

# Genetic Testing

Policy Number: MCS040.08  
Approval Date: September 7, 2022

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Guidelines</a> .....	1
• <a href="#">Tumor Markers</a> .....	1
• <a href="#">Cytogenetic Studies</a> .....	2
• <a href="#">Molecular Diagnostic Genetic Tests Included in the Palmetto MolDX Program</a> .....	2
• <a href="#">Other Molecular Diagnostic Genetic Tests</a> .....	2
<a href="#">Supporting Information</a> .....	3
<a href="#">Policy History/Revision Information</a> .....	26
<a href="#">Instructions for Use</a> .....	27

Related Medicare Advantage Policy Guidelines
• <a href="#">Blood Product Molecular Antigen Typing</a>
• <a href="#">Cytogenetic Studies (190.3)</a>
• <a href="#">Genetic Testing for Cardiovascular Disease</a>
• <a href="#">Genetic Testing for Hereditary Cancer</a>
• <a href="#">Molecular Pathology Procedures for Human Leukocyte Antigen (HLA) Typing</a>
• <a href="#">Molecular Pathology/Genetic Testing Reported with Unlisted Codes</a>
• <a href="#">Molecular Pathology/Molecular Diagnostics/Genetic Testing</a>
• <a href="#">Pharmacogenomics Testing</a>
• <a href="#">Tier 2 Molecular Pathology Procedures</a>

Related Medicare Advantage Reimbursement Policy
• <a href="#">Molecular Pathology Policy, Professional and Facility</a>

## Coverage Guidelines

Genetic testing and counseling are covered when Medicare coverage criteria are met.

Note: The guidelines in this Coverage Summary are for specific procedures only. For procedures not addressed in this Coverage Summary, refer to the [Medicare Coverage Database](#) to search for applicable coverage policies (National Coverage Determinations, Local Coverage Determinations and Local Coverage Articles).

Note: Screening services, such as predictive and pre-symptomatic genetic tests and services, are those used to detect an undiagnosed disease or disease predisposition, and as such are not a Medicare benefit and not covered by Medicare. However, Medicare does cover a broad range of legislatively mandated preventive services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided. These services can be found on the CMS website at [http://www.cms.hhs.gov/prevntiongeninfo/01\\_overview.asp](http://www.cms.hhs.gov/prevntiongeninfo/01_overview.asp). (Accessed November 8, 2022)

### Tumor Markers

Tumor markers are covered when criteria are met; refer to the following NCDs:

- [Tumor Antigen by Immunoassay – CA 125 \(190.28\)](#)
- [Tumor Antigen by Immunoassay – CA 19-9 \(190.30\)](#)
- [Tumor Antigen by Immunoassay – CA 15-3/CA 27.29 \(190.29\)](#)
- [Carcinoembryonic Antigen \(190.26\)](#)
- [Prostate Specific Antigen \(190.31\)](#)
- [Alpha-fetoprotein \(190.25\)](#)

(Accessed November 8, 2022)

## Cytogenetic Studies

Cytogenetic studies are used to describe the microscopic examination of the physical appearance of human chromosomes. Cytogenetic studies are covered when reasonable and necessary for the diagnosis or treatment of the following conditions:

- Genetic disorders (e.g., mongolism) in a fetus;
- Failure of sexual development;
- Chronic myelogenous leukemia;
- Acute leukemias lymphoid (FAB L1-L3), myeloid (FAB M0-M7), and unclassified; or
- Myodysplasia

Refer to the [National Coverage Determination \(NCD\) for Cytogenetic Studies \(190.3\)](#). (Accessed November 8, 2022)

## Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Refer to the [Molecular Diagnostic Genetic Tests included in the Palmetto MoIDX Program](#) table for specific LCDs/LCAs and applicable coverage guidelines.

Note: The [Molecular Diagnostic Genetic Tests included in the Palmetto MoIDX Program](#) table is a list, but not all-inclusive, of tests that have completed the MoIDX Technical Assessment Process. For the most current MoIDX information go to [MoIDX Coding and Billing Guidelines](#).

## Other Molecular Diagnostic Genetic Tests

### ***MyPRS™ Test for Multiple Myeloma Gene Expression Profile (CPT code 81479)***

Medicare does not have a National Coverage Determination (NCD) for MyPRS™ test for multiple myeloma gene expression profile. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [MyPRS™ Test for Multiple Myeloma Gene Expression Profile](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions](#).

Note: After checking the [MyPRS™ Test for Multiple Myeloma Gene Expression Profile](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### ***PancraGEN® (Powered by Pathfinder TG) (CPT code 81479)***

Medicare does not have a National Coverage Determination (NCD) for PancraGEN®. Only one contractor has Local Coverage Determinations (LCDs) which address, i.e., Novitas Solutions, Inc., for the following states: AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, and TX. Compliance with these LCDs is required where applicable. Refer to the LCD for Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG® (L34864). This test is provided to Medicare beneficiaries throughout the United States by Interpace Diagnostics® in Pittsburgh, PA.

For coverage and payment information for all states/territories, refer to the [LCD for Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG® \(L34864\)](#).

Notes:

- After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
- For additional Medicare guidance, refer to the [Medicare Managed Care Manual Chapter 4, §90.4.1 – MAC with Exclusive Jurisdiction over a Medicare Item or Service](#).

(Accessed March 8, 2023)

## Next Generation Sequencing (NGS)

For coverage guidelines, refer to the [NCD for Next Generation Sequencing \(NGS\) \(90.2\)](#).

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these LCDs/LCAs is required where applicable. These policies are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. (Accessed November 8, 2022)

### ***Pharmacogenomic Testing for Warfarin Response (CYP2C9 and VKORC1) (CPT codes G9143, 81227 and 81355)***

Effective August 3, 2009, the Centers for Medicare & Medicaid Services (CMS) believes that the available evidence supports that coverage with evidence development (CED) under §1862(a)(1)(E) of the Social Security Act (the Act) is appropriate for pharmacogenomic testing of CYP2C9 or VKORC1 alleles to predict warfarin responsiveness by any method, and is therefore covered only when provided to Medicare beneficiaries who are candidates for anticoagulation therapy with warfarin who meet the criteria outlined in the [NCD for Pharmacogenomic Testing for Warfarin \(90.1\)](#).

The list of Medicare approved clinical trials is available at <http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Pharmacogenomic-Testing-for-Warfarin-Response.html>.

For payment rules for NCDs requiring CED, refer to the Coverage Summary titled [Experimental Procedures and Items, Investigational Devices and Clinical Trials](#).

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these LCDs/LCAs is required where applicable. These policies are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. (Accessed November 8, 2022)

Note: For a list of applicable LCDs/LCAs refer to [Pharmacogenomics Testing](#) in the table below.

## **Supporting Information**

### Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed March 8, 2023

\* Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
4q25-AF Risk Genotype Coding	81479	<a href="#">A53457</a>	<a href="#">A55091</a> <a href="#">A55090</a>	<a href="#">L36021</a> (A54241)	<a href="#">L36807</a> (A55137)			
9p21 Genotype Test	81479	<a href="#">A53657</a>	<a href="#">A55093</a> <a href="#">A55092</a>	<a href="#">L36021</a> (A54242)	<a href="#">L36807</a> (A55138)			
Abbott RealTime IDH1 and IDH2 testing for Acute Myeloid Leukemia (AML)	81120 81121	<a href="#">L35025</a> (A55695)	<a href="#">L35160</a> (A55711) <a href="#">L36256</a> (A55712)	<a href="#">L36021</a> (A55716)	<a href="#">L36807</a> (A55738)	<a href="#">L35396</a> (A52986)	<a href="#">L35000</a> (A56199)	<a href="#">L34519</a> (A57451)
Afirma™ Assay by Veracyte	81546	<a href="#">L35025</a> (A53098)	<a href="#">L35160</a> (A54356) <a href="#">L36256</a> (A54358)	<a href="#">L36021</a> (A54185)	<a href="#">L36807</a> (A55138)	<a href="#">L35396</a> (A52986)	<a href="#">L35000</a> (A56199)	
AlloMap	81595	<a href="#">L35025</a> (A53099)	<a href="#">L35160</a> (A54364) <a href="#">L36256</a>	<a href="#">L36021</a> (A54186)	<a href="#">L36807</a> (A55140)	<a href="#">L35396</a> (A52986)	<a href="#">L35000</a> (A56199)	<a href="#">L34519</a> (A57451)

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
			(A54366)					
ApoE Genotype	81401	<a href="#">A53652</a>	<a href="#">L36358</a> (A55094) <a href="#">L36362</a> (A55095)	<a href="#">L36021</a> (A54244)	<a href="#">L36807</a> (A55141)	<a href="#">L35396</a> (A52986)	<a href="#">L35000</a> (A56199)	<a href="#">L34519</a> (A57451)
Arrhythmogenic Right Ventricular Dysplasia/ Cardiomyopathy (ARVD/C) Testing	81439	<a href="#">L36129</a> (A53605)	<a href="#">L36358</a> (A54975) <a href="#">L36362</a> (A54976)	<a href="#">L36021</a> (A54685)	<a href="#">L36807</a> (A55235)			
Aspartoacylase 2 Deficiency (ASPA) Testing	81200 81412 81443 81479	<a href="#">A53602</a>	<a href="#">A55089</a> <a href="#">A55088</a>	<a href="#">L36021</a> (A54253)	<a href="#">L36807</a> (A55142)			
ATP7B Gene Tests	81406 81443 81479	<a href="#">A53550</a>	<a href="#">A55097</a> <a href="#">A55098</a>	<a href="#">L36021</a> (A54254)	<a href="#">L36807</a> (A55143)			
BCKDHB Gene Test	81205 81206 81443	<a href="#">A53600</a>	<a href="#">A55100</a> <a href="#">A55099</a>	<a href="#">L36021</a> (A54255)	<a href="#">L36807</a> (A55145)			
BCR-ABL Negative Myeloproliferative Disease	81206 81207 81208 81219 81270 81279 81338 81339 81450 81479 0027U 0040U	<a href="#">L36044</a> (A56959)	<a href="#">L36180</a> (A57421) <a href="#">L36186</a> (A57422)	<a href="#">L36117</a> (A56999)	<a href="#">L36815</a> (A57570)			
BDX-XL2	0080U	<a href="#">L37031</a> (A56929)	<a href="#">L37054</a> (A57356) <a href="#">L37062</a> (A57357)		<a href="#">L37216</a> (A57558)			
Biomarkers in Cardiovascular Risk Assessment	82172 82610 83090 83695	<a href="#">L36129</a> (A56943)	<a href="#">L36358</a> (A57037) <a href="#">L36362</a> (A57055)	<a href="#">L36139</a> (A57386)	<a href="#">L36523</a> (A57559)			

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\* Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	83698 83700 83701 83704 83719 83721 86141							
bioTheranostics CancerTYPE ID®	81540	<a href="#">L35025</a> (A53101)	<a href="#">L35160</a> (A54386) <a href="#">L36256</a> (A54388)	<a href="#">L36021</a> (A54188)	<a href="#">L36807</a> (A55147)	<a href="#">L35396</a> (A52986)	<a href="#">L35000</a> (A56199)	
Lab: Bladder/Urothelial Tumor Markers	88120 88121 86294 86316 86386	<a href="#">L33420</a> (A53095)	<a href="#">L36678</a> (A55028) <a href="#">L36680</a> (A55029)	<a href="#">L36975</a> (A56471)	<a href="#">L36807</a> (A56332)			
BLM Gene Analysis	81209 81443	<a href="#">A53540</a>	<a href="#">A55114</a> <a href="#">A55113</a>	<a href="#">L36021</a> (A54256)	<a href="#">L36807</a> (A55148)			
Blood Product Molecular Antigen Typing	81105 81106 81107 81108 81109 81110 81111 81112 81403 0001U 0084U 0180U 0181U 0182U 0183U 0184U 0185U 0186U 0187U 0188U 0189U 0190U	<a href="#">L38240</a> (A58308)	<a href="#">L38331</a> (A57124) <a href="#">L38333</a> (A57376)	<a href="#">L38249</a> (A57155)	<a href="#">L38441</a> (A57110)			

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	0191U 0192U 0193U 0194U 0195U 0196U 0197U 0198U 0199U 0200U 0201U 0221U 0222U							
BluePrint®	81479	<a href="#">A53484</a>	<a href="#">A55116</a> <a href="#">A55115</a>	<a href="#">L36021</a> (A54257)	<a href="#">L36807</a> (A55146)			
Breast Cancer Assay: Prosigna	81520	<a href="#">L36125</a> (A56949)	<a href="#">L36380</a> (A57363) <a href="#">L36386</a> (A57364)	<a href="#">L36425</a> (A56989)	<a href="#">L36811</a> (A57560)			
Breast Cancer Index® (BCI) Gene Expression Test	81518	<a href="#">L37794</a> (A56875)	<a href="#">L37822</a> (A57773) <a href="#">L37824</a> (A57774)	<a href="#">L37832</a> (A56884)	<a href="#">L37913</a> (A56335)			
CDH1 Genetic Testing	81406	<a href="#">A54835</a>	<a href="#">A55971</a> <a href="#">A55970</a>	<a href="#">A54878</a>	<a href="#">L36807</a> (A55622)			
CHD7 Gene Analysis	81407 81479	<a href="#">A53565</a>	<a href="#">A55085</a> <a href="#">A55086</a>	<a href="#">L36021</a> (A54243)	<a href="#">L36807</a> (A55157)			
Controlled Substance Monitoring and Drugs of Abuse Testing	80305 80306 80307 G0480 G0481 G0482 G0483 G0659 0143U 0144U 0145U 0146U 0147U	<a href="#">L35724</a> (A54799)	<a href="#">L36707</a> (A55030) <a href="#">L36668</a> (A55001)	<a href="#">L36029</a> (A56818)		<a href="#">L35006</a> (A56645)	<a href="#">L36393</a> (A57077)	

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	0148U 0149U 0150U 0227U							
Cystatin C Measurement	82610	<a href="#">L37581</a> (A56948)	<a href="#">L37616</a> (A57643) <a href="#">L37618</a> (A57644)	<a href="#">A56988</a>				<a href="#">L37561</a> (A57682)
Melanoma Risk Stratification Molecular Testing	81479 81599 81529	<a href="#">L37725</a> (A56961)	<a href="#">L37748</a> (A57417) <a href="#">L37750</a> (A57418)	<a href="#">L38016</a> (A56990)	<a href="#">L38018</a> (A56636)			
DecisionDx-UM (Uveal Melanoma)	81552	<a href="#">L37033</a> (A56906)	<a href="#">L37070</a> (A57621) <a href="#">L37072</a> (A57622)	<a href="#">L37130</a> (A56981)	<a href="#">L37210</a> (A57566)			
EndoPredict Breast Cancer Gene Expression Test	81522	<a href="#">L37264</a> (A56963)	<a href="#">L37295</a> (A57607) <a href="#">L37311</a> (A57608)	<a href="#">L37356</a> (A56997)	<a href="#">L37663</a> (A57567)			
ENG and ACVRL1 Gene Tests	81405 81406 81479	<a href="#">A53536</a>	<a href="#">A55181</a> <a href="#">A55182</a>	<a href="#">A54262</a>	<a href="#">L36807</a> (A55159)			
Envisia™, Veracyte™, Idiopathic Pulmonary Fibrosis Diagnostic Test	81554	<a href="#">L37857</a> (A56898)	<a href="#">L37887</a> (A57419) <a href="#">L37891</a> (A57420)	<a href="#">L37905</a> (A56985)	<a href="#">L37919</a> A57568)			
FANCC Genetic Testing	81242 81412 81443	<a href="#">A53628</a>	<a href="#">A55183</a> <a href="#">A55184</a>	<a href="#">A54263</a>	<a href="#">L36807</a> (A55160)			
FDA Approved CLL Companion Diagnostic Test	88374 88377 88271 88275 88291	<a href="#">A56008</a>	<a href="#">A56009</a> <a href="#">A56013</a>	<a href="#">A56050</a>	<a href="#">A56020</a>			
FDA-Approved BRAF Tests	81210	<a href="#">L35025</a> (A54018)	<a href="#">L35160</a> (A54418) <a href="#">L36256</a> (A54420)	<a href="#">L36021</a> (A54191)	<a href="#">L36807</a> (A55161)	<a href="#">L35396</a> (A52986)	<a href="#">L35000</a> (A56199)	<a href="#">L34519</a> (A57451) <a href="#">L34912</a> (A57439)

## Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
FDA-Approved EGFR Tests	81235	<a href="#">L35025</a> (A54021)	<a href="#">L36256</a> (A54424) <a href="#">L35160</a> (A54422)	<a href="#">L36021</a> (A54192)	<a href="#">L36807</a> (A55193)	<a href="#">L35396</a> (A52986)	<a href="#">L35000</a> (A56199)	<a href="#">L34519</a> (A57451)
FDA-Approved KRAS Tests	81275 81276 81479	<a href="#">L35025</a> (A54472)	<a href="#">L35160</a> (A57527) <a href="#">L36256</a> (A57526)	<a href="#">L36021</a> (A54688)	<a href="#">L36807</a> (A55162)	<a href="#">L35396</a> (A52986)	<a href="#">L35000</a> (A56199)	<a href="#">L34519</a> (A57451)
Fragile X	81243 81244 81470 81471	<a href="#">A53638</a>	<a href="#">A55242</a> <a href="#">A55241</a>	<a href="#">L36021</a> (A54264)	<a href="#">L36807</a> (A55163)			
GBA Genetic Testing	81251	<a href="#">A53542</a>	<a href="#">A55243</a> <a href="#">A55244</a>	<a href="#">L36021</a> (A54265)	<a href="#">L36807</a> (A55164)			
Germline testing for use of PARP inhibitors	81162 81479	<a href="#">A54338</a>	<a href="#">A55294</a> <a href="#">A55295</a>	<a href="#">A54689</a>	<a href="#">A55224</a>			
GlycoMark® Testing for Glycemic Control	84378 84999	<a href="#">L36761</a> (A56872)	<a href="#">L36864</a> (A57237) <a href="#">L36866</a> (A57238)	<a href="#">L36906</a> (A56565)				
HAX1 Gene Sequencing	81479	<a href="#">A53619</a>	<a href="#">A55249</a> <a href="#">A55252</a>	<a href="#">L36021</a> (A54266)	<a href="#">L36807</a> (A55165)			
HBB Full Gene Sequencing	81361 81362 81363 81364 81443	<a href="#">A53493</a>	<a href="#">A55253</a> <a href="#">A55254</a>	<a href="#">L36021</a> (A54267)	<a href="#">L36807</a> (A55166)			
HERmark Assay by Monogram	81479	<a href="#">L35025</a> (A53103)	<a href="#">L35160</a> (A54437) <a href="#">L36256</a> (A54439)	<a href="#">L36021</a> (A54193)	<a href="#">L36807</a> (A55167)			
HEXA Gene Analysis	81255 81406 81412 81443	<a href="#">A53598</a>	<a href="#">A55255</a> <a href="#">A55256</a>	<a href="#">L36021</a> (A54268)	<a href="#">L36807</a> (A55168)			
HLA-DQB1*06:02 Testing for Narcolepsy	81383	<a href="#">L36464</a> (A56857)	<a href="#">L36544</a> (A57441) <a href="#">L36551</a> (A57465)	<a href="#">L36485</a> (A56881)	<a href="#">L37003</a> (A57575)			



**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
HLA Testing for Transplant Histocompatibility	81370	<a href="#">A56859</a>	<a href="#">A57970</a>	<a href="#">A56885</a>	<a href="#">A57851</a>			
	81371		<a href="#">A57972</a>					
	81372							
	81373							
	81375							
	81376							
	81378							
	81379							
	81380							
	81382							
HTTLPR Gene Testing	81479	<a href="#">A53480</a>	<a href="#">A55264</a> <a href="#">A55265</a>	<a href="#">L36021</a> (A54269)	<a href="#">L36807</a> (A55169)			
Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)	81240	<a href="#">L36089</a>	<a href="#">L36155</a>	<a href="#">L35984</a>	<a href="#">L36400</a>			
	81241	(A56899)	A57423)	(A56980)	(A57571)			
	81291		<a href="#">L36159</a> (A57424)					
IKBKAP Genetic Testing	81260	<a href="#">A53596</a>	<a href="#">A55612</a>	<a href="#">L36021</a>	<a href="#">L36807</a>			
	81412		<a href="#">A55613</a>	(A54270)	(A55170)			
	81443							
Immunohistochemistry (IHC) Indications for Breast Pathology	88312	<a href="#">L35922</a>	<a href="#">L36353</a>		<a href="#">L36805</a>			
	88313	(A56838)	(A57614)		(A57733)			
	88341		<a href="#">L36351</a>					
	88342		(A57611)					
	88344							
	88360 88361							
Inivata™, InVisionFirst®, Liquid Biopsy for Patients with Lung Cancer	81479	<a href="#">L37870</a> (A56924)	<a href="#">L37897</a> (A57664) <a href="#">L37899</a> (A57665)	<a href="#">L37903</a> (A56982)	<a href="#">L37921</a> (A56333)			
KIF6 Genotype	81479	<a href="#">A53576</a>	<a href="#">A55273</a> <a href="#">A55272</a>	<a href="#">L36021</a> (A54272)	<a href="#">L36807</a> (A55171)			
Know error®	84999	<a href="#">A53554</a>	<a href="#">A55274</a> <a href="#">A55275</a>	<a href="#">L36021</a> (A54273)	<a href="#">L36807</a> (A55172)			
Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	81202	<a href="#">L38966</a>	<a href="#">L38972</a>	<a href="#">L39017</a>	<a href="#">L39040</a>			
	81215	(A58652)	(A58679)	(A58734)	(A58756)			
	81217		<a href="#">L38974</a>					
	81293		(A58681)					
	81296							

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	81299							
	81308							
	81318							
	81322							
	81353							
	81403							
	81404							
	81405							
	81406							
	81432							
	81433							
	81435							
	81436							
	81437							
	81438							
	81479							
	0101U							
	0102U							
	0103U							
	0129U							
	81163							
	81164							
	81165							
	81166							
	81167							
	81201							
	81203							
	81212							
	81216							
	81292							
	81294							
	81295							
	81297							
	81298							
	81300							
	81307							
	81317							
	81319							
	81321							
	81323							
	81351							

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
L1CAM Gene Sequencing	81407 81470 81471	<a href="#">A53659</a>	<a href="#">A55277</a> <a href="#">A55278</a>	<a href="#">L36021</a> (A54274)	<a href="#">L36807</a> (A55192)			
LPA-Aspirin Genotype	81479	<a href="#">A53467</a>	<a href="#">A55280</a> <a href="#">A55279</a>	<a href="#">L36021</a> (A54275)	<a href="#">L36807</a> (A55173)			
LPA-Intron 25 Genotype	81479	<a href="#">A53468</a>	<a href="#">A55282</a> <a href="#">A55281</a>	<a href="#">L36021</a> (A54276)	<a href="#">L36807</a> (A55174)			
MammaPrint	81521	<a href="#">L35025</a> (A53104)	<a href="#">L36256</a> (A54447) <a href="#">L35160</a> (A54445)	<a href="#">L36021</a> (A54194)	<a href="#">L36807</a> (A55175)			
MCOLN1 Genetic Testing	81290 81412 81443	<a href="#">A53630</a>	<a href="#">A55283</a> <a href="#">A55284</a>	<a href="#">L36021</a> (A54277)	<a href="#">L36807</a> (A55176)			
MDS FISH	88271 88273 88274 88275 88291	<a href="#">L37602</a> (A56913)	<a href="#">L37620</a> (A57661) <a href="#">L37622</a> (A57662)	<a href="#">L37608</a> (A56926)	<a href="#">L37772</a> (A57576)			
MECP2 Genetic Testing	81302 81303 81304 81470 81471 81479	<a href="#">A53574</a>	<a href="#">A55285</a> <a href="#">A55286</a>	<a href="#">L36021</a> (A54278)	<a href="#">L36807</a> (A55189)			
Melanoma Risk Stratification Molecular Testing	81479 81529 81599	<a href="#">L37725</a> (A56961)	<a href="#">L37748</a> (A57268) <a href="#">L37750</a> (A57290)	<a href="#">L38016</a> (A57165)	<a href="#">L38018</a> (A56636)			
MGMT Promoter Methylation Analysis	81287	<a href="#">L35974</a> (A56941)	<a href="#">L36188</a> (A57432) <a href="#">L36192</a> (A57433)	<a href="#">L36113</a> (A56983)	<a href="#">L37001</a> (A57577)			
Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker for Patients with Unresectable or	81301 81479 88341 88342	<a href="#">A56072</a>	<a href="#">A56103</a> <a href="#">A56104</a>	<a href="#">A56106</a>	<a href="#">A56501</a>			

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
Metastatic Solid Tumors								
Minimal Residual Disease Testing for Hematologic Cancer	81206	<a href="#">L38779</a>	<a href="#">L38816</a>	<a href="#">L38822</a>	<a href="#">L38835</a>			
	81207	(A58988)	(A58997)	(A58998)	(A59004)			
	81208		<a href="#">L38814</a>					
	81261		(A58996)					
	81263							
	81264							
	81310							
	81315							
	81316							
	81334							
	81340							
	81342							
	81401							
	81450							
	81479							
0040U								
Mitochondrial Nuclear Gene Tests	81479	<a href="#">A53669</a>	<a href="#">A55290</a> <a href="#">A55291</a>	<a href="#">L36021</a> (A54288)	<a href="#">L36807</a> (A55190)			
MMACHC Test	81404	<a href="#">A54035</a>	<a href="#">A55288</a> <a href="#">A55289</a>	<a href="#">L36021</a> (A54209)	<a href="#">L36807</a> (A55191)			
Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing	U0001	<a href="#">L38988</a>	<a href="#">L39003</a>	<a href="#">L39038</a>	<a href="#">L39044</a>			
	U0002	(A58710)	(A58726)	(A58747)	(A58761)			
	U0003		<a href="#">L39001</a>					
	U0004		(A58720)					
	U0005							
	0115U							
	0202U							
	0223U							
	0225U							
	0240U							
	0241U							
	0352U							
	0353U							
	81513							
	81514							
	87154							
	87471							
87472								

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	87475							
	87476							
	87480							
	87481							
	87482							
	87483							
	87485							
	87486							
	87487							
	87490							
	87491							
	87492							
	87493							
	87495							
	87496							
	87497							
	87498							
	87501							
	87502							
	87503							
	87506							
	87507							
	87510							
	87511							
	87512							
	87516							
	87517							
	87520							
	87521							
	87522							
	87525							
	87526							
	87527							
	87528							
	87529							
	87530							
	87531							
	87532							
	87533							
	87534							
	87535							

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	87536							
	87537							
	87538							
	87539							
	87540							
	87541							
	87542							
	87550							
	87551							
	87552							
	87555							
	87556							
	87557							
	87560							
	87561							
	87562							
	87563							
	87580							
	87581							
	87582							
	87590							
	87591							
	87592							
	87593							
	87631							
	87632							
	87633							
	87634							
	87635							
	87636							
	87637							
	87640							
	87641							
	87650							
	87651							
	87652							
	87653							
	87660							
	87661							
	87662							
	87797							

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	87798 87799 87800 87801 87999							
Molecular Testing for Solid Organ Allograft Rejection	81479 81595 81599 0118U	<a href="#">L38568</a> (A58019)	<a href="#">L38671</a> (A58170) <a href="#">L38629</a> (A58168)	<a href="#">L38582</a> (A58061)	<a href="#">L38680</a> (A58207)			
MYPAP™	84999	<a href="#">A53544</a>	<a href="#">A55292</a> <a href="#">A55293</a>	<a href="#">L36021</a> (A54290)	<a href="#">L36807</a> (A55195)			
myPath® Melanoma Assay	81479 0090U	<a href="#">L37859</a> (A56858)	<a href="#">L37881</a> (A57627) <a href="#">L37879</a> (A57626)	<a href="#">L37907</a> (A56878)	<a href="#">L37923</a> (A57580)			
NRAS Genetic Testing	81311 81479	<a href="#">L35073</a> (A56962)	<a href="#">L36335</a> (A57486) <a href="#">L36339</a> (A57487)	<a href="#">L35442</a> (A56998)	<a href="#">L36797</a> (A57581)			
NSD1 Gene Tests	81405 81406 81479	<a href="#">A53585</a>	<a href="#">A55609</a> <a href="#">A55615</a>	<a href="#">L36021</a> (A54291)	<a href="#">L36807</a> (A55198)			
Oncotype DX® Breast Cancer for DCIS (Genomic Health™)	0045U	<a href="#">L36912</a> (A56870)	<a href="#">L36941</a> (A57619) <a href="#">L36947</a> (A57620)	<a href="#">L36951</a> (A56887)	<a href="#">L37199</a> (A57583)			
Oncotype DX Breast Cancer Assay	81519	<a href="#">L35025</a> (A53105)	<a href="#">L36256</a> (A54482) <a href="#">L35160</a> (A54480)	<a href="#">L36021</a> (A54195)	<a href="#">L36807</a> (A55230)			
Oncotype DX Colon Cancer Assay	81525	<a href="#">L35025</a> (A53106)	<a href="#">L36256</a> (A54486) <a href="#">L35160</a> (A54484)	<a href="#">L36021</a> (A54196)	<a href="#">L36807</a> (A55231)	<a href="#">L35396</a> (A52986)	<a href="#">L35000</a> (A56199)	
PAX6 Gene Sequencing	81479	<a href="#">A53664</a>	<a href="#">A55625</a> <a href="#">A55632</a>	<a href="#">L36021</a> (A54293)	<a href="#">L36807</a> (A55199)			
Percepta® Bronchial Genomic Classifier	81479	<a href="#">L36854</a> (A56849)	<a href="#">L36886</a> (A57502) <a href="#">L36891</a>	<a href="#">L36908</a> (A56972)	<a href="#">L37195</a> (A57584)			

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
			(A57504)					
Pharmacogenomics Testing	81220	<a href="#">L38294</a>	<a href="#">L38335</a>	<a href="#">L38394</a>	<a href="#">L38435</a>	<a href="#">L39063</a>		<a href="#">L39073</a>
	81225	(A58318)	(A57384)	(A58324)	(A58395)	(A58801)		(A58812)
	81226		<a href="#">L38337</a>					
	81227		(A57385)					
	81231							
	81232							
	81247							
	81283							
	81306							
	81328							
	81335							
	81350							
	81355							
	81374							
	81377							
	81381							
	81383							
	81406							
	81479							
	0029U							
	0030U							
	0034U							
	0070U							
0071U								
0072U								
0073U								
0074U								
0075U								
0076U								
0286U								
Phenotypic Biomarker Detection in Circulating Tumor Cells	81479	<a href="#">L38566</a> (A58021)	<a href="#">L38643</a> (A58183) <a href="#">L38645</a> (A58185)	<a href="#">L38584</a> (A58063)	<a href="#">L38678</a> (A58205)			
Pigmented Lesion Assay	0089U	<a href="#">L38051</a> (A57868)	<a href="#">L38151</a> (A58052) <a href="#">L38153</a> (A58053)	<a href="#">L38111</a> (A57915)	<a href="#">L38178</a> (A57983)			
PIK3CA Gene Tests	81309	<a href="#">A53558</a>	<a href="#">A55597</a>	<a href="#">L36021</a>	<a href="#">L36807</a>			



**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	0155U		<a href="#">A55602</a>	(A54295)	(A55200)			
Plasma-Based Genomic Profiling in Solid Tumors	81479	<a href="#">L38043</a>		<a href="#">L38065</a>	<a href="#">L38168</a>			
	81445	(A57867)		(A57917)	(A57936)			
	0179U							
Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer	81479	<a href="#">L38238</a>	<a href="#">L38327</a>	<a href="#">L38284</a>	<a href="#">L38443</a>			
	0288U	(A58031)	(A57329) <a href="#">L38329</a> (A57330)	(A58038)	(A57112)			
Prognostic and Predictive Molecular Classifiers for Bladder Cancer	81401	<a href="#">L38576</a>	<a href="#">L38647</a>	<a href="#">L38586</a>	<a href="#">L38684</a>			
	81403	(A58028)	(A58181)	(A58065)	(A58211)			
	81404		<a href="#">L38649</a>					
	81445		(A58187)					
	81479 0016M							
ProMark® Risk Score	81479	<a href="#">L36665</a> (A56957)	<a href="#">L36704</a> (A57515) <a href="#">L36706</a> (A57609)	<a href="#">L36675</a> (A57034)	<a href="#">L37011</a> (A57587)			
Prometheus IBD sgi Diagnostic® Policy	81479	<a href="#">L37260</a> (A56933)	<a href="#">L37299</a> (A57516) <a href="#">L37313</a> (A57517)	<a href="#">L37352</a> (A56940)	<a href="#">L37539</a> (A57588)			
Prostate Cancer Genomic Classifier Assay for Men with Localized Disease	81541	<a href="#">L38292</a>	<a href="#">L35160</a>	<a href="#">L38303</a>	<a href="#">L38433</a>			
	81542	(A58343)	(A57526)	(A58371)	(A57106)			
	0047U		<a href="#">L36256</a> (A57527)					
PTCH1 Gene Testing	81479	<a href="#">A53567</a>	<a href="#">A55608</a> <a href="#">A55618</a>	<a href="#">L36021</a> (A54297)	<a href="#">L36807</a> (A55203)			
Repeat Germline Testing	81105	<a href="#">L38274</a>	<a href="#">L38353</a>	<a href="#">L38288</a>	<a href="#">L38429</a>			
	81106	(A58017)	(A57332)	(A57141)	(A57100)			
	81107		<a href="#">L38351</a>					
	81108		(A57331)					
	81109							
	81110							
	81111							
	81112							
	81161							
	81162							
	81163 81164							

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	81165							
	81166							
	81167							
	81171							
	81172							
	81173							
	81174							
	81177							
	81178							
	81179							
	81180							
	81181							
	81182							
	81183							
	81184							
	81185							
	81186							
	81187							
	81188							
	81189							
	81190							
	81200							
	81201							
	81202							
	81203							
	81204							
	81205							
	81209							
	81212							
	81215							
	81216							
	81217							
	81220							
	81221							
	81222							
	81223							
	81224							
	81225							
	81226							
	81227							
	81228							

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	81229							
	81230							
	81231							
	81232							
	81233							
	81234							
	81238							
	81239							
	81240							
	81241							
	81242							
	81243							
	81244							
	81247							
	81248							
	81249							
	81250							
	81251							
	81252							
	81253							
	81254							
	81255							
	81256							
	81257							
	81258							
	81259							
	81260							
	81269							
	81271							
	81274							
	81283							
	81284							
	81285							
	81286							
	81288							
	81289							
	81290							
	81291							
	81292							
	81293							
	81294							

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	81295							
	81296							
	81297							
	81298							
	81299							
	81300							
	81302							
	81303							
	81304							
	81306							
	81312							
	81317							
	81318							
	81319							
	81321							
	81322							
	81323							
	81324							
	81325							
	81326							
	81328							
	81329							
	81330							
	81331							
	81332							
	81333							
	81335							
	81336							
	81337							
	81343							
	81344							
	81345							
	81346							
	81350							
	81355							
	81361							
	81362							
	81363							
	81364							
	81401							
	81402							

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	81403							
	81404							
	81405							
	81406							
	81407							
	81408							
	81410							
	81411							
	81412							
	81413							
	81414							
	81415							
	81416							
	81417							
	81419							
	81420							
	81422							
	81425							
	81426							
	81427							
	81430							
	81431							
	81432							
	81433							
	81434							
	81435							
	81436							
	81437							
	81438							
	81439							
	81440							
	81442							
	81443							
	81448							
	81460							
	81465							
	81470							
	81471							
	81493							
	81554							
	0004M							

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\* Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	0001U							
	0012U							
	0029U							
	0030U							
	0031U							
	0032U							
	0033U							
	0034U							
	0070U							
	0071U							
	0072U							
	0073U							
	0074U							
	0075U							
	0076U							
	0078U							
	0079U							
	0084U							
	0094U							
	0101U							
	0102U							
	0103U							
	0129U							
	0130U							
	0131U							
	0132U							
	0133U							
	0134U							
	0135U							
	0136U							
	0137U							
	0138U							
	0156U							
	0157U							
	0158U							
	0159U							
	0160U							
	0161U							
	0162U							
	0169U							
	0170U							

**Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program**

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	0173U							
	0175U							
	0180U							
	0181U							
	0182U							
	0183U							
	0184U							
	0185U							
	0186U							
	0187U							
	0188U							
	0189U							
	0190U							
	0191U							
	0192U							
	0193U							
	0194U							
	0195U							
	0196U							
	0197U							
	0198U							
	0199U							
	0200U							
	0201U							
	0203U							
	0205U							
	0209U							
	0212U							
	0213U							
	0214U							
	0215U							
	0216U							
	0217U							
	0218U							
	0221U							
	0222U							
	0230U							
	0231U							
	0232U							
	0233U							
	0234U							

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed March 8, 2023

\*Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
	0235U							
	0236U							
	0237U							
	0238U							
	0246U							
	0258U							
	0260U							
	0264U							
	0265U							
	0266U							
	0267U							
	0268U							
	0269U							
	0270U							
	0271U							
	0272U							
	0273U							
	0274U							
	0276U							
	0277U							
	0278U							
	0282U							
	0286U							
	0289U							
	0290U							
	0291U							
	0292U							
	0293U							
	0294U							
	0318U							
	0345U							
	0347U							
	0348U							
	0349U							
	0350U							
	81479							
ResponseDx Tissue of Origin®	81504	<a href="#">L35025</a> (A53108)	<a href="#">L36256</a> (A54496) <a href="#">L35160</a> (A54494)	<a href="#">L36021</a> (A54198)	<a href="#">L36807</a> (A55204)		<a href="#">L35000</a> (A56199)	



### Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed March 8, 2023

\* Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guidelines.

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
RPS19 Gene Tests	81405 81479	<a href="#">A53587</a>	<a href="#">A55610</a> <a href="#">A55614</a>	<a href="#">L36021</a> (A54299)	<a href="#">L36807</a> (A55205)			
SEPT9 Gene Test	81327	<a href="#">A53702</a>	<a href="#">A55623</a> <a href="#">A55628</a>	<a href="#">L36021</a> (A54300)	<a href="#">L36807</a> (A55206)			
SMPD1 Genetic Testing	81330 81412	<a href="#">A53624</a>	<a href="#">A55627</a> <a href="#">A55631</a>	<a href="#">L36021</a> (A54285)	<a href="#">L36807</a> (A55208)			
STAT3 Gene Testing	81405	<a href="#">A53562</a>	<a href="#">A55480</a> <a href="#">A55481</a>	<a href="#">L36021</a> (A54284)	<a href="#">L36807</a> (A55209)			
SULT4A1 Genetic Testing	81479	<a href="#">A53538</a>	<a href="#">A55596</a> <a href="#">A55601</a>	<a href="#">L36021</a> (A54283)	<a href="#">L36807</a> (A55210)			
TERC Gene Tests	81479	<a href="#">A53589</a>	<a href="#">A55611</a> <a href="#">A55616</a>	<a href="#">L36021</a> (A54282)	<a href="#">L36807</a> (A55211)			
ThermoFisher Oncomine Dx Target Test For Non-Small Cell Lung Cancer	0022U	<a href="#">L35025</a> (A55822)	<a href="#">L36256</a> (A55881) <a href="#">L35160</a> (A55888)	<a href="#">L36021</a> (A55851)	<a href="#">L36807</a> (A55846)	<a href="#">L35396</a> (A52986)		
TP53 Gene Test	81351 81352	<a href="#">A53591</a>	<a href="#">A55487</a> <a href="#">A55484</a>	<a href="#">L36021</a> (A54281)	<a href="#">L36807</a> (A55221)			
Vectra™ DA	81490	<a href="#">L35025</a> (A53110)				<a href="#">L35062</a> (A56541)		<a href="#">L34519</a> (A58918)
VEGFR2 Tests	81479	<a href="#">A53548</a>	<a href="#">A55468</a> <a href="#">A55469</a>	<a href="#">L36021</a> (A54279)	<a href="#">L36807</a> (A55232)			

### Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed December 13, 2022

\* Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guideline.

Part A and B MACs	States/Territories
CGS Administrators, LLC	KY, OH
First Coast Service Options, Inc.	FL, PR, VI
National Government Services, Inc.	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian Healthcare Solutions, LLC	AK, AS, AZ, CA, HI, ID, MP, MT, ND, NV, OR, SD, UT, WA, WY
Novitas Solutions, Inc	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
Palmetto, GBA	AL, GA, NC, SC, TN, VA, WV
Wisconsin Physicians Service Insurance Corporation	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

[Back to Guidelines](#)

## Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed December 13, 2022

\* Also refer to the [MACs with corresponding States/Territories](#).

Note: Only use the WPS LCD/LCA if no other Part A LCD/LCA.

For states/territories with no LCDs/LCAs, refer to the applicable Palmetto MoIDX Program Guideline for coverage guideline.

## MyPRS™ Test for Multiple Myeloma Gene Expression Profile

Accessed March 8, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35396 (A52986)	<a href="#">Biomarkers for Oncology</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX

[Back to Guidelines](#)

## Policy History/Revision Information

Date	Summary of Changes
09/07/2022	<p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>• Added notation to indicate the guidelines in this Coverage Summary are for specific procedures only; for procedures not addressed in this Coverage Summary, refer to the <a href="#">Medicare Coverage Database</a> to search for applicable coverage policies [National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs)]</li> <li>• Removed description for Next Generation Sequencing (NGS) Test</li> <li>• Revised list of <i>Molecular Diagnostic Tests Included in the Palmetto MoIDX Program</i> <ul style="list-style-type: none"> <li>○ Added:           <ul style="list-style-type: none"> <li>▪ Germline Testing for Use of PARP Inhibitors (CPT codes 81162 and 81479)</li> <li>▪ Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (CPT codes 81202, 81215, 81217, 81293, 81296, 81299, 81308, 81318, 81322, 81353, 81403, 81404, 81405, 81406, 81432, 81433, 81435, 81436, 81437, 81438, 81479, 0101U, 0102U, 0103U, 0129U, 81163, 81164, 81165, 81166, 81167, 81201, 81203, 81212, 81216, 81292, 81294, 81295, 81297, 81298, 81300, 81307, 81317, 81319, 81321, 81323, and 81351)</li> <li>▪ Molecular Testing for Solid Organ Allograft Rejection (CPT codes 81479, 81595, 81599, and 0118U)</li> </ul> </li> <li>○ Removed:           <ul style="list-style-type: none"> <li>▪ APC and MUTYH Gene Testing (CPT codes 81201, 81202, 81203, 81401, 81403, 81406, 81435, 81436, 81479, and 0157U)</li> <li>▪ Advise PG (CPT code 84999)</li> <li>▪ BRCA1 and BRCA2 Genetic Testing (CPT codes 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 81432, 81433, 81479, 0102U, 0103U, 0129U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, and 81162)</li> <li>▪ Lynch Syndrome Testing (CPT codes 81210, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81317, 81318, 81319, 81403, 81432, 81433, 81435, 81436, 81445, 81455, 81479, 88341, 88342, 0101U, 0130U, 0134U, 0157U, 0158U, 0159U, 0160U, 0161U, and 0162U)</li> <li>▪ Myriad's BRACAnalysis CDx™ (CPT code 81162)</li> </ul> </li> <li>○ Replaced "minimal residual disease testing for cancer" with "minimal residual disease testing for <i>hematologic cancer</i>"</li> <li>○ Updated list of applicable CPT codes for:           <ul style="list-style-type: none"> <li>▪ Blood Product Molecular Antigen Typing               <ul style="list-style-type: none"> <li>– Added 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, and 0200U</li> </ul> </li> <li>▪ FDA-Approved KRAS Tests               <ul style="list-style-type: none"> <li>– Added 81276 and 81479</li> </ul> </li> <li>▪ HLA Testing for Transplant Histocompatibility</li> </ul> </li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>- Added 81373</li> <li>▪ Melanoma Risk Stratification Molecular Testing <ul style="list-style-type: none"> <li>- Added 81479</li> </ul> </li> <li>▪ Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing <ul style="list-style-type: none"> <li>- Removed 87505</li> </ul> </li> <li>▪ Pharmacogenomic Testing for Warfarin Response (CYP2C9 and VKORC1) <ul style="list-style-type: none"> <li>- Added G9143</li> </ul> </li> <li>▪ Repeat Germline Testing <ul style="list-style-type: none"> <li>- Added 81179, 81293, 81299, 0175U, and 0181U</li> </ul> </li> <li>▪ TP53 Gene Test <ul style="list-style-type: none"> <li>- Added 81351 and 81352</li> <li>- Removed 81404 and 81405</li> </ul> </li> <li>○ Updated reference links to reflect the most current program guidelines and LCDs/LCAs</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version MCS040.07</li> </ul>

## Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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