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BACKGROUND & PURPOSE

Background

A gene mutation is a permanent change in the DNA sequence that makes up a gene. Mutations range in size from a single DNA building block (DNA base) to a large segment of a chromosome. Gene mutations occur in two ways: they can be inherited from a parent or acquired during a person's lifetime. Mutations that are passed from parent to child are called hereditary or germline mutations. These mutations are present throughout a person's life in virtually every cell in the body and are the primary focus of this policy.

Some genetic changes are very rare while others are common. Genetic changes that occur in more than 1 percent of the population are called polymorphisms. They are common enough to be considered a normal variation in DNA. Polymorphisms are responsible for many of the normal differences between people such as eye color, hair color, and blood type. Although many polymorphisms have no negative effects on a person's health, some may influence the risk of developing certain disorders.

Genetic tests analyze chromosomes, deoxyribonucleic acid (DNA), ribonucleic acid (RNA), genes, or gene products (e.g., enzymes or proteins). Abnormalities identified through genetic testing may indicate an inherited predisposition to disease, an acquired (somatic) condition, or may inform diagnosis, prognosis, treatment selection, or disease surveillance.

Purpose

The intent of this policy is to provide coverage guidelines for genetic testing for hereditary and somatic conditions when benefits are available and ensure services are medically necessary, evidence-based, and clinically appropriate.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

Policy Scope and Application

This policy establishes clinical coverage principles and medical necessity standards for genetic testing for hereditary and somatic conditions. It is intended to serve as a framework policy that supports consistent, evidence-based decision-making while allowing for appropriate operational flexibility.

Detailed medical necessity criteria, prior authorization workflows, and coding edits are operationalized through payer-designated utilization management programs, approved clinical decision support tools (e.g., InterQual), and nationally recognized guideline updates (e.g., NCCN, ASCO, ACOG). These operational tools may be updated more frequently than this policy and are incorporated by reference.

This policy is not intended to enumerate all covered or non-covered genetic tests, nor does it replace payer-specific prior authorization requirements, laboratory management programs, or vendor-administered genetic testing review processes.

COVERAGE INDICATIONS:

Genetic testing for hereditary and somatic conditions is covered when all of the following criteria are met:

- The referring/ordering practitioner has an established relationship with the patient
- .The test results are expected to demonstrate documented clinical utility, defined as evidence-based impact on diagnosis, prognosis, treatment selection, surveillance strategies, or preventive interventions for the member or, when appropriate, at-risk family members.
- Clinical utility must be supported by nationally recognized evidence-based guidelines (e.g., NCCN, ASCO) or peer-reviewed medical literature.
- The test is ordered for the evaluation or management of a specific medical condition and is expected to influence clinical decision-making.
- Testing is performed at an appropriately accredited laboratory.

- Benefit coverage is determined by the member-specific benefit plan and all applicable federal and state laws.
- Medical records documentation may be required to assess whether the member meets coverage criteria; submission of documentation does not guarantee coverage.

There is no out of network coverage for genetic testing unless the testing is unable to be performed at an in-network facility.

Conditions for coverage of different genetic tests can be identified through nationally recognized guidelines (e.g., NCCN) or through use of an approved clinical decision software tool such as InterQual.

Benefit coverage is determined by review of member specific benefit plan information and all applicable laws. Medical records documentation may be required to assess if the member meets criteria; however, provision of records does not guarantee coverage.

All documentation must be maintained in the patient's medical record and made available upon request. The submitted medical record must:

- Support the use of the selected ICD-10-CM code(s) and clearly indicate all tests to be performed using CPT/HCPCS code.
- Contain documentation that the testing is expected to influence treatment of the condition toward which the testing is directed and will be used in the management of the beneficiary's specific medical problem.
- Support that the referring/ordering practitioner who ordered the test for a specific medical problem is treating the beneficiary for this specific medical problem.
- Include history and physical or exam findings that support the decision making, problems/diagnoses, relevant data (e.g., lab testing, imaging results).

Laboratory documentation, when requested, must include accreditation status, test requisition, test record/procedures, reports (preliminary and final), and quality control records.

Prior Authorization Requirement

Genetic testing services may require prior authorization based on payer-specific requirements, including but not limited to proprietary laboratory analyses (PLA), multianalyte assays with algorithmic analyses (MAAAs), genomic sequencing procedures, and select molecular pathology CPT codes as designated by the payer.

Exclusions

The following genetic tests are considered non-relevant and are therefore excluded:

- Screening tests in the absence of clinical signs or symptoms
- Carrier screening tests outside testing approved for high-risk individuals planning pregnancy or undergoing fertility treatment
- Routine prenatal genetic testing not associated with known parental genetic risk and/or abnormal findings on diagnostic screening.

- Tests conducted solely for population-based risk prediction, wellness screening, or direct-to-consumer purposes, in the absence of signs, symptoms, or documented high-risk clinical criteria.
- Tests conducted solely to measure process quality
- Tests without diagnostic, prognostic, or treatment specific indications
- Test considered experimental outside a clinical trial (please see the clinical trial policy for coverage in these situations)
- Tests conducted at a non-accredited laboratory
- Repeat germline testing involving non-cancerous cells without documented medical necessity.

Multigene Panel Testing
Multigene panel testing is not considered routine screening and may be medically necessary when:

- A tiered or single-gene testing approach is unlikely to yield a definitive diagnosis due to overlapping phenotypes or genetic heterogeneity; and
- The panel is clinically appropriate, evidence-based, supported by current nationally recognized guidelines (e.g., NCCN), and expected to impact clinical management.

Limitations

Genetic testing is generally performed once per lifetime; however, repeat testing may be considered medically necessary when:

- There is a significant change in the member's clinical presentation or diagnosis
- Testing methodology has substantially advanced such that prior results are no longer clinically adequate
- A previously identified variant has been reclassified and repeat testing is expected to impact management

Re-analysis of previously obtained genomic data without new specimen collection may be considered medically necessary when updated variant interpretation or new evidence materially impacts clinical management.

Genetic testing in individuals under 18 years of age is limited to conditions for which early diagnosis is expected to impact medical management during childhood or adolescence, consistent with current NCCN and other applicable guideline recommendations. Pediatric genetic testing decisions should incorporate ethical standards regarding predictive testing and align with specialty society guidance.

DEFINITIONS

Accredited Laboratory: A laboratory that has voluntarily applied for and been accredited by a private, nonprofit accreditation organization

Approved Accreditation Organization for Laboratories: A private, nonprofit accreditation organization that has formally applied for and received approval based on the organization's compliance with this part.

Approved State Laboratory Program: A licensure or other regulatory program for laboratories in a State, the requirements of which are imposed under State law, and the State laboratory program has received CMS approval based on the State's compliance with this part

CLIA certificate: Clinical Laboratory Improvement Amendment, requires every facility that tests human specimens for the purpose of providing information for the diagnosis, prevention or treatment of any disease or the assessment of health of a human being, to meet certain federal requirements.

Genetic Disease: A disease, such as cystic fibrosis, that has its origin in changes to the genetic material, DNA.

Genetic Test: A genetic test involves the analysis of chromosomes, deoxyribonucleic acid (DNA), ribonucleic acid (RNA), genes, or gene products (eg, enzymes and other proteins) to detect heritable or somatic variations related to disease or health. Whether a laboratory method is considered a genetic test also depends on the intended use, claim or purpose of a test.

Laboratory: A facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of human beings. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered laboratories.

Routine prenatal genetic testing: Routine genetic prenatal testing is defined as testing not associated with known parental genetic risk and/or abnormality on diagnostic screening as identified by InterQual or other applicable guidelines such as the American College of Obstetricians and Gynecologists (ACOG).

Tiered testing: A stepwise genetic testing approach in which analysis begins with the most clinically relevant gene(s) based on phenotype, family history, and guideline recommendations, with additional testing pursued only when initial results are non-diagnostic and further testing is expected to impact clinical management.

APPLICABLE CODES

The coding tables included in this policy are provided for reference and guidance and are not intended to represent an exhaustive or static listing of all genetic testing codes that may be subject to medical review or prior authorization.

Coverage determinations and prior authorization requirements may be applied by testing category (e.g., germline testing, somatic tumor profiling, multigene panels, proprietary laboratory analyses), regardless of whether a specific CPT or PLA code is explicitly listed in this policy.

Coding Principles
Providers must report the CPT or HCPCS code that most accurately describes the service rendered.

Tier 1 molecular pathology codes describe testing for specific genes or HLA loci.

Tier 2 molecular pathology procedure codes (81400–81408) are used when Tier 1 codes do not apply and require identification of the specific analyte(s) tested.

When a valid **Proprietary Laboratory Analysis (PLA)** code exists, it must be reported and reviewed for prior authorization when required by the payer.

Use of Tier 1, Tier 2, or unlisted molecular pathology codes in place of an available PLA code is considered incorrect coding and may result in claim denial.
Genomic Sequencing Profiles (GSP)

When a GSP assay includes a gene or genes that are listed in more than one code descriptor, the code for the most specific test for the primary disorder sought must be reported, rather than reporting multiple codes for the same gene(s). Reporting multiple codes for the same gene will result in claim rejection or denial.

Multianalyte Assays with Algorithmic Analyses (MAAAs) and Proprietary Laboratory Analyses (PLA)

When a valid PLA code exists, it must be reported and reviewed for prior authorization. Use of Tier 1, Tier 2, or unlisted codes in lieu of an available PLA code is considered incorrect coding and subject to denial.
The service must be reported with the unlisted MAAA procedure code 81599. Additionally, when an analysis is performed that may fall within the descriptor of one of the specific MAAA CPT codes, but the proprietary name is not included, the service should be reported with 81599. When reporting CPT code 81599, a description of the analysis must be entered.

Germline vs Somatic Testing

Germline testing codes are subject to lifetime and clinical utility limitations.
Somatic tumor testing codes are evaluated based on cancer type, stage, and treatment intent.
Mixed germline/somatic panels require documentation supporting both indications.

Note: The code list below is provided for guidance. Not all clinical trials will contain these codes. Code coverage will depend on coverage guidelines above. All genetic testing requests will require medical review. The ordering physician/NPP documentation in the medical record must

CPT® is a registered trademark of the American Medical Association.

Table 1: Tier One Codes

Code Type	Code	Description
CPT	81105	Hpa-1 genotyping
CPT	81106	Hpa-2 genotyping
CPT	81107	Hpa-3 genotyping
CPT	81108	Hpa-4 genotyping
CPT	81109	Hpa-5 genotyping
CPT	81110	Hpa-6 genotyping
CPT	81111	Hpa-9 genotyping
CPT	81112	Hpa-15 genotyping
CPT	81120	Idh1 common variants
CPT	81121	Idh2 common variants
CPT	81161	Dmd dup/delet analysis
CPT	81162	Brca1&2 gen full seq dup/del
CPT	81163	Brca1&2 gene full seq alys
CPT	81164	Brca1&2 gen ful dup/del alys
CPT	81165	Brca1 gene full seq alys
CPT	81166	Brca1 gene full dup/del alys
CPT	81167	Brca2 gene full dup/del alys
CPT	81168	Ccnd1/igh translocation alys
CPT	81170	Abl1 gene
CPT	81171	Aff2 gen aly detc abnl allel
CPT	81172	Aff2 gen alys charac alleles
CPT	81173	Ar gene full gene sequence
CPT	81174	Ar gene known famil variant
CPT	81175	Asxl1 full gene sequence
CPT	81176	Asxl1 gene target seq alys
CPT	81177	Atn1 gene detc abnor alleles
CPT	81178	Atxn1 gene detc abnor allele
CPT	81179	Atxn2 gene detc abnor allele
CPT	81180	Atxn3 gene detc abnor allele
CPT	81181	Atxn7 gene detc abnor allele
CPT	81182	Atxn8os gen detc abnor allel
CPT	81183	Atxn10 gene detc abnor allel

CPT	81184	Cacna1a gen detc abnor allel
CPT	81185	Cacna1a gene full gene seq
CPT	81186	Cacna1a gen known famil vrnt
CPT	81187	Cnbp gene detc abnor allele
CPT	81188	Cstb gene detc abnor allele
CPT	81189	Cstb gene full gene sequence
CPT	81190	Cstb gene known famil vrnt
CPT	81191	Ntrk1 translocation analysis
CPT	81192	Ntrk2 translocation analysis
CPT	81193	Ntrk3 translocation analysis
CPT	81194	Ntrk translocation analysis
CPT	81195	Cytog genom-wid alys hem mal
CPT	81200	Aspa gene
CPT	81201	Apc gene full sequence
CPT	81202	Apc gene known fam variants
CPT	81203	Apc gene dup/delet variants
CPT	81204	Ar gene charac alleles
CPT	81205	Bckdhb gene
CPT	81206	Bcr/abl1 gene major bp
CPT	81207	Bcr/abl1 gene minor bp
CPT	81208	Bcr/abl1 gene other bp
CPT	81209	Blm gene
CPT	81210	Braf gene
CPT	81212	Brca1&2 185&5385&6174 vrnt
CPT	81215	Brca1 gene known famil vrnt
CPT	81216	Brca2 gene full seq alys
CPT	81217	Brca2 gene known famil vrnt
CPT	81218	Cebpa gene full sequence
CPT	81219	Calr gene com variants
CPT	81220	Cftr gene com variants
CPT	81221	Cftr gene known fam variants
CPT	81222	Cftr gene dup/delet variants
CPT	81223	Cftr gene full sequence
CPT	81224	Cftr gene intron poly t
CPT	81225	Cyp2c19 gene com variants
CPT	81226	Cyp2d6 gene com variants
CPT	81227	Cyp2c9 gene com variants
CPT	81228	Cytog alys chrml abnr cgh
CPT	81229	Cytog alys chrml abnr snpcgh
CPT	81230	Cyp3a4 gene common variants
CPT	81231	Cyp3a5 gene common variants
CPT	81232	Dpyd gene common variants
CPT	81233	Btk gene common variants
CPT	81234	Dmpk gene detc abnor allele
CPT	81235	Egfr gene com variants
CPT	81236	Ezh2 gene full gene sequence
CPT	81237	Ezh2 gene common variants

CPT	81238	F9 full gene sequence
CPT	81239	Dmpk gene charac alleles
CPT	81240	F2 gene
CPT	81241	F5 gene
CPT	81242	Fancc gene
CPT	81243	Fmr1 gen aly detc abnl allel
CPT	81244	Fmr1 gen alys charac alleles
CPT	81245	Flt3 gene
CPT	81246	Flt3 gene analysis
CPT	81247	G6pd gene alys cmn variant
CPT	81248	G6pd known familial variant
CPT	81249	G6pd full gene sequence
CPT	81250	G6pc gene
CPT	81251	Gba gene
CPT	81252	Gjb2 gene full sequence
CPT	81253	Gjb2 gene known fam variants
CPT	81254	Gjb6 gene com variants
CPT	81255	Hexa gene
CPT	81256	Hfe gene
CPT	81257	Hba1/hba2 gene
CPT	81258	Hba1/hba2 gene fam vrnt
CPT	81259	Hba1/hba2 full gene sequence
CPT	81260	Ikbkap gene
CPT	81261	Igh gene rearrange amp meth
CPT	81262	Igh gene rearrang dir probe
CPT	81263	Igh vari regional mutation
CPT	81264	Igk rearrangeabn clonal pop
CPT	81265	Str markers specimen anal
CPT	81266	Str markers spec anal addl
CPT	81267	Chimerism anal no cell selec
CPT	81268	Chimerism anal w/cell select
CPT	81269	Hba1/hba2 gene dup/del vrnts
CPT	81270	Jak2 gene
CPT	81271	Htt gene detc abnor alleles
CPT	81272	Kit gene targeted seq analys
CPT	81273	Kit gene analys d816 variant
CPT	81274	Htt gene charac alleles
CPT	81275	Kras gene variants exon 2
CPT	81276	Kras gene addl variants
CPT	81277	Cytogenomic neo microra alys
CPT	81278	Igh@/bcl2 translocation alys
CPT	81279	Jak2 gene trgt sequence alys
CPT	81283	Ifnl3 gene
CPT	81284	Fxn gene detc abnor alleles
CPT	81285	Fxn gene charac alleles
CPT	81286	Fxn gene full gene sequence
CPT	81287	Mgmt gene prmtr mthyltn alys

CPT	81288	Mlh1 gene
CPT	81289	Fxn gene known famil variant
CPT	81290	Mcoln1 gene
CPT	81291	Mthfr gene
CPT	81292	Mlh1 gene full seq
CPT	81293	Mlh1 gene known variants
CPT	81294	Mlh1 gene dup/delete variant
CPT	81295	Msh2 gene full seq
CPT	81296	Msh2 gene known variants
CPT	81297	Msh2 gene dup/delete variant
CPT	81298	Msh6 gene full seq
CPT	81299	Msh6 gene known variants
CPT	81300	Msh6 gene dup/delete variant
CPT	81301	Microsatellite instability
CPT	81302	Mecp2 gene full seq
CPT	81303	Mecp2 gene known variant
CPT	81304	Mecp2 gene dup/delet variant
CPT	81305	Myd88 gene p.leu265pro vrnt
CPT	81306	Nudt15 gene common variants
CPT	81307	Palb2 gene full gene seq
CPT	81308	Palb2 gene known famil vrnt
CPT	81309	Pik3ca gene trgt seq alys
CPT	81310	Npm1 gene
CPT	81311	Nras gene variants exon 2&3
CPT	81312	Pabpn1 gene detc abnor allel
CPT	81313	Pca3/klk3 antigen
CPT	81314	Pdgfra gene
CPT	81315	Pml/raralpha com breakpoints
CPT	81316	Pml/raralpha 1 breakpoint
CPT	81317	Pms2 gene full seq analysis
CPT	81318	Pms2 known familial variants
CPT	81319	Pms2 gene dup/delet variants
CPT	81320	Plcg2 gene common variants
CPT	81321	Pten gene full sequence
CPT	81322	Pten gene known fam variant
CPT	81323	Pten gene dup/delet variant
CPT	81324	Pmp22 gene dup/delet
CPT	81325	Pmp22 gene full sequence
CPT	81326	Pmp22 gene known fam variant
CPT	81327	Sept9 gen prmtr mthyltn alys
CPT	81328	Slco1b1 gene com variants
CPT	81329	Smn1 gene dos/deletion alys
CPT	81330	Smpd1 gene common variants
CPT	81331	Snrpn/ube3a gene
CPT	81332	Serpina1 gene
CPT	81333	Tgfbi gene common variants
CPT	81334	Runx1 gene targeted seq alys

CPT	81335	Tpmt gene com variants
CPT	81336	Smn1 gene full gene sequence
CPT	81337	Smn1 gen nown famil seq vrnt
CPT	81338	Mpl gene common variants
CPT	81339	Mpl gene seq alys exon 10
CPT	81340	Trb@ gene rearrange amplify
CPT	81341	Trb@ gene rearrange dirprobe
CPT	81342	Trg gene rearrangement anal
CPT	81343	Ppp2r2b gen detc abnor allel
CPT	81344	Tbp gene detc abnor alleles
CPT	81345	Tert gene targeted seq alys
CPT	81346	Tyms gene com variants
CPT	81347	Sf3b1 gene common variants
CPT	81348	Srsf2 gene common variants
CPT	81349	Cytog alys chrml abnr lw-ps
CPT	81350	Ugt1a1 gene common variants
CPT	81351	Tp53 gene full gene sequence
CPT	81352	Tp53 gene trgt sequence alys
CPT	81353	Tp53 gene known famil vrnt
CPT	81355	Vkorc1 gene
CPT	81357	U2af1 gene common variants
CPT	81360	Zrsr2 gene common variants
CPT	81361	Hbb gene com variants
CPT	81362	Hbb gene known fam variant
CPT	81363	Hbb gene dup/del variants
CPT	81364	Hbb full gene sequence
CPT	81370	Hla i & ii typing lr
CPT	81371	Hla i & ii type verify lr
CPT	81372	Hla i typing complete lr
CPT	81373	Hla i typing 1 locus lr
CPT	81374	Hla i typing 1 antigen lr
CPT	81375	Hla ii typing ag equiv lr
CPT	81376	Hla ii typing 1 locus lr
CPT	81377	Hla ii type 1 ag equiv lr
CPT	81378	Hla i & ii typing hr
CPT	81379	Hla i typing complete hr
CPT	81380	Hla i typing 1 locus hr
CPT	81381	Hla i typing 1 allele hr
CPT	81382	Hla ii typing 1 loc hr
CPT	81383	Hla ii typing 1 allele hr
CPT	81410	Aortic dysfunction/dilation
CPT	81411	Aortic dysfunction/dilation
CPT	81412	Ashkenazi jewish assoc dis
CPT	81413	Car ion chnnlpath inc 10 gns
CPT	81414	Car ion chnnlpath inc 2 gns
CPT	81415	Exome sequence analysis
CPT	81416	Exome sequence analysis

CPT	81417	Exome re-evaluation
CPT	81418	Rx metab gen seq alys pnl 6
CPT	81419	Epilepsy gen seq alys panel
CPT	81420	Fetal chrmoml aneuploidy
CPT	81422	Fetal chrmoml microdeltj
CPT	81425	Genome sequence analysis
CPT	81426	Genome sequence analysis
CPT	81427	Genome re-evaluation
CPT	81430	Hearing loss sequence analys
CPT	81431	Hearing loss dup/del analys
CPT	81432	Hrdtry brst ca-rlatd do 5+
CPT	81434	Hered rta do gen seq 15
CPT	81435	Hered colon ca-rlatd do 5+
CPT	81437	Hered neuroend tum-rlt do 5+
CPT	81439	Hrdtry cardmypy gene panel
CPT	81440	Mitochondrial gene
CPT	81441	Ibmfs seq alys pnl 30 genes
CPT	81442	Noonan spectrum disorders
CPT	81443	Genetic tstg severe inh cond
CPT	81445	So neo gsap 5-50dna/dna&rna
CPT	81448	Hrdtry perph neurphy panel
CPT	81449	So neo gsap 5-50 rna alys
CPT	81450	Hl neo gsap 5-50dna/dna&rna
CPT	81451	Hl neo gsap 5-50 rna alys
CPT	81455	So/hl 51/>gsap dna/dna&rna
CPT	81456	So/hl 51/>gsap rna alys
CPT	81457	So neo gsap dna mcrstl ins
CPT	81458	So gsap dna cpy nmbr&mcrstl
CPT	81459	So neo gsap dna/dna&rna
CPT	81460	Whole mitochondrial genome
CPT	81462	So gsap cll fr dna/dna&rna
CPT	81463	So gsap cl fr cpy nmbr&mcrst
CPT	81464	So gsap cll fr mcrstl ins
CPT	81465	Whole mitochondrial genome
CPT	81470	X-linked intellectual dblt
CPT	81471	X-linked intellectual dblt
CPT	81479	Unlisted molecular pathology
CPT	81490	Autoimmune ra alys 12 bmrk
CPT	81493	Cor artery disease mrna
CPT	81500	Onco (ovar) two proteins
CPT	81503	Onco (ovar) five proteins
CPT	81504	Oncology tissue of origin
CPT	81506	Endo assay seven anal
CPT	81507	Fetal aneuploidy trisom risk
CPT	81508	Ftl cgen abnor two proteins
CPT	81509	Ftl cgen abnor 3 proteins
CPT	81510	Ftl cgen abnor three anal

CPT	81511	Ftl cgen abnor four anal
CPT	81512	Ftl cgen abnor five anal
CPT	81513	Nfct ds bv rna vag flu alg
CPT	81514	Nfct ds bv&vaginitis dna alg
CPT	81518	Onc brst mrna 11 genes
CPT	81519	Oncology breast mrna
CPT	81520	Onc breast mrna 58 genes
CPT	81521	Onc breast mrna 70 genes
CPT	81522	Onc breast mrna 12 genes
CPT	81523	Onc brst mrna 70 cnt 31 gene
CPT	81525	Oncology colon mrna
CPT	81528	Oncology colorectal scr
CPT	81529	Onc cutan mlnma mrna 31 gene
CPT	81535	Oncology gynecologic
CPT	81536	Oncology gynecologic
CPT	81538	Oncology lung
CPT	81539	Oncology prostate prob score
CPT	81540	Oncology tum unknown origin
CPT	81541	Onc prostate mrna 46 genes
CPT	81542	Onc prostate mrna 22 cnt gen
CPT	81546	Onc thyr mrna 10,196 gen alg
CPT	81551	Onc prostate 3 genes
CPT	81552	Onc uveal mlnma mrna 15 gene
CPT	81554	Pulm ds ipf mrna 190 gen alg
CPT	81558	Trnspl rej kdn mrna qpcr 139
CPT	81595	Cardiology hrt trnspl mrna
CPT	81596	Nfct ds chrnc hcv 6 assays

Table 2: Tier Two Codes

Code Type	Code	Description
CPT	81400	Molecular pathology procedure, Level 1- identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis
CPT	81401	Molecular pathology procedure, Level 2- 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repea
CPT	81402	Molecular pathology procedure, Level 3- >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy
CPT	81403	Molecular pathology procedure, Level 4- analysis of single exon by DNA sequence analysis, analysis of >10 amplicons

		using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons
CPT	81404	Molecular pathology procedure, Level 5- analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis
CPT	81405	Molecular pathology procedure, Level 6- analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis
CPT	81406	Molecular pathology procedure, Level 7- analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons
CPT	81407	Molecular pathology procedure, Level 8- analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platfor

Table 3: Examples of Proprietary Laboratory Analyses

Code Type	Code	Code Description
CPT	0575U	Proprietary genetic/molecular test
CPT	0576U	Proprietary genetic/molecular test
CPT	0585U	Proprietary genetic/molecular test
CPT	0588U	Proprietary genetic/molecular test

Table 4: Unlisted Procedure Codes

Code Type	Code	Code Description
CPT	81479	Unlisted Molecular Pathology
CPT	81599	Unlisted Multianalyte Assays with Algorithmic Analyses (

The above tables provide examples of PLA codes subject to prior authorization and is not intended to represent a complete or current listing of all PLA codes requiring prior authorization. Prior authorization requirements apply regardless of whether a specific CPT or PLA code is explicitly listed in a coding table above.

POLICY/REVISION HISTORY

Date	Summary of Changes	Approval By
06/26/2025	Initial Policy Development	Optum Medical and Pharmacy Subcommittee
06/10/2026	Annual Policy Review: Clarified policy scope, strengthened coverage criteria and documentation requirements, and aligned with evolving clinical guidelines and payer utilization management	Optum Medical and Pharmacy Subcommittee

	practices. Updates include refined clinical utility standards, clarification of multigene panel testing and repeat testing criteria, enhanced distinction between germline and somatic testing, and updated coding language to reflect category-based prior authorization and Proprietary Laboratory Analysis (PLA) requirements.	

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Note: When multiple guidelines are applicable, the most current version in effect at the time of review will be used. In the event of conflicting guidance, condition-specific specialty society recommendations will take precedence.

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APPENDIX A

Operational Application of Genetic Testing Coverage Policy

This appendix is intended to clarify how the coverage principles outlined in MC/G025 Genetic Testing for Hereditary and Somatic Conditions are applied in operational practice. It is provided for guidance to utilization management staff, providers, and delegated vendors.

1. Relationship Between Policy, Guidelines, and Prior Authorization Programs
This policy establishes coverage intent and medical necessity principles. Operational review of genetic testing requests is conducted through one or more of the following mechanisms:
Payer-designated prior authorization programs for genetic and molecular testing
Delegated laboratory benefit management or genetic testing vendors
Approved clinical decision support tools (e.g., InterQual)
Current nationally recognized clinical guidelines (e.g., NCCN, ASCO, ACOG)

When multiple sources of guidance apply, condition-specific specialty society recommendations and payer prior authorization requirements take precedence.

2. Use of Clinical Guidelines
Clinical guidelines are incorporated by reference and applied dynamically. This allows coverage determinations to reflect evolving evidence without requiring frequent policy revision.
Examples include, but are not limited to:
Hereditary cancer syndromes
Tumor-based genomic profiling
Pediatric genetic evaluation

Prenatal and reproductive genetic testing

Testing requests must demonstrate alignment with the most current version of applicable guidelines at the time of review.

3. Prior Authorization Application by Testing Category
For many payer plans, including commercial plans administered by national payers, prior authorization requirements are applied by category of genetic testing, rather than solely by individual procedure code.

Categories commonly subject to prior authorization include:

- Germline (hereditary) genetic testing
- Somatic (tumor-based) genetic testing
- Multigene panel testing
- Genomic sequencing procedures (e.g., exome or genome sequencing)
- Multianalyte assays with algorithmic analyses (MAAAs)
- Proprietary Laboratory Analyses (PLA / U-codes)

The absence of a specific CPT or PLA code from a code table does not indicate that prior authorization is not required.

4. Proprietary Laboratory Analyses (PLA / U-Codes)
PLA codes represent proprietary genetic and molecular assays and are introduced and updated periodically.
Operationally:

- PLA codes are subject to payer-specific prior authorization requirements
- The list of PLA codes requiring prior authorization is not exhaustive
- Providers are responsible for verifying prior authorization requirements for all PLA-billed genetic tests

Use of alternative Tier 1, Tier 2, or unlisted codes in place of an available PLA code may result in claim denial.

5. Germline vs Somatic Testing Review
Operational review distinguishes between:
Germline testing, which is subject to lifetime limitations and hereditary risk criteria
Somatic testing, which is evaluated based on cancer type, disease stage, and treatment intent

Tests that include both germline and somatic components require documentation supporting the medical necessity of each component and may require separate review pathways.

6. Repeat Testing and Re-analysis
Repeat testing or re-analysis of previously obtained genetic data may be considered medically necessary when:

- Clinical presentation or diagnosis has changed
- Testing methodology has substantially advanced
- Variant interpretation has been updated and is expected to impact management

Re-analysis without new specimen collection may be reviewed under the same medical necessity principles.

7. Role of Coding Tables in This Policy
The coding tables included in this policy:

- Support consistent interpretation of genetic testing services
- Do not replace payer coding edits or prior authorization rules
- Are not intended to function as an all-inclusive list of covered services

Final coverage determinations are based on medical necessity, benefit design, and applicable prior authorization requirements.

Nondiscrimination & Language Access Policy

Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:
Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If *you* need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If *you* believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If *you* need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.Telefononi në 1-800-332-6501 (TTY: 711).

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف1-800-332-6501(رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zurVerfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: _यान द_: य_द आप ि हंदी बोलते ह_ तो आपके ि लए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_।1-800-332-6501 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.1-800-332-6501 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文， 您可以免費獲得語言援助服務。請 致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-332-6501 (TTY: 711).

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