CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81105 – 81112 **Human Platelet Antigen Genotyping**	No	One of the following ICD-10-CM diagnosis codes is required on the claim (except with valid TAR): D69.51 or P61.0	Once-in-a-lifetime, any provider, except with valid TAR override	
81120 **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): C71.0 – C71.9 or C92.00 – C92.02	Once-in-a-lifetime, any provider, except with valid TAR override	
81121 **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): C71.0 – C71.9 or C92.00 – C92.02	Once-in-a-lifetime, any provider, except with valid TAR override	
81161 **DMD (dystrophin) deletion analysis, and duplication analysis, if performed**	No	ICD-10-CM diagnosis code G71.00 (muscular dystrophy) G71.01, G71.02 or G71.09 is required on the claim.	Once-in-a-lifetime, any provider, except with valid TAR override	
81162 **BRCA1, BRCA2 gene analysis; full sequence analysis and full duplication/deletion analysis** *Continued below*	Yes	A TAR for code 81162 requires documentation as follows: 1) The patient has personal or family history that suggests an inherited cancer susceptibility based on a standard assessment tool: See Attachment B for an example or one of the following tools: • Ontario Family History Assessment Tool • Manchester Scoring System • Referral Screening Tool • Pedigree Assessment Tool	Once-in-a-lifetime, any provider, except with valid TAR override *	See Attachment B – Family History Screening Tool which is suggested for use prior to ordering BRCA testing Note that for the purpose of this policy, a "close blood relative" is defined as a first-degree, second-degree or third-degree blood relative. First degree relatives are biological parents, siblings, and children. Second-degree relatives are biological grandparents, aunts, uncles, nephews, nieces, grandchildren and half-siblings. (*Cont'd)*

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81162** **BRCA1, BRCA2 gene analysis; full sequence analysis and full duplication/deletion analysis** *Continued below*	Yes	• 7-Question Family History Screening Tool • International Breast Cancer Intervention Study instrument • Brief versions of BRCAPRO; AND 2) The patient is willing to talk with a health professional who is suitably trained to provide genetic counseling and interpret test results; AND 3) The test results will aid in the decision-making Additionally, a TAR for code 81162 requires documentation of *one or more* of the following numbered criteria Per NCCN Guidelines Version 1.2020 Hereditary Cancer Testing Criteria, testing is clinical indicated in the following scenarios: 1) An individual from a family with a known pathogenic /likely pathogenic variant in cancer susceptibility gene mutation; OR 2) Individuals meeting criteria below and previously tested NEGATIVE in single gene analysis desiring multiple gene sequencing 3) Personal history of cancer • Diagnosed at ≤45 years of age; OR • Diagnosed at 46 - 50 yo with: - An unknown or limited family history; OR - An additional breast cancer primary at any age - One or more close blood relatives with breast, ovarian, pancreatic or prostate cancer (Gleason score ≥7) • Diagnosed at ≤60 years of age with triple negative breast cancer; OR • Diagnosed at any age with: – One or more close blood relatives with: o breast cancer diagnosed at ≤50 years of age; or o Ovarian carcinoma; or	Once-in-a-lifetime, any provider, except with valid TAR override *	Where third degree blood relatives are mentioned, they include great-grandparents, great-aunts, great-uncles, great-grandchildren, and first cousins. As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer. See Attachment B – Family History Screening Tool which is suggested for use prior to ordering BRCA testing Note that for the purpose of this policy, a "close blood relative" is defined as a first-degree, second-degree or third degree blood relative. First degree relatives are biological parents, siblings, and children. Second-degree relatives are biological grandparents, aunts, uncles, nephews, nieces, grandchildren and half-siblings. Where third degree blood relatives are mentioned, they include great-grandparents, great-aunts, great-uncles, great-grandchildren, and first cousins.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81162** **BRCA1, BRCA2 gene analysis; full sequence analysis and full duplication/deletion analysis** *Continued below*	Yes	○ Male breast cancer; or ○ Metastatic prostate cancer; or ○ Pancreatic cancer – 2 or more additional diagnoses of breast cancer at any age in patient and/or in close blood relatives; or • Ashkenazi Jewish ancestry; OR • Personal history of Male Breast Cancer; or • Personal history of Ovarian carcinoma (includes fallopian tube cancer and peritoneal cancer); or • Personal history of pancreatic cancer; or • Personal history of metastatic prostate cancer (biopsy-proven and/or with radiographic evidence; include distant metastasis and regional bed or nodes; not biochemical recurrence); or • Personal history of high-grade prostate cancer (Gleason score ≥7) at any age with: – Ashkenazi Jewish ancestry; or – One or more close blood relatives with ovarian carcinoma, pancreatic cancer or metastatic prostate cancer at any age or breast cancer under 50 years of age; or – 2 or more close blood relatives with breast or prostate cancer (any grade) at any age • A mutation identified on tumor genomic testing that has clinical implications if also identified in the germ line • To aid in systemic therapy decision-making 4) Family History of Cancer • An affected or unaffected individual with first- or second degree-blood relative meeting any criteria above (except those meeting criteria ONLY for systemic therapy decisions)	Once-in-a-lifetime, any provider, except with valid TAR override *	See Attachment B – Family History Screening Tool which is suggested for use prior to ordering BRCA testing Note that for the purpose of this policy, a "close blood relative" is defined as a first-degree, second-degree or third degree blood relative. First degree relatives are biological parents, siblings, and children. Second-degree relatives are biological grandparents, aunts, uncles, nephews, nieces, grandchildren and half-siblings. Where third degree blood relatives are mentioned, they include great-grandparents, great-aunts, great-uncles, great-grandchildren, and first cousins. As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81162** **BRCA1, BRCA2 gene analysis; full sequence analysis and full duplication/deletion analysis**	Yes	• An affected or unaffected individual who does NOT meet criteria but has a probability of greater than or equal to 5% of at BRCA 1 / 2 pathogenic variant based on prior probability models For BRACAnalysis CDx testing for breast cancer, all of the following TAR criteria must be met: • Patient has metastatic breast cancer. • Patient is human epidermal growth factor receptor 2 (HER2)-negative. • Patient has previously been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting. • Patient's additional treatment is contingent on the test results. ***** An approved TAR that meets the necessary criteria listed below to override the once-in-a-lifetime frequency is required: In Advanced Ovarian Cancer: For patients with previous germline BRCA test (blood sample), additional somatic BRCA testing (tumor sample) may be necessary when treatment with Lynparza™ (olaparib) is contingent on the test results.	Once-in-a-lifetime, any provider, except with valid TAR override *	See Attachment B – Family History Screening Tool which is suggested for use prior to ordering BRCA testing Note that for the purpose of this policy, a "close blood relative" is defined as a first-degree, second-degree or third degree blood relative. Where third degree blood relatives are mentioned, they include great-grandparents, great-aunts, great-uncles, great-grandchildren, and first cousins. As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer. Olaparib has FDA approval for use in some Ovarian Cancer diagnosis where there is a mutation in the germline or somatic BRCA.
81163 **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	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81164 **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 **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 **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	
81167 **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 **CCND1/IGH (t[11;14])(eg. 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: C83.10 thru C83.19	Once-in-a-lifetime, any provider, except with valid TAR override	
81170 **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, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81171 **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): F70, F71, F80.0 – F89, H93.25, R48.0, R62.0 – R62.59, F82, F88, R48.2	Once-in-a-lifetime, any provider, except with valid TAR override	
81172 **AFF2 (AF4/FMR2 family, member 2 [FMR2]) gene analysis; characterization of alleles**	No	One of the following ICD-10-CM diagnosis codes is required on the claim (except with valid TAR): F70, F71, F80.0 – F89, H93.25, R48.0, R62.0 – R62.59, F82, F88, R48.2	Once-in-a-lifetime, any provider, except with valid TAR override	
81173 **AR (androgen receptor) gene analysis; full gene sequence**	Yes	A TAR for CPT code 81173 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for bulbar muscular atrophy, and • The patient requires the service as a confirmatory test for spinal and bulbar muscular atrophy	Once-in-a-lifetime, any provider, except with valid TAR override	
81174 **AR (androgen receptor) gene analysis; known familial variant**	Yes	A TAR for CPT code 81174 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for bulbar muscular atrophy, and • The patient requires the service as a confirmatory test for spinal and bulbar muscular atrophy	Once-in-a-lifetime, any provider, except with valid TAR override	
81175 **ASXL gene analysis, full gene sequence**	No	One of the following ICD-10-CM codes is required on the claim (except with valid TAR): C93.10 – C93.12, D46.0 – D46.C, D47.1	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81176 **ASXL gene analysis, targeted sequence analysis**	No	One of the following ICD-10-CM codes is required on the claim (except with valid TAR): C93.10 – C93.12, D46.0 – D46.C, D47.1	Once-in-a-lifetime, any provider, except with valid TAR override	
81177 **ATN1 (atrophin 1) gene analysis, evaluation to detect abnormal alleles**	Yes	A TAR for CPT code 81177 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for dentatorubral pallidoluysian atrophy, and • The patient requires the service as a confirmatory test for dentatorubral pallidoluysian atrophy	Once-in-a-lifetime; any provider, except with valid TAR override	
81178 **ATXN1 (ataxin 1) gene analysis, evaluation to detect abnormal alleles**	Yes	A TAR for CPT code 81178 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 1 (SCA1), and • The patient requires the service as a confirmatory test for SCA1	Once-in-a-lifetime, any provider, except with valid TAR override	
81179 **ATXN2 (ataxin 2) gene analysis, evaluation to detect abnormal alleles**	Yes	A TAR for CPT code 81179 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 2 (SCA2), and • The patient requires the service as a confirmatory test for SCA2	Once-in-a-lifetime, any provider, except with valid TAR override	
81180 **ATXN3 (ataxin 3) gene analysis, evaluation to detect abnormal alleles**	Yes	A TAR for CPT code 81180 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 3 (SCA3), and • The patient requires the service as a confirmatory test for SCA3	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81181 **ATXN7 (ataxin 7) gene analysis, evaluation to detect abnormal alleles**	Yes	A TAR for CPT code 81181 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 7 (SCA7), and • The patient requires the service as a confirmatory test for SCA7	Once-in-a-lifetime, any provider, except with valid TAR override	
81182 **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: • The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 8 (SCA8), and • The patient requires the service as a confirmatory test for SCA8	Once-in-a-lifetime, any provider, except with valid TAR override	
81183 **ATXN10 (ataxin 10) gene analysis, evaluation to detect abnormal alleles**	Yes	A TAR for CPT code 81183 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 10 (SCA10), and • The patient requires the service as a confirmatory test for SCA10	Once-in-a-lifetime, any provider, except with valid TAR override	
81184 **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: • The patient has clinical signs or symptoms suspicious for Episodic ataxia type 2 (EA2), and • The patient requires the service as a confirmatory test for EA2	Once-in-a-lifetime, any provider, except with valid TAR override	
81185 **CACNA1A (calcium voltage-gated channel subunit alpha1 A) gene analysis; full gene sequen**ce	Yes	A TAR for CPT code 81185 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for Episodic ataxia type 2 (EA2), and • The patient requires the service as a confirmatory test for EA2	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81186 **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: • The patient has clinical signs or symptoms suspicious for Episodic ataxia type 2 (EA2), and • The patient requires the service as a confirmatory test for EA2	Once-in-a-lifetime, any provider, except with valid TAR override	
81187 **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: • The patient has clinical signs or symptoms suspicious for Myotonic dystrophy type 2 (MD2), and • The patient requires the service as a confirmatory test for MD2	Once-in-a-lifetime, any provider, except with valid TAR override	
81188 **CSTB (cystatin B) gene analysis; evaluation to detect abnormal alleles**	Yes	A TAR for CPT code 81188 requires documentation of the following criteria: • 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 • Treatment will be contingent on test results	Once-in-a-lifetime, any provider, except with valid TAR override	
81189 **CSTB (cystatin B) gene analysis; full gene sequence**	Yes	A TAR for CPT code 81189 requires documentation of the following criteria: • 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 • Treatment will be contingent on test results	Once-in-a-lifetime, any provider, except with valid TAR override	
81190 **CSTB (cystatin B) gene analysis; known familial variant(s)**	Yes	A TAR for CPT code 81190 requires documentation of the following criteria: • 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 • Treatment will be contingent on test results	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81191 **NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis**	Yes	A TAR for CPT code 81191 requires documentation of the following criteria: Adult and pediatric patients with solid tumors with any one of the following clinical scenario: • Metastatic tumor or where surgical resection is likely to result in severe morbidity, or • Have no satisfactory alternative treatments or have progressed following treatment	N/A	
81192 **NTRK2 (neurotrophic receptor tyrosine kinase 2)(eg, solid tumors) translocation analysis**	Yes	See CPT code 81191 for TAR criteria and billing requirements.	N/A	
81193 **NTRK3 (neurotrophic receptor tyrosine kinase 3)(eg, solid tumors) translocation analysis**	Yes	See CPT code 81191 for TAR criteria and billing requirements.	N/A	
81194 **NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis**	Yes	See CPT code 81191 for TAR criteria and billing requirements.	N/A	
81201 **APC** **gene analysis; full gene sequence**	No	One of the following ICD-10-CM codes is required on the claim: C18.0 – C18.9, D12.0 – D12.9, K63.5, Z86.010	Once-in-a-lifetime, any provider, except with valid TAR override	
81202 **APC** **gene analysis; known familial variants**	Yes	Requires documentation on the Treatment Authorization Request (TAR) of a family history of familial adenomatous polyposis that includes a relative with a known deleterious APC mutation	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81203 **APC** **gene analysis; duplication/deletion variants**	No	One of the following ICD-10-CM codes is required on the claim: C18.0 – C18.9, D12.0 – D12.9, K63.5, Z86.010	Once-in-a-lifetime, any provider, except with valid TAR override	
81204 **AR (androgen receptor) gene analysis; characterization of alleles**	Yes	A TAR for CPT code 81204 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for bulbar muscular atrophy, and • The patient requires the service as a confirmatory test for spinal and bulbar muscular atrophy	Once-in-a-lifetime. any provider, except with valid TAR override	
81206 **BCR/ABL1 translocation analysis; major breakpoint**	No	One of the following ICD-10-CM codes is required on the claim: C91.00 – C91.02 or C92.10 – C92.12	N/A	
81207 **BCR/ABL1 translocation analysis; minor breakpoint**	No	One of the following ICD-10-CM codes is required on the claim: C91.00 – C91.02 or C92.10 – C92.12	N/A	
81208 **BCR/ABL1 translocation analysis; other breakpoint**	No	One of the following ICD-10-CM codes is required on the claim: C91.00 – C91.02 or C92.10 – C92.12	N/A	
81210 **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: C18.0 – C18.9, C19, C20, C33, C34.00 – C34.92, C43.0 – C43.9, C79.2 or D03.0 – D03.9	Once-in-a-lifetime, any provider, except with valid TAR override	
81212 **BRCA1, BRCA2 gene analysis; variants**	Yes	Requires documentation on the TAR of the following: • An individual is of an ethnicity associated with the Ashkenazi Jewish population No additional family history may be required	Once-in-a-lifetime, any provider, except with valid TAR override	See Attachment B - Family History Screening Tool which is suggested for use prior to ordering BRCA testing

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81215 **BRCA1 (breast cancer 1) gene analysis; known familial variant**	Yes	See CPT code 81162 for TAR criteria and billing requirements.	See CPT code 81162	
81216 **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 **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 **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: C92.00 – C92.02, C92.40 – C92.42 or C92.50 – C92.52	Once-in-a-lifetime, any provider, except with valid TAR override	
81219 **CALR (calreticulin) gene analysis, common variants in exon 9**	No	One of the following ICD-10-CM codes is required on the claim: C92.10 – C92.12, D45, D47.3 or D75.81	Once-in-a-lifetime, any provider, except with valid TAR override	
81220 **CFTR (cystic fibrosis transmembrane conductance regulator) gene analysis; common variants**	No	When used to bill for cystic-fibrosis screening requires ICD-10-CM codes E84, O09.00 thru O09.93, X38.49, Z31.430, Z31.440, Z31.5, Z34.00 thru Z34.03, Z34.80 thru Z34.83, Z34.90 thru Z34.93 Not reimbursable with code 81224 for same date of service, recipient and provider May be billed separately with an appropriate National Correct Coding Initiative (NCCI) associated modifier Refer to the *Genetic Counseling and Screening* section in the Medi-Cal Manual for additional information	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81221 CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cysticfibrosis) gene analysis; known familial variants	No	The following criteria should be documented: • The Patient has a strong clinical presentation suspicious of CF, and • Family with known variant not included in the test for common variants	Once-in-a-lifetime any provider, except with valid TAR override	
81222 CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cysticfibrosis) gene analysis; duplication/deletion variants	No	The following criteria should be documented: • The patient has a strongclinical presentation suspicious of CF, and • Gene test for common variants did not result in twodisease-causing variants in CFTR	Once-in-a-lifetime any provider, except with valid TAR override	
81223 CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cysticfibrosis) gene analysis; full gene sequence	Yes	TAR requires documentation of the following criteria: • Patient has intermediate sweat chloride result, or • Patient with confirmed or suspected CF, with unknowngenotype, and additional treatment or assessment of prognosis is contingent on the result of the test, or • Patient with normal sweat chloride results despite a strong clinical suspicion of CF	Once-in-a-lifetime, any provider, except with valid TAR override	
81224 CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	No	When used to bill for cystic-fibrosis testing requires ICD-10-CM diagnosis code N46.9	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81225 **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, any provider, except with valid TAR override	
81226 **CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6), gene analysis, common variants**	Yes	A TAR requires documentation that: • The member is being treated with Tetrabenazine and requires a dose above 50 milligrams per day, or • The member has Gaucher disease type 1 and is being considered for treatment with Eliglustat	Once-in-a-lifetime, any provider, except with valid TAR override	
81227 **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 member has a diagnosis of multiple sclerosis and is being considered for treatment with Siponimod	Once-in-a-lifetime, any provider, except with valid TAR override	
81228 **Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis** *Continued Below*	Yes	A TAR requires documentation of all of the following criteria for each indication: For Prenatal Testing of Fetus: 1. Member has received pre-test genetic counseling and will receive post-test genetic counseling, and 2. One of the following criteria must be met (a thru c): a. Prenatal ultrasound identified one or more structural abnormalities in the fetus, or b. Member is undergoing invasive diagnostic fetal testing for a risk factor (for example, positive or inconclusive non-invasive prenatal screening test, advanced maternal age, family history of chromosomal or genetic abnormality, etc.), or c. Member has experienced intrauterine fetal death in the second or third trimester and	Once-in-a-lifetime, any provider, except with valid TAR override	This codes is a benefit for the Presumptive Eligibility for Pregnant People (PE4PP) program. 81228 cannot be completed if an 81229 has been completed.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81228** **Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis**		testing of fetal cells/products of conception is needed to inform future pregnancies For All Other Testing Indications: 1. Member has received pre-test genetic counseling and will receive post-test genetic counseling, and 2. Member's clinical phenotype does not fit a well-described syndrome for which single-gene or targeted panel testing is available, and 3. One of the following criteria must be met (a thru e): a. Intellectual disability or developmental delay with no identifiable cause, or b. Multiple congenital anomalies without an established diagnosis, or c. Autism spectrum disorder with no identifiable cause, or d. Findings suggestive of primary immunodeficiency, or e. Congenital heart disease		
81229 **Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis** *Continued Below*	Yes	A TAR requires documentation of all of the following criteria for each indication: For Prenatal Testing of Fetus: 1. Member has received pre-test genetic counseling and will receive post-test genetic counseling, and 2. One of the following criteria must be met (a thru c): a. Prenatal ultrasound identified one or more structural abnormalities in the fetus, or b. Member is undergoing invasive diagnostic fetal testing for a risk factor (for example, positive or inconclusive non-invasive prenatal screening test, advanced maternal age, family history of chromosomal or genetic abnormality, etc.), or	Once-in-a-lifetime, any provider, except with valid TAR override	This codes is a benefit for the Presumptive Eligibility for Pregnant People (PE4PP) program.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81229** **Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis**		c. Member has experienced intrauterine fetal death in the second or third trimester and testing of fetal cells/products of conception is needed to inform future pregnancies For All Other Testing Indications: 1. Member has received pre-test genetic counseling and will receive post-test genetic counseling, and 2. Member's clinical phenotype does not fit a well-described syndrome for which single-gene or targeted panel testing is available, and 3. One of the following criteria must be met (a thru e): a. Intellectual disability or developmental delay with no identifiable cause, or b. Multiple congenital anomalies without an established diagnosis, or c. Autism spectrum disorder with no identifiable cause, or d. Findings suggestive of primary immunodeficiency, or e. Congenital heart disease		
81232 **DPYD (dihydropyrimidine dehydrogenase) gene analysis, common variant(s)**	Yes	A TAR requires documentation of the following criteria: • Patient had severe and unexpected toxicity (such as myelosuppression, mucositis, diarrhea, neurotoxicity, cardiotoxicity) during treatment with Fluorouracil or Capecitabine chemotherapy.	Once-in-a-lifetime, any provider, except with valid TAR override	
81233 **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): D80.0 – D80.6, C91.10 – C91.12, C83.00 – C83.09	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81234 **DMPK (DM1 protein kinase) gene analysis; evaluation to detect abnormal alleles**	Yes	A TAR for CPT code 81234 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for myotonic dystrophy type 1 (MD1), and • The patient requires the service as a diagnostic test for MD1.	Once-in-a-lifetime, any provider, except with valid TAR override	
81235 **EGFR (epidermal growth factor receptor) gene analysis, common variants**	No	One of the following ICD-10-CM codes is required on the claim: C33, C34.00 – C34.92	Once-in-a-lifetime, any provider, except with valid TAR override	
81236 **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): D47.1, D47.3, C83.30 – C83.39	Not more than once per month	
81237 **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): D47.1, D47.3, C83.30 – C83.39	Not more than once per month	
81238 **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, any provider, except with valid TAR override	
81239 **DMPK (DM1 protein kinase) gene analysis; characterization of alleles**	Yes	A TAR for CPT code 81239 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for myotonic dystrophy type 1 (MD1), and • The patient requires the service as a diagnostic test for MD1.	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81243 **FMR1 (fragile X mental retardation 1) gene analysis; evaluation to detect abnormal alleles**	No	One of the following ICD-10-CM codes is required on the claim: F70, F71 – F73, F78, F80.0 – F84.2, F88, F89, H93.25, R48.2, R62.0, R62.50 – R62.59	Once-in-a-lifetime, any provider, except with valid TAR override	
81244 **FMR1 (fragile X mental retardation 1) gene analysis; characterization of alleles**	No	One of the following ICD-10-CM codes is required on the claim: F70, F71 – F73, F78, F80.0 – F84.2, F88, F89, H93.25, R48.2, R62.0, R62.50 – R62.59	Once-in-a-lifetime, any provider, except with valid TAR override	
81245 **FLT3 (fms-related tyrosine kinase 3), gene analysis; internal tandem duplication (ITD) variants**	No	One of the following ICD-10-CM codes is required on the claim: C92.00 – C92.02, C92.60 - C92.62 or C92.A0 – C92.A2	Once-in-a-lifetime, any provider, except with valid TAR override	
81246 **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: C92.00 – C92.02, C92.60 - C92.62 or C92.A0 – C92.A2	Once-in-a-lifetime, any provider, except with valid TAR override	
81250 **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, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81256 **HFE (hemochromatosis) gene analysis, common variants**	No	One of the following ICD-10-CM codes is required on the claim: E83.10, E83.110 or E83.118 – E83.119	Once-in-a-lifetime, any provider, except with valid TAR override	
81257 **HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; common deletions or variant**	No	N/A	Once-in-a-Lifetime, any provider, except with valid TAR override	
81258 **HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; known familial variant**	No	N/A	Once-in-a-lifetime, any provider, except with valid TAR override	
81259 **HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; full gene sequence**	No	N/A	Once-in-a-lifetime, any provider, except with valid TAR override	
81260 **IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinas complex-associated protein) gene analysis, common variants**	No	Indicated for: • Hypotonia in infancy • Decreased or absent deep tendon reflexes • Decreased taste and absence of fungiform papillae of the tongue • Absence of overflow tears with emotional crying (alacrima) • Absence of axon flare response after intradermal histamine injection • Pupillary hypersensitivity to parasympathomimetic agents	Once-in-a-lifetime, any provider, except with valid TAR override	While DHCS requires a TAR for this test, PHC has chosen to have no TAR requirement.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81265 **Comparative analysis using Short Tandem Repeat markers**	No	One of the following ICD-10-CM codes is required on the claim: C81.00 – C96.9, D45, T86.00 – T86.09 or T86.5	Once-in-a-lifetime, any provider, except with valid TAR override	
81266 **Comparative analysis using Short Tandem Repeat markers; each additional specimen**	No	One of the following ICD-10-CM codes is required on the claim: C81.00 – C96.9, D45, T86.00 – T86.09 or T86.5	Once-in-a-lifetime, any provider, except with valid TAR override	
81267 **Chimerism (engraftment) analysis, post transplantation specimen; without cell selection**	No	One of the following ICD-10-CM codes is required on the claim: T86.01, T86.02, T86.09 or T86.5	N/A	
81268 **Chimerism (engraftment) analysis, post transplantation specimen; with cell selection**	No	One of the following ICD-10-CM codes is required on the claim: T86.01, T86.02, T86.09 or T86.5	N/A	
81269 **HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; duplication/ deletion variants**	No	N/A	Once-in-a-lifetime, any provider, except with valid TAR override	
81270 **JAK2 (Janus kinase 2) gene analysis, p. Val617Phe (V617F) variant**	No	One of the following ICD-10-CM codes is required on the claim: C91.00 – C91.02, D45, D47.1 or D47.3	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81271 **HTT (huntingtin) gene analysis; evaluation to detect abnormal alleles**	Yes	A TAR for CPT code 81271 requires documentation of the following criteria: • For adults, the patient has unequivocal motor signs of Huntington's disease (HD) and requires the service to confirm the diagnosis • 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: – Declining school performance – Seizures – Oral motor dysfunction – Rigidity – Gait disturbance	Once-in-a-lifetime, any provider, except with valid TAR override	
81272 **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: C43.70 - C43.72, C92.00 – C92.02, C92.40 – C92.42, C92.50 – C92.52, D03.70 – D03.72, D47.01, D47.02 or D48.1	Once-in-a-lifetime, any provider, except with valid TAR override	
81273 **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: C96.20 – C96.29, D47.01, D47.02	Once-in-a-lifetime, any provider, except with valid TAR override	
81274 **HTT (huntingtin) gene analysis; characterization of alleles**	Yes	A TAR for CPT code 81274 requires documentation of the following criteria: • For adults, the patient has unequivocal motor signs of Huntington's disease (HD) and requires the service to confirm the diagnosis • 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: – Declining school performance – Seizures – Oral motor dysfunction – Rigidity – Gait disturbance	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81275 **KRAS (Kirsten rat sarcoma viral oncogene homolog) gene analysis; variants in exon 2**	No	One of the following ICD-10-CM codes is required on the claim: C18.0 – C20, D01.1, D01.2, D01.40, D01.49, D37.4 or D37.5	Once-in-a-lifetime, any provider, except with valid TAR override	
81276 **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: C18.0, C18.2 – C20, D01.1, D01.2, D01.40, D01.49, D37.4 or D37.5	Once-in-a-lifetime, any provider, except with valid TAR override	
81278 **IGH @/BLC2 (t[4; 18]) (eg, 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: The patient has clinical features suspicious for, or requires the service as a diagnostic test for follicular lymphoma	Once-in-a-lifetime, any provider, except with valid TAR override	
81279 **JAK2 (Janus kinase 2)(eg, myeloproliferative disorder) gene analysis, (eg, exons 12and 13)**	No	One of the following ICD-10-CM codes is required on the claim: C91.00 thru C91.02, D45, D47.1 or D47.3	N/A	
81283 **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, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81284 **FXN (frataxin) gene analysis; evaluation to detect abnormal alleles**	Yes	A TAR for CPT code 81284 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for Friedreich ataxia (FRDA), and • The patient requires the service as a confirmatory test for FRDA	Once-in-a-lifetime, any provider, except with valid TAR override	
81285 **FXN (frataxin) gene analysis; characterization of alleles**	Yes	A TAR for CPT code 81285 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for Friedreich ataxia (FRDA), and • The patient requires the service as a confirmatory test for FRDA	Once-in-a-lifetime, any provider, except with valid TAR override	
81286 **FXN (frataxin) gene analysis; full gene sequence**	Yes	A TAR for CPT code 81286 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for Friedreich ataxia (FRDA), and • The patient requires the service as a confirmatory test for FRDA	Once-in-a-lifetime, any provider, except with valid TAR override	
81287 **MGMT (0-6 methylguanin-DNA methyltransferase) methylation analysis**	No	Indicated for: • The patient has the diagnosis of glioblastoma multiforme, and • Treatment strategy will be contingent on the test results • Reimbursable when billed with ICD-10: C71.9.	Once-in-a-lifetime, any provider, except with valid TAR override	While DHCS requires a TAR for this test, PHC has chosen to have no TAR requirement when billed with ICD-10 code C71.9
81288 **MLH1 gene analysis; promoter methylation analysis**	Yes	Document the following criteria on the TAR: • Patient with cancer(s) associated with Lynch Syndrome, and • The tumor demonstrates microsatellite instability or immunohistochemistry results indicating loss of MLH1 protein expression	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81289 **FXN (frataxin) gene analysis; known familial variant(s)**	Yes	A TAR for CPT code 81289 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for Friedreich ataxia (FRDA), and • The patient requires the service as a confirmatory test for FRDA	Once-in-a-lifetime, any provider, except with valid TAR override	
81292 **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: C17.0 – C20, C24.0 – C25.9, C54.0 – C54.9, C65.1 – C66.9, C71.0 – C71.9, D23.0 – D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, any provider, except with valid TAR override	
81293 **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, any provider, except with valid TAR override	Prediction model calculator suggested for use prior to ordering Lynch syndrome testing: http://premm.dfci.harvard.edu/
81294 **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: C17.0 – C20, C24.0 – C25.9, C54.0 – C54.9, C65.1 – C66.9, C71.0 – C71.9, D23.0 – D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, any provider, except with valid TAR override	
81295 **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: C17.0 – C20, C24.0 – C25.9, C54.0 – C54.9, C65.1 – C66.9, C71.0 – C71.9, D23.0 – D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, any provider, except with valid TAR override	
81296 **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, any provider, except with valid TAR override	Prediction model calculator suggested for use prior to ordering Lynch syndrome testing: http://premm.dfci.harvard.edu/

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81297 **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: C17.0 – C20, C24.0 – C25.9, C54.0 – C54.9, C65.1 – C66.9, C71.0 – C71.9, D23.0 – D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, any provider, except with valid TAR override	
81298 **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: C17.0 – C20, C24.0 – C25.9, C54.0 – C54.9, C65.1 – C66.9, C71.0 – C71.9, D23.0 – D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, any provider, except with valid TAR override	PHC will also reimburse for these ICD-10 codes: C56.1 – C56.9
81299 **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, any provider, except with valid TAR override	Prediction model calculator suggested for use prior to ordering Lynch syndrome testing: http://premm.dfci.harvard.edu/
81300 **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: C17.0 – C20, C24.0 – C25.9, C54.0 – C54.9, C65.1 – C66.9, C71.0 – C71.9, D23.0 – D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, any provider, except with valid TAR override	
81301 **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, any provider, except with valid TAR override	
81305 **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): C88.0	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81306 **NUDT15 (nudix hydrolase 15) gene analysis, common variant(s)**	Yes	A TAR for CPT code 81306 requires documentation of the following criteria: • The patient is undergoing thiopurine therapy, and • The patient has severe or prolonged myelosuppression.	Once-in-a-lifetime, any provider, except with valid TAR override	PHC will also authorize 81306 for the purpose of predicting toxicity to azathioprine prior to initiation of treatment for SLE and other recognized conditions when treatment with long term azathioprine is being considered.
81309 **PIK3CA gene analysis, targeted sequence analysis**	Yes	A TAR/SAR for CPT code 81309 requires documentation of the following criteria: • The patient has confirmed diagnosis of breast cancer • Treatment is contingent on the result of the test	Once-in-a-lifetime, any provider, except with valid TAR override	
81310 **NPM1 (nucleophosmin) gene analysis, exon 12 variants**	No	One of the following ICD-10-CM codes is required on the claim: C92.00 – C92.02	Once-in-a-lifetime, any provider, except with valid TAR override	
81311 **NRAS (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: C18.0, C18.2 – C20, D01.1, D01.2, D01.40, D01.49, D37.4 or D37.5	Once-in-a-lifetime, any provider, except with valid TAR override	
81312 **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: • The patient has symptoms of ptosis and dysphagia, and • The patient requires the service as a confirmatory test for Oculopharyngeal Muscular Dystrophy	Once-in-a-lifetime, any provider, except with valid TAR override	
81314 **PDGFRA (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, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81315 **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: C92.40 – C92.42	N/A	
81316 **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: C92.40 – C92.42	N/A	
81317 **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: C17.0 – C20, C24.0 – C25.9, C54.0 – C54.9, C65.1 – C66.9, C71.0 – C71.9, D23.0 – D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, any provider, except with valid TAR override	
81318 **PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) 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, any provider, except with valid TAR override	Prediction model calculator suggested for use prior to ordering Lynch syndrome testing: http://premm.dfci.harvard.edu/
81319 **PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) gene analysis; duplication/deletion variants**	No	One of the following ICD-10-CM codes is required on the claim: C17.0 – C20, C24.0 – C25.9, C54.0 – C54.9, C65.1 – C66.9, C71.0 – C71.9, D23.0 – D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, any provider, except with valid TAR override	
81320 **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): C91.10 – C91.12	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81321 **PTEN (phosphatase and tensin homolog) gene analysis; full sequence analysis** *Continued below*	Yes *Continued*	A TAR for CPT-4 code 81321 requires documentation of one or more of the following numbered criteria: 1. Individual with a personal history of: • Bannayan-Riley-Ruvalcaba syndrome, or • Adult Lhermitte-Duclos disease, or • Autism spectrum disorder AND macrocephaly, or • Two or more biopsy-proven trichilemmomas, or • Two or more major criteria (one macrocephaly), or • Three major criteria without macrocephaly, or • One major and three or more minor criteria, or • Four or more minor criteria (please see list below) 2. 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 Major Criteria • Breast cancer • Mucocutaneous lesions • One biopsy-proven trichilemmoma • Multiple palmoplantar keratosis • Multifocal or extensive oral mucosal papillomatosis • Multiple cutaneous facial papules (often verrucous) • Macular pigmentation of glans penis • Macroencephaly (megalocephaly, ie, ≥97th percentile) • Endometrial cancer • Non-medullary thyroid cancer • Multiple GI tract hamartomas or ganglioneuromas Minor Criteria • Other thyroid lesions (adenoma, nodule, goiter) • Mental retardation (IQ ≤75)	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81321** **PTEN (phosphatase and tensin homolog) gene analysis; full sequence analysis**	Yes	• Autism spectrum disorder • Single GI tract hamartoma or ganglioneuroma • Fibrocystic disease of the breast • Lipomas • Fibromas • Renal cell carcinoma • Uterine fibroids	Once-in-a-lifetime, any provider, except with valid TAR override	
81322 **PTEN gene analysis; known familial variant**	Yes	Requires documentation on the TAR that patient is from a family with a known PTEN mutation	Once-in-a-lifetime, any provider, except with valid TAR override	
81323 **PTEN gene analysis; duplication/deletion variant**	Yes	Requires documentation on the TAR of a negative result in the full sequence analysis in PTEN (CPT-4 code 81321), and that patient meets one or more criteria listed under code 81321	Once-in-a-lifetime, any provider, except with valid TAR override	
81329 **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): O09.00 thru O09.93, Z31.430, Z31.440, Z34.00 - Z34.03, Z34.80 - Z34.83, Z34.90 - Z34.93	Once-in-a-lifetime, any provider, except with valid TAR override	
81331 **SNRPN/UBE3A methylation analysis** *Continued below*	Yes	Document the following age-specific criteria on the TAR • Birth to 2 years: Hypotonia with poor suck • 2 – 6 years: Hypotonia with history of poor suck and global development delay • 6 – 13 years: History of hypotonia with poor suck (hypotonia often persists); global development delay; and excessive eating (hyperphagia; obsession with food) with central obesity if uncontrolled	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81331** **SNRPN/UBE3A methylation analysis**		• 13 years – adult: 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)		
81334 **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): C92.00 – C92.02, C92.40 – C92.A2	Once-in-a-lifetime, any provider, except with valid TAR override	
81335 **TPMT (thiopurine S-methyltransferase), gene analysis, common variants**	Yes	The service requires a TAR with documentation of the following criteria: • That the patient is undergoing thiopurine therapy, and • The patient has severe or prolonged myelosuppression.	Once-in-a-lifetime, any provider, except with valid TAR override	PHC will also authorize 81335 for the purpose of predicting toxicity to azathioprine prior to initiation of treatment for SLE and other recognized conditions when treatment with long term azathioprine is being considered.
81336 **SMN1 (survival of motor neuron 1, telomeric) gene analysis; full gene sequence**	No	The following criteria should be documented: • The patient has clinical signs or symptoms suspicious for spinal muscular atrophy, and • The patient requires the service as a confirmatory test for spinal muscular atrophy	Once-in-a-lifetime, any provider, except with valid TAR override	
81337 **SMN1 (survival of motor neuron 1, telomeric) gene analysis; known familial sequence variant(s)**	No	The following criteria should be documented: • The patient has clinical signs or symptoms suspicious for spinal muscular atrophy, and • The patient requires the service as a confirmatory test for spinal muscular atrophy	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81338 **MPL (MPL proto-oncogene, thrombopoietin recepter) (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: The patient has clinical features suspicious for, or requires the service as a diagnostic test for, myeloproliferative disorder	N/A	
81339 **MPL (MPL proto-oncogene, thrombopoietin recepter) (eg, myeloproliferative disorder) gene analysis; sequenceanalysis, exon 10**	Yes	A TAR for CPT code 81339 requires documentation of the following criteria: The patient has clinical features suspicious for, or requires the service as a diagnostic test for, myeloproliferative disorder	N/A	
81340 **TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)**	Yes	A TAR for CPT code 81340 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for lymphoma and requires the service as a confirmatory test for lymphoma; or • The test is used to aid in classification of lymphomas	Once-in-a-lifetime, any provider, except with valid TAR override	
81341 **TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)**	Yes	A TAR for CPT code 81341 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for lymphoma and requires the service as a confirmatory test for lymphoma; or • The test is used to aid in classification of lymphomas	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81342 **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: • The patient has clinical signs or symptoms suspicious for lymphoma and requires the service as a confirmatory test for lymphoma; or • The test is used to aid in classification of lymphomas	Once-in-a-lifetime, any provider, except with valid TAR override	
81343 **PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) gene analysis, evaluation to detect abnormal alleles**	Yes	A TAR for CPT code 81343 requires documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 12 (SCA12), and • The patient requires the service as a confirmatory test for SCA12	Once-in-a-lifetime, any provider, except with valid TAR override	
81344 **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: • The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 17 (SCA17), and • The patient requires the service as a confirmatory test for SCA17	Once-in-a-lifetime, any provider, except with valid TAR override	
81345 **TERT (telomerase reverse transcriptase) gene analysis, targeted sequence analysis**	Yes	Document the following criteria on the TAR: The patient has the diagnosis of grade II, III or IV glioma.	Once-in-a-lifetime, any provider, except with valid TAR override	
81347 **SF3B1 (splicing factor[3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)**	No	One of the following ICD-10-CM codes is required on the claim 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	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81348 **SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg,P95H, P95L)**	No	One of the following ICD-10-CM codes is required on the claim 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	
81349 **Genome-wide analysis**	Yes	A TAR requires documentation of all of the criteria for 81425 shown below.		Typically used for rare diseases. Request should include specific gene requested. Cannot be billed if 81229 or 81425 is billed.
81351 **TP53 (tumorprotein 53) (eg, Li- Fraumeni syndrome) gene analysis; fullgene sequence** *Continued Below* *Continued from above* **81351** **TP53 (tumorprotein 53) (eg, Li- Fraumeni syndrome) gene analysis; fullgene sequence**	Yes Yes	A TAR for CPT code 81351 requires documentation for one of the following numbered criteria: 1. All of the following conditions: • The patient has sarcoma diagnosed before 45 years of age,and • A first-degree relative with anycancer before 45 years of age,and • A first or second-degree relative with any cancer before 45 years ofage, or a sarcoma at any age; or 2. All of the following conditions: • A tumor belonging to the Li- Fraumeni Syndrome (LFS) tumorspectrum (soft tissue sarcoma, osteosarcoma, pre-menopausal breast cancer, brain tumor, adrenocortical carcinoma, leukemia or lung bronchoalveolarcancer) before 46 years of age, and • At least one first or second-degreerelative with an LFS tumor (exceptbreast cancer if the patient has breast cancer) before 56 years of age or with multiple tumors; or 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 4. The patient is diagnosed with adrenocortical carcinoma or choroidplexus tumor.	N/A N/A	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81352 **TP53 (tumor protein53) (eg, Li-Fraumenisyndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)**	Yes	See CPT code 81351 for TAR criteria and billing requirements.	N/A	
81353 **TP53 (tumor protein53) (eg, Li-Fraumenisyndrome) gene analysis; known familial variant**	Yes	See CPT code 81351 for TAR criteria and billing requirements.	N/A	
81357 **U2AF1 (U2 small nuclear RNA auxiliaryfactor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg S34F, S34Y, Q157R,Q157P)**	No	One of the following ICD-10-CM codes is required on the claim 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 **ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/argine-rich 2)(eg, myelodysplasticsyndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)**	No	One of the following ICD-10-CMcodes is required on the claim 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	
81361 **HBB (hemoglobin, subunit beta); common variant(s) (e.g., HbS, HbC, HbE)**	No	N/A	Once-in-a-lifetime, any provider, except with valid TAR override	
81362 **HBB (hemoglobin, subunit beta); known familial variant(s)**	No	N/A	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81363 **HBB (hemoglobin, subunit beta); duplication/deletion variant(s)**	No	N/A	Once-in-a-lifetime, any provider, except with valid TAR override	
81364 **HBB (hemoglobin, subunit beta); full gene sequence**	No	N/A	Once-in-a-lifetime, any provider, except with valid TAR override	
81370 – 81383 **Human Leukocyte Antigen Typing**	No TAR required	CPT-4 codes 81370 – 81380, 81382 and 81383 (human leukocyte antigen typing) are reimbursable only with an ICD-10-CM diagnosis in the range of Z94.0 – Z94.9. CPT-4 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 – F31.9, G40.001 – G40.919, G50.0, R75, Z01.812, Z21, Z94.0 – Z94.9.	Once-in-a-lifetime, any provider, except with valid TAR override	
81400 **Molecular Pathology Procedure, Level 1** *Continued below*	Yes	Providers are required 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,	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81400** **Molecular Pathology Procedure, Level 1**		❖ 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 recipient had the CCR5 virus, but the CCR5 antagonist drug therapy was never initiated. Claims without documentation showing the preceding criteria have been met will be denied.		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81401 **Molecular Pathology Procedure, Level 2**	Yes	Coverage for CPT-4 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])(e.g., 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	Once-in-a-lifetime, any provider, except with valid TAR override	
Continued below	*Continued*	• E2A/PBX1 (acute lymphocytic leukemia):		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81401** **Molecular Pathology Procedure, Level 2** *Continued below*	Yes *Continued*	– 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	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81401** **Molecular Pathology Procedure, Level 2**	Yes	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 • RUNX1/RUNX1T1 (t[8;21]) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for acute myeloid leukemia Claims without documentation showing the preceding criteria have been met will be denied.	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81402 **Molecular Pathology Procedure, Level 3**	Yes	Coverage for CPT-4 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	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81403 **Molecular Pathology Procedure, Level 4** *Continued below*	Yes	Coverage for CPT-4 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 • Human Erythrocyte Antigen Gene Analyses – TAR may be approved based on one of the following criteria: – The member has sickle cell disease or other medical condition requiring chronic transfusions, or – The member has autoantibodies, interfering antibodies/therapies, or other serologic reactivity that impedes the exclusion of clinically significant alloantibodies, or – The member has a serologic antigen typing discrepancy requiring further investigation, or – The member has a suspected antibody against an antigen for which typing antisera is not available, or	Once-in-a-lifetime, any provider, except with valid TAR override	Prediction model calculator suggested for use prior to ordering Lynch syndrome testing: http://premm.dfci.harvard.edu/

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81403** **Molecular Pathology Procedure, Level 4**	Yes	– For paternal genotyping to assess risk for hemolytic disease of the fetus and newborn (HDFN): ❖ The paternal individual is a Medi-Cal member, and ❖ The paternal member's serologic typing result is either inconclusive for zygosity or unknown, and ❖ The paternal member's pregnant partner is antigen negative and alloimmunized to the antigen, or – For genotyping of fetal cell specimen (for example, amniocentesis) to assess risk for HDFN: ❖ The pregnant member is antigen negative and alloimmunized to the antigen, and ❖ The paternal antigen status is either heterozygous or unknown. • KCNC3 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia • KCNJ11 (familial hyperinsulinism): 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	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81403** **Molecular Pathology Procedure, Level 4** *Continued below*	Yes	❖ 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 Molecular Pathology Procedure Levels 1 - 3 or identified during a genomic sequencing procedure (GSP), DNA sequence analysis, each variant exon: – Documentation of the specific gene listed in Molecular Pathology Procedure Levels 1 - 3 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 *Continued*	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81403** **Molecular Pathology Procedure, Level 4** *Continued below*	Yes	• NDP (Norrie disease) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Norrie disease • RHD (Rh blood group, D antigen) – TAR may be approved based on one of the following criteria: – The member is pregnant or of childbearing potential and has a serologic weak D phenotype, or – For paternal genotyping to assess risk for HDFN: ❖ The paternal individual is a Medi-Cal member, and ❖ The paternal member's serologic typing result is either RhD positive or unknown, and ❖ The paternal member's pregnant partner is RhD negative and alloimmunized to RhD, or – For genotyping of fetal cell specimen (for example, amniocentesis) to assess risk for HDFN: ❖ The pregnant member is RhD negative and alloimmunized to RhD, and ❖ The paternal antigen status is either heterozygous or unknown. • SH2D1A (X-linked lymphoproliferative syndrome) – The patient has a single X chromosome with the diagnosis of: – Common variable immune deficiency, or – Hypogammaglobulinemia, or – Hemophagocytic lymphohistiocytosis, or – Severe infectious mononucleosis, or – Lymphoma, or	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81403** **Molecular Pathology Procedure, Level 4**		– 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 • vWF (von Willebrand factor) Suspected von Willebrand disease type 2b or 2M, Thrombophilia, Epistaxis. Test requested must be Sequence Analysis of vWF exon 28 to detect germline variants associated with VWB 2B or 2M. Claims without documentation showing the preceding criteria have been met will be denied.		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81404 **Molecular Pathology Procedure, Level 5**	Yes	Coverage for CPT-4 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 • DYT-TOR1A (Dystonia)) ICD-10-CM diagnosis code G24.1 and G24.9 • 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 • FSHD1/ FSHD2 (Facioscapulohumeral muscular dystrophy) ICD-10-CM diagnosis code G71.02	Once-in-a-lifetime, any provider, except with valid TAR override	
Continued below	*Continued*			

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81404** **Molecular Pathology Procedure, Level 5** *Continued below*	Yes *Continued*	• 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 • 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	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81404** **Molecular Pathology Procedure, Level 5** *Continued below*	Yes	unknown cause consistent with autosomal dominant inheritance • RET (ret proto-oncogene), 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 has a single X chromosome 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 member requires the service as a confirmatory test for Amyotrophic Lateral Sclerosis (ALS) when the diagnosis is not clear, or – The member has a diagnosis of ALS and is being considered for treatment with Tofersen. • SPINK1 (hereditary pancreatitis):	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81404** **Molecular Pathology Procedure, Level 5**		• 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 member 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 • Lysine and hydroxylysine errors of metabolism ICD-10 E72 Claims without documentation showing the preceding criteria have been met will be denied.		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81405 **Molecular Pathology Procedure, Level 6**	Yes	Coverage for CPT-4 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 – Measurement of plasma concentration of very long chain fatty acids (VLCFA) is inconclusive, 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 coproporphyria • CTRC (chymotrypsin C) (e.g, hereditary pancreatitis), full gene sequence: – The patient has an unexplained documented episode of acute	Once-in-a-lifetime, any provider, except with valid TAR override	
Continued below	*Continued*			

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81405** **Molecular Pathology Procedure, Level 6** *Continued below*	Yes *Continued*	pancreatitis in childhood, or – Recurrent acute attacks of pancreatitis of unknown cause, or – Chronic pancreatitis or possible chronic pancreatitis (ie, does not meet diagnostic criteria but clinical evidence of chronic pancreatitis is noted) 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 – Evidence of pancreatitis related disorders (male infertility or bronchiectasis) • DYT-TOR1A (Dystonia)) ICD-10-CM diagnosis code G24.1 and G24.9 • 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 member presents with clinical symptoms and history suspicious for Hereditary Leiomyomatosis and Renal Cell Cancer (HLRCC), which may include one of the criteria below:	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81405** **Molecular Pathology Procedure, Level 6** *Continued below*	Yes *Continued*	❖ 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 member requires the service as a confirmatory test for HLRCC • GDF2 (Growth/Differentiation Factor 2) – The member has suspected hereditary hemorrhagic telangiectasia (HHT) aka Rendu-Osler-Weber- syndrome (ICD-10-CM diagnosis code dx I78.0) with concern for mutations in GDF2 and/or RASA1 • 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	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81405** **Molecular Pathology Procedure, Level 6** *Continued below*	Yes	– 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) • MYL2 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49 • MYL3 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49 • 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	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81405** **Molecular Pathology Procedure, Level 6** *Continued below*		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 • RASA1 – The member has suspected hereditary hemorrhagic telangiectasia (HHT) aka Rendu-Osler-Weber- syndrome (ICD-10-CM diagnosis code I78.0) with concern for mutations in GDF2 and/or RASA1 • RET (multiple endocrine neoplasia [MEN], type 2A and familial medullary thyroid carcinoma [MTC]) – exons 10, 11, 13 – 16:		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81405** **Molecular Pathology Procedure, Level 6** *Continued below*		– 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 hyperplasie, 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 and/ or pediatric absence seizures ICD-10-CM diagnosis codes G40- G47 • SLSLC22A5 (for carnitine deficiency or carnitine uptake defect) – allowable when the newborn screen is positive for low carnitine levels or when there is clinical suspicion		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81405** **Molecular Pathology Procedure, Level 6** *Continued below*		• 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		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81405** **Molecular Pathology Procedure, Level 6**		– 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 • TPM1 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49 • 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 • Lysine and hydroxylysine errors of metabolism ICD-10-CM diagnosis code E72		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81406 **Molecular Pathology Procedure, Level 7** *Continued below*	Yes *Continued*	Coverage for CPT-4 code 81406 (molecular pathology procedure, Level 7) is limited to the listed services. Reimbursement for code 81406 requires an approved 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): • Patient with a single X chromosome has clinical features suspicious for X-linked agammaglobulinemia, and • Patient with a single X chromosome 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	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81406** **Molecular Pathology Procedure, Level 7**	Yes *Continued*	– 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 • DSP The patient has clinical features suspicious for Arrhymogenic Right Ventricular Myopathy ICD 10 code I42. • GCK (glucokinase [hexokinase 4]) – The patient requires the service as 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 • GDF2 (Growth/Differentiation Factor 2) – The member has suspected hereditary hemorrhagic telangiectasia (HHT) aka Rendu-Osler-Weber- syndrome (ICD 10 dx I78.0) with concern for mutations in GDF2 and/or RASA1 • 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	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **<u>81406</u>** **Molecular Pathology Procedure, Level 7** *Continued below*	Yes *Continued*	• 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 [e.g. epileptic encephalopathy], full gene sequence) – The patient has clinical symptoms and electroencephalogram (EEG) patterns consistent with early infantile epileptic encephalopathy, and	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81406** **Molecular Pathology Procedure, Level 7** *Continued below*	Yes *Continued*	– 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	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **<u>81406</u>** **Molecular Pathology Procedure, Level 7** *Continued below*	Yes *Continued*	• PHEX (phosphate-regulating endopeptidase homolog, X-Linked) (e.g. hypophosphatemic rickets), full gene sequence – 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	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81406** **Molecular Pathology Procedure, Level 7** *Continued below*	Yes	▪ 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) • RASA1	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **<u>81406</u>** **Molecular Pathology Procedure, Level 7** *Continued below*		– The member has suspected hereditary hemorrhagic telangiectasia (HHT) aka Rendu-Osler-Weber- syndrome (ICD 10 dx I78.0) with concern for mutations in GDF2 and/or RASA1 • 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 member has a clinical history suspicious for malignant hyperthermia, or – The member has a positive contracture test for malignant hyperthermia, or – The member 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		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81406** **Molecular Pathology Procedure, Level 7**		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 • TNNT2 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49 • 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 • Lysine and hydroxylysine errors of metabolism ICD-10-CM diagnosis code E72		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81407 **Molecular Pathology Procedure, Level 8** *Continued below*	Yes *Continued*	Coverage for CPT-4 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 if Member's record shows one the following diagnoses or indicates medical necessity for tests for one of the following conditions. • 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 • COL4A3,COL4A4, COL4A5 Alport Syndrome (ICD-10-CM diagnosis code Q87.81) • JAG1 (Alagille syndrome) - full gene sequence - The patient has clinical features suspicious for, or requires the service as a confirmatory test for Alagille syndrome	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81407** **Molecular Pathology Procedure, Level 8**	Yes	• MYBPC3 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49 • MYH7 (hypertrophic cardiomyopathy) ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49 • 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 • Pediatric absence seizures ICD-10-CM diagnosis codes G40- G47	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81408 **Molecular Pathology Procedure, Level 9** *Continued below*	Yes	Coverage for CPT-4 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: • COL1A1, COL1A2 (Osteogenesis Imperfecta) ICD-10-CM diagnosis code: Q78 • COL4A3,COL4A4, COL4A5 Alport Syndrome (ICD-10-CM diagnosis code Q87.81) • ITPR1 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia • DMD (dsytophin), 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 • NF1 (neurofibromatosis 1) • The patient has clinical features suspicious for NF1 and requires genetic testing to confirm the diagnosis (one or more signs of NF 1 present, but not enough to make clinical diagnosis), OR • Asymptomatic individual with a first, second, or third-degree relative with established diagnosis of NF1. • RYR1 (ryanodine receptor 1, skeletal) (e.g., malignant hyperthermia), full gene sequence:	Once-in-a-lifetime, any provider, except with valid TAR override	First degree relatives are biological parents, siblings, and children. Second-degree relatives are biological grandparents, aunts, uncles, nephews, nieces, grandchildren and half-siblings. Where third degree blood relatives are mentioned, they include great-grandparents, great-aunts, great-uncles, great-grandchildren, and first cousins.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81408** **Molecular Pathology Procedure, Level 9**		– The member has a clinical history suspicious for malignant hyperthermia, or • The member has a positive contracture test for malignant hyperthermia, or • The member has a family member who had a positive contracture or genetic test for malignant hyperthermia		
81412 **Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least nine genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1**	Yes	A TAR requires documentation of the following criteria: • Patient is considering pregnancy or is currently pregnant, and • Patient reports they are of Ashkenazi Jewish descent (family history with one Ashkenazi Jewish grandparent or more, or more immediate family members), and • 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	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81413 **Cardiac Ion Channelopathies genomic sequence analysis panel, must include sequencing of at least 10 genes**	Yes	Reimbursement for CPT-4 code 81413 must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A. 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: 1. Torsade de pointes in the absence of drugs known to prolong QT interval 2. T-wave alternans 3. Notched T-wave in three leads 4. Syncope 5. Family members with long QT syndrome 6. Sudden death in family members less than 30 years of age without defined cause	Once-in-a-lifetime, any provider, except with valid TAR override	
81414 **Cardiac ion channelopathies; genomic sequence analysis panel, must include sequencing of at least 2 genes**	Yes	Reimbursement for CPT-4 code 81414 must include sequencing of at least 2 genes, including KCNH2 and KCNQ1. 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: 1. Torsade de pointes in the absence of drugs known to prolong QT interval 2. T-wave alternans 3. Notched T-wave in three leads 4. Syncope 5. Family members with long QT syndrome 6. Sudden death in family members less than 30 years of age without defined cause	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81419 **Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9AG, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2**	Yes	The required TAR must document the following: • Patient has specific epilepsy syndrome of unknown cause for which a number of genetic etiologies exist. • The test is needed for identifying the underlying diagnosis • The diagnostic or treatment strategy will be contingent on test results	N/A	
81420 **Fetal chromosomal aneuploidy genomic sequence analysis panel, must include analysis of chromosomes 13, 18, and 21**	No	N/A	Payable no more than once per pregnancy	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.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81425 **(Genome [eg, unexplained constitutional or heritable disorder or syndrome]; sequence analysis) is used for whole genome sequencing of the member** *Continued below*	Yes	A TAR requires documentation of all of the following criteria (1 thru 9): 1. Member's history and family history have been evaluated by a board-certified or board-eligible medical geneticist, and the medical geneticist has determined a genetic etiology is a plausible explanation for the member's clinical phenotype, and 2. Member has received pre-test genetic counseling including discussion of potential for incidental and secondary findings (as defined by the American College of Medical Genetics and Genomics [ACMG]), and informed consent will be obtained by the time of testing and post-test genetic counseling will be performed, and 3. Alternative etiologies for the member's condition (for example, environmental exposures, injury, prematurity or infection) have been considered and ruled out when possible, and 4. Member's clinical phenotype does not fit a well-described syndrome for which single-gene or targeted panel testing is available, and 5. If performed, genetic, molecular, cytogenetic, newborn screening panel or other laboratory tests did not yield a causative etiology relevant to the member's clinical phenotype, and 6. Test results are predicted to improve and/or guide the medical management of the member's condition, and 7. The test is not being used for prenatal screening or prenatal evaluation of fetus, and	Once in a lifetime. No TAR override allowed.	This code is for outpatient genetic testing only and cannot be used for inpatient billing. This code does not qualify for rapid or ultra rapid whole genome sequencing in the outpatient setting. 81425 cannot be billed if 81349 has been billed. Focused disease or condition-specific tests or panels should be considered prior to WGS.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81425** **(Genome [eg, unexplained constitutional or heritable disorder or syndrome]; sequence analysis) is used for whole genome sequencing of the member** *Continued below*		8. Member has not received another whole genome sequencing or rapid/ultra-rapid whole genome sequencing test during their lifetime, and 9. At least one of the following criteria must be met (a thru g): a. One or more congenital anomalies (for example, structural and/or functional) with onset prior to one year of age, or b. Global developmental delay with onset prior to five years of age with no identifiable cause and member has been evaluated by developmental pediatrician or neurologist, or c. Moderate, severe or profound intellectual disability with onset prior to 21 years of age with no identifiable cause and member has been evaluated by developmental pediatrician or neurologist, or d. Epilepsy of unexplained etiology with onset at any age, or e. Confirmed bilateral sensorineural hearing loss of unknown etiology with onset at any age, or f. Findings suggestive of inborn error of immunity (for example, infections requiring hospitalizations and/or intravenous antibiotics), or g. At least two of the following criteria (i thru vii) must be met: i. Abnormality affecting at minimum a single organ system and genetic etiology is the likely explanation ii. Autism spectrum disorder		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **81425** **(Genome [eg, unexplained constitutional or heritable disorder or syndrome]; sequence analysis) is used for whole genome sequencing of the member**		iii. Severe neuropsychiatric condition (for example, schizophrenia, bipolar disorder, Tourette syndrome, self-injurious behavior, reverse sleep-wake cycle) iv. Symptoms of a complex neurological condition (for example, dystonia, spasticity, hypotonia, myopathy, muscular dystrophy, cerebral palsy) v. Family history is strongly suggestive of a genetic etiology, such as consanguinity vi. Period of unexplained developmental regression that is unrelated to epilepsy or autism spectrum disorder vii. Laboratory findings suggestive of an inherited metabolic disorder (for example, acidemia, hyperammonemia, mitochondrial disorders, etc.)		
81426 **Genome [eg, unexplained constitutional or heritable disorder or syndrome]; sequence analysis; comparator genome testing**	Yes	A TAR requires documentation of all of the following criteria (1 thru 9): • For testing of comparator(s), Member must meet TAR criteria for 81425	Maximum of two	Each comparator genome [eg, parents, siblings]) is used for sequencing of up to two comparators and is billed under the member. 81426 must be billed in conjunction with 81425 if providers choose to test the comparator(s). Per DHCS, 81349 cannot be billed when analysis for chromosomal abnormalities is performed by sequence analysis included in 81425 and 81426 This code is for outpatient genetic testing only and cannot be used for inpatient billing. This code does not qualify for rapid or ultra rapid whole genome sequencing in the outpatient setting.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81427 **Genome [eg, unexplained constitutional or heritable disorder or syndrome];** **Re-evaluation of previously obtained genome sequence [eg, updated knowledge or unrelated condition/syndrome]) is used to re-interpret previously performed whole genome sequencing for the member.**	Yes	A TAR requires documentation of all of the following criteria (1 thru 3): 1. Member must meet TAR criteria for 81425, and 2. Member received previous whole genome sequencing or rapid/ultra-rapid whole genome sequencing analysis, and 3. One of the following criteria must be met (a thru c): a. Previous whole genome sequencing analysis did not yield a causative genetic etiology relevant to the member's clinical phenotype and at least 1.5 years have passed since the initial analysis, or b. There is new clinical phenotype information for the member, or c. There has been a birth or diagnosis of a similarly affected first-degree relative	Once-in-a-lifetime, any provider, except with valid TAR override	81427 cannot be billed if the analysis is being performed solely for incidental findings, which are defined by American College of Medical Genetics and Genomics (ACMG). This code is for outpatient genetic testing only and cannot be used for inpatient billing. This code does not qualify for rapid or ultra rapid whole genome sequencing in the outpatient setting.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81432 **Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes** *Continued below*	Yes	A TAR with documentation of one or more the following criteria is required: 1. An individual from a family member with a known deleterious BRCA mutation; or 2. Personal history of breast cancer (invasive or ductal carcinoma in situ) plus one of more of the following: • Diagnosed at ≤45 years of age, or • Diagnosed at 46 – 50 years of age with: – An additional breast cancer primary at any age – One or more close blood relatives with breast cancer at any age – One or more close blood relatives with prostate cancer (Gleason score ≥7) – An unknown or limited family history; or • Diagnosed at ≤60 years of age with a triple negative breast cancer; or • Diagnosed at any age with: – One or more close relatives with: ❖ Breast cancer diagnosed at ≤50 years of age; ❖ Ovarian carcinoma; or ❖ Male Breast cancer; or ❖ Metastatic prostate cancer; or ❖ Pancreatic cancer – Two or more additional diagnosis of breast cancer at any age in patient and/or in close blood relatives; or – Ashkenazi Jewish ancestry: or **3.** Personal history of ovarian carcinoma (includes fallopian tube and primary peritoneal cancers); or	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Continued from above **<u>81432</u>** **Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes**		**4.** Personal history of male breast cancer; or **5.** Personal history of pancreatic cancer, or **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 **7.** Personal history of high-grade prostate cancer (Gleason score ≥7) at any age with: • 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 • 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 • Ashkenazi Jewish ancestry; or **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 **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		

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81434 **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: • Patient has a clinical diagnosis of retinal dystrophy (retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy) and • The decision for gene therapy is contingent on the test results	Once-in-a-lifetime, any provider, except with valid TAR override	
81435 **Hereditary Colon Cancer Disorders; Genomic sequence analysis panel, must include sequencing of at least 10 genes**	No	Reimbursement for CPT-4 code 81435 must include analysis of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4 and STK11. Reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes: C17.0 – C20, C24.0 – C25.9, C54.0 – C54.9, C65.1 – C66.9, C71.0 – C71.9, D23.0 – D23.9, Z80.0, Z80.49, Z85.030 - Z85.038, Z85.040 - Z85.048, Z85.42, Z86.010	Once-in-a-lifetime, any provider, except with valid TAR override	
81439 **Inherited Cardiomyopathy Genomic sequence analysis panel, must include sequencing of at least 5 genes**	No	Reimbursement for CPT-4 code 81439 must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN. Reimbursable only when billed in conjunction with ICD-10-CM diagnosis codes: I42.0 – I42.5 or Z82.41 – Z82.49. A TAR may override the frequency limit and required ICD-10-CM diagnosis codes.	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81445 **Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5 to 50 genes**	Yes	A TAR for CPT code 81445 requires documentation of the following criteria: • For Somatic Testing: – The patient has either recurrent, relapsed, refractory, metastatic or advanced stages III or IV cancer, and – The patient either has not been previously tested using the same Next Generation Sequencing (NGS) test for the same primary diagnosis of canceror repeat testing using the same NGS test only when anew primary cancer diagnosis is made by the treating physician, and – The decision for additional cancer treatment is contingent on the test results. • For Germline Testing: – Ovarian or breast cancer,and – Clinical indication for germline (inherited) testingfor 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 – A risk factor for germline (inherited) breast or ovariancancer, and (BRCAPRO, Myriad, Claus, Boadicea, or Tyrer Cuzick), and – Has not been previously tested with the same germline test using NGS forthe same germline genetic content. • 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.	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81448 **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 codes is required on the claim (except with valid TAR): G11.4, G60.0	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81455 **Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (e.g., ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET),**	Yes	A TAR for CPT code 81455 requires documentation of the following criteria: For Somatic Testing: • The patient has either recurrent, relapsed, refractory, metastatic or advanced stages III or IV cancer, and • 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 • The decision for additional cancer treatment is contingent on the test results. For Germline Testing: • Ovarian or breast cancer,and • Clinical indication for germline (inherited) testingfor 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 • A risk factor for germline (inherited) breast or ovarian cancer, and (BRCAPRO, Myriad, Claus, Boadicea, or Tyrer Cuzick), and • Has not been previously tested with the same germline test using NGS forthe same germline genetic content. 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.	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81457 **Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability**	Yes	A TAR for CPT code 81457 requires documentation of the following criteria: For Somatic Testing • The patient has recurrent, relapsed, refractory, metastatic or advanced stage III or IV cancer, and • 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 • The decision for additional cancer treatment is contingent on the test results. For Germline Testing • The patient has ovarian or breast cancer, and • The patient has a clinical indication for germline (inherited) testing for inherited breast or ovarian cancer, and • The patient has a risk factor for germline (inherited) breast or ovarian cancer, and • The patient has not been previously tested with the same germline test using NGS for the same germline genetic content. 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.	Once-in-a-lifetime, any provider, except with valid TAR override	NCCN guideline recommendations will be reviewed for medical necessity As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81458 **Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability**	Yes	A TAR for CPT code 81458 requires documentation of the following criteria: For Somatic Testing • The patient has recurrent, relapsed, refractory, metastatic or advanced stage III or IV cancer, and • 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 • The decision for additional cancer treatment is contingent on the test results. For Germline Testing • The patient has ovarian or breast cancer, and • The patient has a clinical indication for germline (inherited) testing for inherited breast or ovarian cancer, and • The patient has a risk factor for germline (inherited) breast or ovarian cancer, and • The patient has not been previously tested with the same germline test using NGS for the same germline genetic content. 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.	Once-in-a-lifetime, any provider, except with valid TAR override	NCCN guideline recommendations will be reviewed for medical necessity As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81459 **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**	Yes	A TAR for CPT code 81459 requires documentation of the following criteria: For Somatic Testing • The patient has recurrent, relapsed, refractory, metastatic or advanced stage III or IV cancer, and • 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 • The decision for additional cancer treatment is contingent on the test results. For Germline Testing • The patient has ovarian or breast cancer, and • The patient has a clinical indication for germline (inherited) testing for inherited breast or ovarian cancer, and • The patient has a risk factor for germline (inherited) breast or ovarian cancer, and • The patient has not been previously tested with the same germline test using NGS for the same germline genetic content. 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.	Once-in-a-lifetime, any provider, except with valid TAR override	NCCN guideline recommendations will be reviewed for medical necessity As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81462 **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: 1. The patient has a diagnosis of non-small cell lung cancer, and 2. The patient is medically unable to undergo invasive biopsy or tumor tissue testing is not feasible, and 3. Management is contingent on the test results	Once-in-a-lifetime, any provider, except with valid TAR override	
81479 **Unlisted Molecular Pathology Procedure**	Yes	Specific service being requested under this code must be defined and clinical documentation must be included for diagnosis and treatment recommendation.	N/A	Frequency will be determined by the clinical information submitted.
81500 **Oncology (ovarian), biochemical assays of two proteins**	No	Reimbursable for members who meet the following criteria: • 18 years of age or older • Ovarian adnexal mass present for which surgery is planned, and not yet referred to an oncologist ICD-10-CM diagnosis code R19.09 is required for reimbursement	N/A	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81503 **Oncology (ovarian), biochemical assays of five proteins**	No	Reimbursable for members who meet the following criteria: • 18 years of age or older • Ovarian adnexal mass present for which surgery is planned, and not yet referred to an oncologist CPT code 81503 is reimbursable only when billed in conjunction with at least one of the following ICD-10-CM diagnosis codes: D39.10 – D39.12, N83.00 – N83.02, N83.10 – N83.12, N83.201, N83.202, N83.209, N83.291, N83.292, N83.299, R19.00, R19.03 – R19.05, R19.07 or R19.09.	N/A	
81507 **Fetal aneuploidy (trisomy 21, 18 and 13)** **DNA sequence analysis of selected regions**	No	N/A	Payable no more than once per pregnancy	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.
81508 **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: O09.00 – O09.73, Z34.00 – Z34.93, Z36.0, Z36.81, or Z36.83 – Z36.89. Reimbursable in pregnancy only.	N/A	
81509 **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: O09.00 – O09.73, Z34.00 – Z34.93, Z36.0, Z36.81, or Z36.83 – Z36.89. Reimbursable in pregnancy only.	N/A	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81510 **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: O09.00 – O09.73, Z34.00 – Z34.93, Z36.0, Z36.81, or Z36.83 – Z36.89. Reimbursable in pregnancy only.	N/A	
81511 **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: O09.00 – O09.73, Z34.00 – Z34.93, Z36.0, Z36.81, or Z36.83 – Z36.89. Reimbursable in pregnancy only.	N/A	
81512 **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: O09.00 – O09.73, Z34.00 – Z34.93, Z36.0, Z36.81, or Z36.83 – Z36.89. Reimbursable in pregnancy only.	N/A	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81517 **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	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81518+ **Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes** +See note at the end of this table	Yes	Requires a *Treatment Authorization Request* (TAR) with documentation of the following criteria: • The recipient is estrogen and/or progesterone receptor (ER/PgR)-positive. • The recipient is HER2-receptor negative. • The recipient is lymph node negative or lymph node positive with up to three positive nodes. • The recipient has stage I or stage II breast cancer. • The recipient is disease-free (or no evidence of metastasis). • Test results will be used in determining treatment management of the patient for chemotherapy and/or extended endocrine therapy. Use CPT code 81518 when billing for Breast Cancer Index.	Once-in-a-lifetime +See note at the end of this table	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81519+ **Oncology (breast), mRNA, gene expression profiling by real time RT-PCR of 21 genes** +See note at the end of this table	Yes	Requires a TAR with documentation of the following criteria: • The recipient is estrogen and progesterone receptor (ER/PgR)-positive. • The recipient is HER2-receptor negative. • The recipient is premenopausal and lymph node negative or has 1-3 positive lymph nodes (no distant metastasis) • OR when the recipient is post-menopausal 0 - 3 positive lymph nodes(no distant metastasis) • The recipient has stage I or stage II breast cancer. • The recipient is a candidate for chemotherapy. • The assay is used within six months of diagnosis. • The recipient is under consideration for adjuvant systemic therapy. Use CPT code 81519 when billing for Oncotype Dx.	Once-in-a-lifetime +See note at the end of this table	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81520+ **Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes** +See note at the end of this table	Yes	Requires a TAR with documentation of the following criteria: • The recipient is estrogen and progesterone receptor (ER/PgR)-positive. • The recipient is HER2-receptor negative. • The recipient is lymph node negative. • The recipient has stage I or stage II breast cancer. • The recipient is a candidate for chemotherapy. • The assay is used within six months of diagnosis. • The recipient is under consideration for adjuvant systemic therapy. Use CPT code 81520 when billing for Prosigna.	Once-in-a-lifetime +See note at the end of this table	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81521+ **Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes** +See note at the end of this table	Yes	Requires a TAR with documentation of the following criteria: • The recipient has high clinical risk per MINDACT categorization. • The recipient is estrogen and progesterone receptor (ER/PgR)-positive. • The recipient is HER2-receptor negative. • The recipient is lymph node negative or lymph node positive. • The recipient is a candidate for chemotherapy. • The assay is used within six months of diagnosis. • The recipient is under consideration for adjuvant systemic therapy. Use CPT code 81521 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.	Once-in-a-lifetime +See note at the end of this table	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81522+ **Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes** +See note at the end of this table	Yes	Requires a TAR with documentation of the following criteria: • The recipient is estrogen and progesterone receptor (ER/PgR)-positive. • The recipient is HER2-receptor negative. • The recipient is lymph node negative. • The recipient has stage I or stage II breast cancer. • The recipient is a candidate for chemotherapy. • The assay is used within six months of diagnosis. • The recipient is under consideration for adjuvant systemic therapy. Use CPT 81522 when billing for EndoPredict.	Once-in-a-lifetime +See note at the end of this table	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81523+ **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** +See note at the end of this table	No	For reference, here are the criteria outlined by DHCS: • The recipient has high clinical risk per MINDACT categorization. • The recipient is estrogen and progesterone receptor (ER/PgR)-positive. • The recipient is HER2- receptor negative. • The recipient is lymph node negative or lymph node positive. • The recipient is a candidate for chemotherapy. • The assay is used within six months of diagnosis. • The recipient is under consideration for adjuvant systemic therapy. 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.	Once in a lifetime	
81528 **Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers**	No	Reimbursable for recipients 45 – 75 years of age. For recipients outside this age range, providers must submit a TAR documenting medical necessity. * For recipients requiring additional tests within a year, providers must submit a TAR documenting medical necessity.	No more than once every two years *	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81541 **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** *Cont'd*	Yes	The following criteria must be documented on the TAR: 1. For identification of patients with Prostate Cancer who are most likely to benefit from active surveillance or treatment. • Coverage is limited to Decipher®, Prolaris® and ProMark. Gene expression profiling for prostate cancer may be billed as follows: – Decipher® Prostate – Use CPT code 81542 – Prolaris® – Use CPT code 81541 – ProMark – Use CPT code 81599 • The patient must have one of the following: – Higher volume Grade Group 1 – Favorable intermediate risk (e.g., Grade Group 2, percentage of positive biopsy scores, 50 percent and no more than on NCCN intermediate-risk factor) – Discordant features in their risk stratification (e.g., palpable mass with Grade Group 1) – Other features associated with progression while on active surveillance (e.g., high PSA density and certain germline or somatic mutations) – Unfavorable intermediate-risk when considering decisions to proceed with treatment (i.e. add androgen deprivation therapy to radiation) • Result of the test, when considered as a whole with routine clinical factors, is	Once-in-a-lifetime, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Cont'd from above **81541** **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**		likely to influence the decision to proceed with surveillance or treatment 2. For post-prostatectomy patients who seek guidance on adjuvant vs. salvage radiation: • Coverage is limited to Decipher Genomic Classifier • Result of the test, when considered as a whole with routine clinical factors, is likely to affect treatment		
81542 **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, any provider, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
81546 **Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)**	Yes	The following numbered criteria must be documented on the TAR: 1. The patient is under evaluation for thyroid nodule(s) 2. The cytopathology result from fine needle aspiration is indeterminate, defined as one of the following: • Follicular lesion of undetermined significance (FLUS), Bethesda III, or • Atypia of undetermined significance (AUS), Bethesda III, or • Follicular neoplasm, Bethesda IV. 3. The diagnostic or treatment strategy will be contingent on test results	N/A	
81552 **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: C69.30 – C69.32 or C69.40 – C69.42	Once-in-a-lifetime, any provider, except with valid TAR override	
81596 **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): B18.2	N/A	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
88261 – 88269 **88280** **Karyotype (aka Cytogenetic Studies)**	No	Karyotype testing for codes 88261-3 may be ordered once in a lifetime in children with phenotype of syndrome most commonly associated with a chromosomal abnormality. For perinatal indication, see Medi-Cal guidelines in the Genetic Counseling and Screening section gene coun 2.	Once-in-a-lifetime, any provider, except with valid TAR override	

+**Note:**
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.

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.

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.