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| **Approved by:**<br>Optum Medical and Pharmacy Subcommittee | **Effective Date:**<br>10/01/25 |
| **Clinical Policy Document:**<br>Hereditary and Somatic Conditions | **Date Approved:**<br>06/26/25 |
| **Reference #:**<br>MC/G025 | **Replaces Effective Clinical Policy Dated**:<br>N/A |

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## PLANS IN SCOPE

Aspirus Health Plan

## 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. This type of mutation is present throughout a person's life in virtually every cell in the body and is the 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, although some may influence the risk of developing certain disorders.

Genetic tests look for abnormalities in a person's genes (DNA, RNA, chromosomes), or the presence/absence of key proteins whose production is directed by specific genes. Abnormalities in either could indicate an inherited disposition to a disorder and/or may influence treatment options.

## Purpose

The intent of this policy is to provide coverage guidelines for genetic testing for inherited and somatic conditions when benefits are available and ensure services are medically necessary.

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.

## COVERAGE INDICATIONS:

Genetic testing 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 to be used by the ordering/referring practitioner in the management of the patient's specific medical problem.

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 NCCN or by using 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).

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

## Exclusions

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

- Screening tests in the absence of clinical signs or symptoms
- Multiple genes or multiple conditions and in cases where a tiered approach/method is clinically available. Testing should target the gene variant with the highest disease-causing penetrance first.
- Carrier screening tests outside testing approved for high-risk individuals planning pregnancy or undergoing fertility treatment
- Routine prenatal genetic testing
- Tests conducted to determine condition risk
- Tests conducted to measure process quality
- Tests without diagnostic 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 are not covered.

## Limitations

Some testing may not be covered for individuals under 18 years of age based on current NCCN published standards. Many genetic mutation tests are considered “once in a lifetime” and will only be covered once per member.

## 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).

## APPLICABLE CODES

Tier 1 codes generally describe testing for a specific gene or Human Leukocyte Antigen (HLA) locus. Tier 2 molecular pathology procedure codes (81400-81408) are used to report procedures not listed in the Tier 1 molecular pathology codes (81161, 81200-81383). These codes represent rare diseases and molecular pathology procedures that are performed in lower volumes than Tier 1 procedures. These codes should rarely, if ever, be used unless instructed by other coding and billing articles.

If billing utilize the following Tier 2 codes, additional information is required to identify the specific analyte/gene(s) tested in the narrative of the claim. Providers are required to use a procedure code that most accurately describes the service being rendered. If the analyte being tested is not represented by a Tier 1 code or is not accurately described by a Tier 2 code, the unlisted molecular pathology procedure code 81479 should be reported. If 81479 is used, additional information is required to identify the specific analyte/gene tested.

**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)**

A valid PLA code takes precedence over Tier 1 and Tier 2 codes and must be reported if available. Reporting of a Tier 1 or Tier 2 code in this circumstance or in addition to a PLA code is incorrect coding and will result in claim rejection or denial. Tthe 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.

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

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 |

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|---|---|---|
| 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 |

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|---|---|---|
| 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 |

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|---|---|---|
| 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 |

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Table 3: Unlisted Procedure Codes

| | | |
|---|---|---|
| CPT | 81479 | Unlisted Molecular Pathology |
| CPT | 81599 | Unlisted Multianalyte Assays with Algorithmic Analyses ( |

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## POLICY/REVISION HISTORY

| Date | Summary of Changes | Approval By |
|---|---|---|
| 06/26/2025 | Initial Policy Development | Optum Medical and Pharmacy Subcommittee |

## REFERENCES:


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# 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).