of inhaled anesthetics, subsequent encounter
T41.0X6S	Underdosing of inhaled anesthetics, sequela
T41.1X5A	Adverse effect of intravenous anesthetics, initial encounter
T41.1X5D	Adverse effect of intravenous anesthetics, subsequent encounter
T41.1X5S	Adverse effect of intravenous anesthetics, sequela
T41.1X6A	Underdosing of intravenous anesthetics, initial encounter
T41.1X6D	Underdosing of intravenous anesthetics, subsequent encounter
T41.1X6S	Underdosing of intravenous anesthetics, sequela
CPT Code 81406 for MUTYH (for dates of service on or before 07/02/2022)	
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
D12.0	Benign neoplasm of cecum
D12.1	Benign neoplasm of appendix
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D12.7	Benign neoplasm of rectosigmoid junction
D12.8	Benign neoplasm of rectum
Z85.038	Personal history of other malignant neoplasm of large intestine
Z86.010	Personal history of colonic polyps
CPT Codes 81404 and 81405 for RET – MEN Type 2	
C73	Malignant neoplasm of thyroid gland
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland

Diagnosis Code	Description
CPT Codes 81404 and 81405 for RET – MEN Type 2	
C75.0	Malignant neoplasm of parathyroid gland
D35.1	Benign neoplasm of parathyroid gland
CPT Code 81406 for ATP7B	
E83.01	Wilson's disease

Non-Covered Diagnosis Code

Non-Covered Diagnosis Codes List

This list contains diagnosis codes that are **never covered when given as the primary reason for the test.** If a code from this section is given as the reason for the test and you know or have reason to believe the service may not be covered, call UnitedHealthcare to issue an Integrated Denial Notice (IDN) to the member and you. The IDN informs the member of their liability for the non-covered service or item and appeal rights. You must make sure the member has received the IDN prior to rendering or referring for non-covered services or items in order to collect payment. ☐

References

CMS National Coverage Determinations (NCDs)

Related NCDs: NCD 90.2 Next Generation Sequencing (NGS), NCD 190.3 Cytogenetic Studies, NCD 190.7 Human Tumor Stem Cell Drug Sensitivity Assays

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
APC and MUTYH Gene Testing				
L36910 MolDX: APC and MUTYH Gene Testing **Retired 08/20/2022**	A56828 Billing and Coding: MolDX: APC and MUTYH Gene **Retired 08/20/2022**	CGS	KY, OH	KY, OH
L36882 MolDX: APC and MUTYH Gene Testing **Retired 08/20/2022**	A57352 Billing and Coding: MolDX: APC and MUTYH Gene Testing **Retired 08/20/2022**	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36884 MolDX: APC and MUTYH Gene Testing **Retired 08/20/2022**	A57353 Billing and Coding: MolDX: APC and MUTYH Gene Testing **Retired 08/20/2022**	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36827 MolDX: APC and MUTYH Gene Testing **Retired 08/20/2022**	A56824 Billing and Coding: MolDX: APC and MUTYH Gene Testing **Retired 07/03/2022**	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L37224 MolDX: APC and MUTYH Gene Testing **Retired 08/20/2022**	A56901 Billing and Coding: MolDX: APC and MUTYH Gene Testing **Retired 08/20/2022**	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
ApoE Genotype				
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A54244 Billing and Coding: MolDX: ApoE Genotype	CGS	KY, OH	KY, OH

LCD	Article	Contractor	Medicare Part A	Medicare Part B
ApoE Genotype				
L36358 MolDX: Biomarkers in Cardiovascular Risk Assessment	A55094 Billing and Coding: MolDX: ApoE Genotype	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36362 MolDX: Biomarkers in Cardiovascular Risk Assessment	A55095 Billing and Coding: MolDX: ApoE Genotype	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A53652 Billing and Coding: MolDX: ApoE Genotype	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55141 Billing and Coding: MolDX: ApoE Genotype	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
ATP7B Gene Tests				
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A54254 Billing and Coding: MolDX: ATP7B Gene Tests	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A55097 Billing and Coding: MolDX: ATP7B Gene Tests	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A55098 Billing and Coding: MolDX: ATP7B Gene Tests	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A53550 Billing and Coding: MolDX: ATP7B Gene Tests	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55143 Billing and Coding: MolDX: ATP7B Gene Tests	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
BCKDHB Gene Test				
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A54255 Billing and Coding: MolDX: BCKDHB Gene Test	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A55099 Billing and Coding: MolDX: BCKDHB Gene Test	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A55100 Billing and Coding: MolDX: BCKDHB Gene Test	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A53600 Billing and Coding: MolDX: BCKDHB Gene Test	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55145 Billing and Coding: MolDX: BCKDHB Gene Test	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
Blood Product Molecular Antigen Typing				
L38249 MolDX: Blood Product Molecular Antigen Typing	A57155 Billing and Coding: MolDX: Blood Product Molecular Antigen Typing	CGS	KY, OH	KY, OH
L38331 MolDX: Blood Product Molecular Antigen Typing	A57124 Billing and Coding: MolDX: Blood Product Molecular Antigen Typing	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L38333 MolDX: Blood Product Molecular Antigen Typing	A57376 Billing and Coding: MolDX: Blood Product Molecular Antigen Typing	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38240 MolDX: Blood Product Molecular Antigen Typing	A58308 Billing and Coding: MolDX: Blood Product Molecular Antigen Typing	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
Blood Product Molecular Antigen Typing				
L38441 MolDX: Blood Product Molecular Antigen Typing	A57110 Billing and Coding: MolDX: Blood Product Molecular Antigen Typing	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
CDH1 Genetic Testing				
N/A	A54878 Billing and Coding: MolDX: CDH1 Genetic Testing	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A55970 Billing and Coding: MolDX: CDH1 Genetic Testing	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A55971 Billing and Coding: MolDX: CDH1 Genetic Testing	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A54835 Billing and Coding: MolDX: CDH1 Genetic Testing	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55622 Billing and Coding: MolDX: CDH1 Genetic Testing	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
CHD7 Gene Analysis				
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A54243 Billing and Coding: MolDX: CHD7 Gene Analysis Guidelines	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A55085 Billing and Coding: MolDX: CHD7 Gene Analysis	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A55086 MolDX: CHD7 Gene Analysis Coding and Billing Guidelines	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A53565 Billing and Coding: MolDX: CHD7 Gene Analysis	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55157 Billing and Coding: MolDX: CHD7 Gene Analysis	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
ENG and ACVRL1 Gene Tests				
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A54262 Billing and Coding: MolDX: ENG and ACVRL1 Gene Tests	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A55181 Billing and Coding: MolDX: ENG and ACVRL1 Gene Tests	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A55182 Billing and Coding: MolDX: ENG and ACVRL1 Gene Tests	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A53536 Billing and Coding: MolDX: ENG and ACVRL1 Gene Tests	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55159 Billing and Coding: MolDX: ENG and ACVRL1 Gene Tests	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE

LCD	Article	Contractor	Medicare Part A	Medicare Part B
FGFR2 and FGFR3 Gene Tests				
L38586 MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	A58065 Billing and Coding: MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	CGS	KY, OH	KY, OH
L38647 MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	A58181 Billing and Coding: MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L38649 MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	A58187 Billing and Coding: MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38576 MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	A58028 Billing and Coding: MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L38684 Prognostic and Predictive Molecular Classifiers for Bladder Cancer	A58211 Billing and Coding: MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
Genetic Testing for Cardiovascular Disease				
L39084 Genetic Testing for Cardiovascular Disease	A58797 Billing and Coding: Genetic Testing for Cardiovascular Disease	First Coast	FL, PR, VI	FL, PR, VI
L39082 Genetic Testing for Cardiovascular Disease	A58795 Billing and Coding: Genetic Testing for Cardiovascular Disease	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
Genetic Testing for Lynch Syndrome				
L34912 Genetic Testing for Lynch Syndrome	A57450 Billing and Coding: Genetic Testing for Lynch Syndrome	First Coast	FL, PR, VI	FL, PR, VI
L35349 MolDX: Genetic Testing for Lynch Syndrome **Retired 08/20/2022**	A56882 Billing and Coding: MolDX: Genetic Testing for Lynch Syndrome **Retired 08/20/2022**	CGS	KY, OH	KY, OH
L35024 MolDX: Genetic Testing for Lynch Syndrome **Retired 08/20/2022**	A54987 Billing and Coding: MolDX: Genetic Testing for Lynch Syndrome **Retired 07/03/2022**	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36370 MolDX: Genetic Testing for Lynch Syndrome **Retired 08/20/2022**	A54995 Billing and Coding: MolDX: Genetic Testing for Lynch Syndrome **Retired 08/20/2022**	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36374 MolDX: Genetic Testing for Lynch Syndrome **Retired 08/20/2022**	A54996 Billing and Coding: MolDX: Genetic Testing for Lynch Syndrome **Retired 08/20/2022**	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

LCD	Article	Contractor	Medicare Part A	Medicare Part B
Genetic Testing for Lynch Syndrome				
L36793 MolDX: Genetic Testing for Lynch Syndrome **Retired 08/20/2022**	A55135 Billing and Coding: MolDX: Genetic Testing for Lynch Syndrome **Retired 08/20/2022**	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
HEXA Gene Analysis				
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A54268 Billing and Coding: MolDX: HEXA Gene Analysis	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A55255 Billing and Coding: MolDX: HEXA Gene Analysis	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A55256 Billing and Coding: MolDX: HEXA Gene Analysis	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A53598 Billing and Coding: MolDX: HEXA Gene Analysis	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55168 Billing and Coding: MolDX: HEXA Gene Analysis	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
Lab-Developed Tests for Inherited Cancer Syndromes				
L39017 MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	A58734 Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	CGS	KY, OH	KY, OH
	A59063 Response to Comments: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer			
L38972 MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	A58679 Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
	A59130 Response to Comments: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer			
L38974 MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	A58681 Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
	A59131 Response to Comments: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer			

LCD	Article	Contractor	Medicare Part A	Medicare Part B
Lab-Developed Tests for Inherited Cancer Syndromes				
L38966 MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	A58652 Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer A59058 Response to Comments: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L39040 MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	A58756 Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer A59116 Response to Comments: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
L1CAM Gene Sequencing				
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A54274 Billing and Coding: MolDX: L1CAM Gene Sequencing Guidelines	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A55277 Billing and Coding: MolDX: L1CAM Gene Sequencing	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A55278 Billing and Coding: MolDX: L1CAM Gene Sequencing	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A53659 Billing and Coding: MolDX: L1CAM Gene Sequencing	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55192 Billing and Coding: MolDX: L1CAM Gene Sequencing	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
Minimal Residual Disease Testing for Hematologic Cancers				
L38822 Minimal Residual Disease Testing for Cancer	A58998 Billing and Coding: MolDX: Minimal Residual Disease Testing for Hematologic Cancers	CGS	KY, OH	KY, OH
L38814 MolDX: Minimal Residual Disease Testing for Cancer	A58996 Billing and Coding: MolDX: Minimal Residual Disease Testing for Hematologic Cancers	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L38816 MolDX: Minimal Residual Disease Testing for Cancer	A58997 Billing and Coding: MolDX: Minimal Residual Disease Testing for Hematologic Cancers	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

LCD	Article	Contractor	Medicare Part A	Medicare Part B
Minimal Residual Disease Testing for Hematologic Cancers				
L38779 MolDX: Minimal Residual Disease Testing for Cancer	A58988 Billing and Coding: MolDX: Minimal Residual Disease Testing for Hematologic Cancers	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L38835 MolDX: Minimal Residual Disease Testing for Cancer	A59004 Billing and Coding: MolDX: Minimal Residual Disease Testing for Hematologic Cancers	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
MMACHC Test				
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A54209 Billing and Coding: MolDX: MMACHC Test	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A55288 Billing and Coding: MolDX: MMACHC Test	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A55289 Billing and Coding: MolDX: MMACHC Test	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A54035 Billing and Coding: MolDX: MMACHC Test	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55191 Billing and Coding: MolDX: MMACHC Test	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
NSD1 Gene Tests				
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A54291 Billing and Coding: MolDX: NSD1 Gene Tests	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A55609 Billing and Coding: MolDX: NSD1 Gene Tests	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A55615 Billing and Coding: MolDX: NSD1 Gene Tests	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A53585 Billing and Coding: MolDX: NSD1 Gene Tests	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55198 Billing and Coding: MolDX: NSD1 Gene Tests	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
Pharmacogenomics Testing				
L38394 MolDX: Pharmacogenomics Testing	A58324 Billing and Coding: MolDX: Pharmacogenomics Testing	CGS	KY, OH	KY, OH
L38335 MolDX: Pharmacogenomics Testing	A57384 Billing and Coding: MolDX: Pharmacogenomics Testing	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L38337 MolDX: Pharmacogenomics Testing	A57385 Billing and Coding: MolDX: Pharmacogenomics Testing	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38294 MolDX: Pharmacogenomics Testing	A58318 Billing and Coding: MolDX: Pharmacogenomics Testing	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
Pharmacogenomics Testing				
L38435 MolDX: Pharmacogenomics Testing	A58395 Billing and Coding: MolDX: Pharmacogenomics Testing	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
L39073 Pharmacogenomics Testing	A58812 Billing and Coding: Pharmacogenomics Testing	First Coast	FL, PR, VI	FL, PR, VI
L39063 Pharmacogenomics Testing	A58801 Billing and Coding: Pharmacogenomics Testing	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
Repeat Germline Testing				
L38288 MolDX: Repeat Germline Testing	A57141 Billing and Coding: MolDX: Repeat Germline Testing	CGS	KY, OH	KY, OH
L38351 MolDX: Repeat Germline Testing	A57331 Billing and Coding: MolDX: Repeat Germline Testing	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L38353 MolDX: Repeat Germline Testing	A57332 Billing and Coding: MolDX: Repeat Germline Testing	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38274 MolDX: Repeat Germline Testing	A58017 Billing and Coding: MolDX: Repeat Germline Testing	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L38429 MolDX: Repeat Germline Testing	A57100 Billing and Coding: MolDX: Repeat Germline Testing	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
RPS19 Gene Tests				
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A54299 Billing and Coding: MolDX: RPS19 Gene Tests	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A55610 Billing and Coding: MolDX: RPS19 Gene Tests	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A55614 Billing and Coding: MolDX: RPS19 Gene Tests	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A53587 Billing and Coding: MolDX: RPS19 Gene Tests	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55205 Billing and Coding: MolDX: RPS19 Gene Tests	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
STAT3 Gene Testing				
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A54284 Billing and Coding: MolDX: STAT3 Gene Testing	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A55480 Billing and Coding: MolDX: STAT3 Gene Testing	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A55481 Billing and Coding: MolDX: STAT3 Gene Testing	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	A53562 Billing and Coding: MolDX: STAT3 Gene Testing	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
STAT3 Gene Testing				
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A55209 Billing and Coding: MolDX: STAT3 Gene Testing	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
General Molecular Diagnostic Tests				
L34519 Molecular Pathology Procedures	A57451 Billing and Coding: Molecular Pathology Procedures	First Coast	FL, PR, VI	FL, PR, VI
	A58918 Billing and Coding: Molecular Pathology and Genetic Testing			
L35062 Biomarkers Overview	A58917 Billing and Coding: Molecular Pathology and Genetic Testing	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L35396 Biomarkers for Oncology	A52986 Billing and Coding: Biomarkers for Oncology	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L35000 Molecular Pathology Procedures	A56199 Billing and Coding: Molecular Pathology Procedures	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A56973 Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	CGS	KY, OH	KY, OH
	A54901 Billing and Coding: MolDX: Targeted and Comprehensive Genomic Profile Next Generation Sequencing Testing in Cancer			
L35025 MolDX: Molecular Diagnostic Tests (MDT)	A56853 Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A57526 Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A57527 Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A57772 Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE

CMS Benefit Policy Manual

Chapter 15; §§ 80.1 - 80.1.3, 80.6 Clinical Laboratory Services

CMS Claims Processing Manual

Chapter 12; § 60 Payment for Pathology Services
Chapter 16, § 10.2 General Explanation of Payment; § 20 Calculation of Payment Rates - Clinical Laboratory Test Fee Schedules; § 40 Billing for Clinical Laboratory Tests

UnitedHealthcare Commercial Policy

Pharmacogenetic Panel Testing

Others

CMS IOM 100-08, Medicare Program Integrity Manual, Chapter 13, Section13.5.4 Reasonable and Necessary Provisions in LCDs
Clinical Pharmacogenetics Implementation Consortium (CPIC) Guideline for the Use of Potent Volatile Anesthetic Agents and Succinylcholine in the Context of RYR1 or CACNA1S Genotypes
CMS Clinical Laboratory Fee Schedule, CMS Website
Pharmacogenomic Biomarkers in Drug Labeling, FDA website
Palmetto GBA MolDx Website
Palmetto GBA MolDx Manual, Palmetto GBA MolDx Website

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/10/2024	**Applicable Codes** ***Non-Covered Diagnosis Codes*** • Added Z02.84 **Administrative** • Archived previous policy version MPG381.16

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section above to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered,

which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.