

# Molecular Pathology/Genetic Testing Reported with Unlisted Codes

Guideline Number: MPG383.04  
Approval Date: April 14, 2021

[↪ Terms and Conditions](#)

|  |      |
|--|------|
| Table of Contents  | Page |
| <a href="#">Policy Summary</a> .....                         | 1    |
| <a href="#">Applicable Codes</a> .....                       | 9    |
| <a href="#">Questions and Answers</a> .....                  | 10   |
| <a href="#">References</a> .....                             | 10   |
| <a href="#">Guideline History/Revision Information</a> ..... | 36   |
| <a href="#">Purpose</a> .....                                | 36   |
| <a href="#">Terms and Conditions</a> .....                   | 37   |

| Related Medicare Advantage Policy Guidelines                                |
|---|
| • <a href="#">Biomarkers in Cardiovascular Risk Assessment</a>              |
| • <a href="#">Clinical Diagnostic Laboratory Services</a>                   |
| • <a href="#">Molecular Pathology/Molecular Diagnostics/Genetic Testing</a> |

| Related Medicare Advantage Reimbursement Policies   |
|---|
| • <a href="#">Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Policy, Professional</a> |
| • <a href="#">Laboratory Services Policy, Professional</a>  |

| Related Medicare Advantage Coverage Summaries   |
|---|
| • <a href="#">Genetic Testing</a>               |
| • <a href="#">Laboratory Tests and Services</a> |

## Policy Summary

[↪ See Purpose](#)

### Overview

When reporting the service performed, providers should select the specific code that accurately identifies the service performed. However, some services may not have a specific code; therefore, when reporting for these services, unlisted codes are designated. Unlisted codes provide the means of reporting and tracking services until a more specific code is established. If no such specific code exists, reporting the service using the appropriate unlisted service code would be appropriate. The service should be adequately documented in the medical record. Unlisted codes should be reported only if no other specific codes adequately describe the procedure or service.

When reporting a laboratory tests using an unlisted code, the specific name of the laboratory test(s) and/or a short descriptor of the test(s) must be included.

### Guidelines

Based on the Centers for Medicare & Medicaid Services (CMS) Program Integrity Manual (100-08), this policy addresses the circumstances under which the item or service is reasonable and necessary under the Social Security Act, §1862(a)(1)(A). For laboratory services, a service can be reasonable and necessary if the service is safe and effective; and appropriate, including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is furnished in accordance with accepted standards of medical practice for the diagnosis of the patient's condition; furnished in a setting appropriate to the patient's medical needs and condition; ordered and furnished by qualified personnel; one that meets, but does not exceed, the patient's medical need; and is at least as beneficial as an existing and available medically appropriate alternative.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute". Screening services, such as pre - symptomatic genetic tests and services, are those used to detect an undiagnosed disease or disease predisposition, and as such are not a Medicare benefit and not covered by Medicare. Similarly, Medicare may not reimburse the costs of tests/examinations that assess the risk for and/or of a condition unless the risk assessment clearly and directly effects the management of the patient.

### ***Covered Indications***

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

### **For CPT Code 81479**

#### ***Biomarkers for Oncology***

- MyPRS Genetic Expression Profile Testing  
Myeloma Gene Expression Profile (MyPRS) (PROG) isolates plasma cells from myeloma patients, extracts DNA, which is then subjected to MicroArray testing and application of validated software programs to identifying patterns of genetic abnormalities. Seventy highly predictive genes have been identified and correlated to myeloma early relapse. MyPRS gives a predictive risk signature as high-risk or low-risk at this time. A high-risk score predicts a less than 20% three-year complete remission where as a low-risk predicts a five-year complete remission of greater than 60%. The predictive value for the stratification of therapeutic interventions allows these patients to be treated in a more personalized manner based on their own genetic profile.

This test is considered reasonable and necessary only after the initial diagnosis of multiple myeloma has been made and will be available to be used in the stratification of therapeutic interventions. It would be inappropriate to use this test as a diagnostic tool or as a monitoring device of ongoing therapy. Other testing is available for this function.

- Rosetta Cancer Origin Test™  
Molecular testing, using the Rosetta Cancer Origin Test™ (PROG), is considered reasonable and necessary in the pathologic diagnoses of CUP when a conventional surgical pathology/imaging work-up is unable to identify a primary neoplastic site. Other applications of this technology are considered not reasonable and necessary and are considered investigational in the use of diagnosis of specific tumor types such as NSCLC and renal cancers.
- RosettaGX Reveal thyroid MicroRNA test, is an assay used for the classification of indeterminate thyroid nodules Uveal Melanoma GNA11
- CIMP
- PTEN
- AKT1
- RB1
- MLL/AF4
- DEK/CAN
- TET2
- CALR
- CSF3R
- TSC2
- FGFR1
- MTOR
- BIRC3
- FBXW7
- JAK1
- JAK3
- SRSF2
- STAT5B
- U2AF1

- ZRSR2

## APC and MUTYH Gene Testing

APC and MUTYH gene testing is reasonable and necessary for individuals suspected to have Familial Adenomatous Polyposis (FAP), Attenuated FAP (AFAP) or MYH-associated polyposis (MAP) with a personal history of  $\geq 20$  adenomas over a lifetime.

## Pathfinder TG®

PathfinderTG® is considered medically reasonable and necessary when selectively used as an occasional second-line diagnostic supplement:

- Only where there remains clinical uncertainty as to either the current malignancy or the possible malignant potential of the pancreatic cyst based upon a comprehensive first-line evaluation; and
- A decision regarding treatment (e.g., surgery) has not already been made based on existing information.

## AlloSure® Cell-Free DNA Testing for Kidney and Heart Allografts

Limited coverage is allowed for tests performed using the AlloSure® donor-derived cell-free DNA assay (CareDx® Inc., Brisbane, CA) for the following indications:

- AlloSure® Kidney is covered to assess the probability of allograft rejection in kidney transplant recipients with clinical suspicion of rejection and to inform clinical decision-making about the necessity of renal biopsy in such patients at least 2 weeks post-transplant in conjunction with standard clinical assessment.
- AlloSure® Heart is covered when used in conjunction with AlloMap® to assess the probability of allograft rejection in heart transplant recipients with clinical suspicion of rejection and to inform clinical decision-making about the necessity of a heart biopsy in such patients at least 55 days post-transplant in conjunction with standard clinical assessment.

## BCR-ABL

Breakpoint testing for BCR-ABL1 is commonly performed as a combination or panel of tests (major, minor and other breakpoints). To report multiple tests assigned a single ID, submit CPT code 81479.

81479 should also be used to report BCR-ABL translocation analysis by Next Generation Sequencing (NGS).

## ClonoSEQ® Assay

Minimal Residual Disease (MRD) refers to a measure of cancer burden that remains in a person during and following treatment. Clinical practice guidelines in a number of hematological malignancies recommend MRD testing and recognize MRD status as a reliable indicator of clinical outcome and response to therapy, which is currently recommended in the course of treatment of patients with acute lymphoblastic leukemia (ALL) or multiple myeloma, and chronic lymphocytic leukemia (CLL).

ClonoSEQ® Assay testing is reasonable and necessary when performed on bone marrow specimens in patients with B-Cell acute lymphoblastic leukemia (ALL), multiple myeloma or chronic lymphocytic leukemia (CLL). A single episode of testing using clonoSEQ® in these patients will be covered. For a patient with ALL, multiple myeloma or CLL in whom clonoSEQ® is being used according to its FDA cleared indications and clinical guidelines, it is anticipated that an episode of testing will typically require a baseline assay and 3 follow-up assays. This service should be billed at the start of the episode of testing. One test per beneficiary per cancer diagnosis may be covered.

## Cobas® EGFR Mutation Test

Cobas EGFR Mutation Test for the detection of epidermal growth factor receptor (EGFR) gene for non-small cell lung cancer (NSCLC) tumor tissue. The test is intended to be used to help select patients with NSCLC for whom Tarceva® (erlotinib), an EGFR tyrosine kinase inhibitor (TKI), is indicated.

## Therascreen® EGFR RGQ PCR Kit

Therascreen EGFR RGQ PCR kit is covered for the detection of the epidermal growth factor receptor (EGFR) gene from non-small cell lung cancer (NSCLC) tumor tissue. The test is intended to be used to select patients with NSCLC for whom GILOTRIF™ (afatinib), an EGFR tyrosine kinase inhibitor (TKI), is indicated.

## Guardant360®

Guardant360® is covered only when all of the following conditions are met:

- Patient has been diagnosed with a recurrent, relapsed, refractory, metastatic, or advanced solid tumor that did not originate from the central nervous system. Patients who would meet all of the indications on the FDA label for larotrectinib if they are found to have an NTRK mutation may be considered to have advanced cancer, and
- Patient has not previously been tested with the Guardant360® test for the same primary cancer. For a patient who has been tested previously using Guardant360® for cancer, that patient may not be tested again unless he or she has a new primary cancer diagnosis. In a patient with previously tested primary cancer, who has evidence of new malignant growth, that growth may be considered to be a different primary cancer if it does not originate from the same cell line or it is physiologically different enough that it responds differently to treatment than the previously tested cancer, and
- Patient is untreated for the primary cancer being tested, or the patient is not responding to treatment (e.g., progression or new lesions on treatment), and
- The patient has decided to seek further cancer treatment with the following conditions:
  - The patient is a candidate for further treatment with a drug that is either FDA-approved for that patient's cancer, or has an NCCN 1 or NCCN 2A recommendation for that patient's cancer, and
  - The FDA-approved indication or NCCN recommendation is based upon information about the presence or absence of a genetic biomarker tested for in the Guardant360® assay, and
- Tissue-based, CGP is infeasible (e.g., quantity not sufficient for tissue-based CGP or invasive biopsy is medically contraindicated) or specifically in NSCLC Tissue-based CGP has shown no actionable mutations.

## HERmark® Assay

Limited coverage is allowed for the HERmark® test, it has been determined that the test meets criteria for analytical and clinical validity, and clinical utility.

## InVisionFirst, Liquid Biopsy

Limited coverage is allowed for InVisionFirst™-Lung (Inivata, Research Triangle Park, NC) (hereafter InVision) a plasma-based, somatic comprehensive genomic profiling test (CGP) for patients with advanced (Stage IIIB/IV) non-small cell lung cancer (NSCLC):

- At diagnosis and untreated
  - When results for EGFR single nucleotide variants (SNVs) and insertions and deletions (indels); rearrangements in ALK and ROS1; and SNVs for BRAF are not available and
  - When tissue-based CGP is infeasible [i.e., quantity not sufficient (QNS) for tissue-based CGP or invasive biopsy is medically contraindicated],or
- At progression
  - For patients progressing on or after chemotherapy or immunotherapy who have not been tested for EGFR SNVs and indels; rearrangements in ALK and ROS1; and SNVs for BRAF, and for whom tissue-based CGP is infeasible;
  - For patients progressing on EGFR tyrosine kinase inhibitors (TKIs).

## Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker

The use of Keytruda for treatment of patients with unresectable or metastatic solid tumors having either microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) biomarkers. Keytruda, a human PD-1 blocking antibody, is indicated for the treatment of metastatic melanoma, non-small cell lung cancer, recurrent or metastatic head and neck squamous cancer, advanced/metastatic urothelial cancer and classical Hodgkin's lymphoma.

This contractor will allow one of the following:

- dMMR by immunohistochemistry (IHC), or
- MSI by PCR, or
- Multi-gene NGS panel inclusive of MSI microsatellite loci, and MLH1, MSH2, MSH6 and PMS2 genes

Testing by one of the above methodologies is reasonable and necessary if testing for dMMR or MSI has not previously been performed on the patient's tumor sample. A multi-gene NGS panel inclusive of MSI microsatellite loci and MLH1, MSH2, MSH6 and PMS2 gene is reasonable and necessary. A multi-gene NGS panel and separate MSI by PCR will be denied as not

reasonable and necessary. If testing is performed by NGS, the test must be a properly designed and appropriately validated assay demonstrating 95% concordance to the reference method (MSI by PCR).

- To report a dMMR or MSI service, reference specific CPT codes
- To report by NGS, use CPT code 81479.

## Minimal Residual Disease Testing for Colorectal Cancer (Signatera Molecular Residual Disease Assessment Test)

Limited coverage is allowed for ctDNA tests that detect minimum residual disease (MRD) in patients with a personal history of colorectal cancer.

Limited coverage is provided for MRD testing in cancer when:

- The conditions set by NCD 90.2 are fulfilled if NGS methodology is utilized (summarized: the patient has advanced cancer; plans on being treated for said cancer, and has not been previously been tested with the same test for the same genetic content) or are not applicable (the patient does not have cancer as defined below)
- The patient has a personal history of colorectal cancer, the type and staging of which is within the intended use of the MRD test
- The identification of recurrence or progression of disease within the intended use population of the test is identified in the NCCN Guidelines as a condition that requires a definitive change in patient management
- The test is demonstrated to identify recurrence or progression before there is clinical or radiographical evidence of recurrence or progression; and demonstrates sensitivity and specificity comparable with radiographical evidence of recurrence. For colorectal cancer, it must have a sensitivity at least equivalent to and specificity that is significantly better than serial CEA monitoring OR demonstrate equivalence with another ctDNA MRD test that has demonstrated this measuring the same analytes. Test performance must be similar to established MRD tests including Signatera
- The test satisfactorily completes a technical assessment that will review and confirm the analytical and clinical validity of the test

MRD testing often requires two types of assays to be performed as part of the service. First, a sample is taken from tumor diagnostic material to establish a baseline tumor signature as defined by the test methodology. This is followed by a series of assays run on blood to detect the presence or recurrence of tumor based on the measured biomarkers, expression, or other analytes over various timepoints. This series of assays comprises a single test when the patient is known to have cancer. When the patient is NOT known to have cancer (specifically when there is no clinical, radiographical, or other biological evidence that tumor cells remain post treatment and subsequently the patient is no longer being subjected to therapeutic interventions for cancer), a second kind of test may exist wherein a single additional timepoint may constitute a single test.

## Androgen Receptor Variant (AR-V7) Protein Test

Limited coverage is allowed for the Androgen Receptor splice variant 7 messenger RNA protein test (AR-V7) to help determine which patients with metastatic castrate resistant prostate cancer or other androgen receptor containing tumors may benefit from androgen receptor signaling inhibitor therapy and which may benefit from chemotherapy.

Androgen Receptor splice variant 7 messenger RNA protein test is covered as follows:

- Patients will have progressive mCRPC as defined by the Prostate Cancer Working Group 2 guidelines (a minimum of 2 rising prostate-specific antigen (PSA) levels 1 or more weeks apart, new lesions by bone scintigraphy, and/or new or enlarging soft tissue lesions by computed tomography (CT) or magnetic resonance imaging (MRI)).
- Patients will have failed one ARSi, (presently Enzalutamide (Xtandi), Apalutamide (Erleada), or Abiraterone (Zytiga), and future similar class drugs approved by the FDA).
- Patients will be considered appropriate for treatment by their treating physician for the alternative ARSi as a single agent.
- Circulating tumor cells (CTC) with nuclear expression of AR-V7 protein will be assessed prior to initiation of therapy.
- Decision impact analysis: We expect that < 15% of nuclear AR-V7-positive patients will receive an ARSi.
- Efficacy analysis: Nuclear AR-V7-negative patients who receive an ARSi will have similar or better time on therapy than untested mCRPC patients

## Percepta® Bronchial Genomic Classifier

Limited coverage is allowed for the Percepta Bronchial Genomic Classifier (Veracyte, Inc., South San Francisco, CA) to identify patients with clinical low- or intermediate-risk of malignancy, after a non-diagnostic bronchoscopy, who may be followed with CT surveillance in lieu of further invasive biopsies or surgery.

## Pharmacogenomics Testing

PGx tests are indicated when medications are being considered for use (or already being administered) that are medically necessary, appropriate, and approved for use in the patient's condition and are known to have a gene(s)-drug interaction that has been demonstrated to be clinically actionable as defined by the FDA (PGx information required for safe drug administration) or Clinical Pharmacogenetic Implementation Consortium (CPIC) guidelines (category A and B).

PGx testing is not considered reasonable and necessary merely on the basis of a patient having a particular diagnosis. Unless the record reflects that the treating clinician has already considered non-genetic factors to make a preliminary drug selection, PGx testing is not considered reasonable and necessary.

The clinical record must clearly show the use of or intent to prescribe a drug that has known drug-gene interactions that require a PGx test to be ordered to define the safe use of that drug in that patient.

A multi-gene panel is considered reasonable and necessary if more than one single gene on that panel would be considered reasonable and necessary for safe use of the medication in question or if multiple drugs are being considered (each fulfilling the criteria of actionable gene-drug interactions) that have different relevant genes. Additionally, a gene panel must contain at a minimum all the necessary relevant gene/allele content required for their indicated use to meet clinical utility requirements.

Genes not identified as having actionable use are not considered reasonable and necessary. The algorithms employed in combinatorial testing are also not currently considered reasonable and necessary components of multi-gene testing.

If no CPT code is available for the gene being tested, the code 81479 may be used.

The following do not have a specific CPT code available:

- BCHE
- CACNA1S
- CYP2B6
- CYP2C8
- CYP4F2
- NAT
- NAT2
- Genesight
- NeuroIDgenetix

For further guidance and clinical criteria please see the Pharmacogenomics Testing sourcing below.

## Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer (NSCLC) (Razor 14-Gene Lung Cancer Assay)

The use of molecular diagnostic laboratory tests as a predictive classifier for NSCLC are considered reasonable and necessary when all of the following criteria is met:

- The patient has a non-squamous NSCLC with a tumor size < 5cm, and there are no positive lymph nodes (*i.e.* American Joint Committee on Cancer Eighth Edition Stages I and IIa)
- The patient is sufficiently healthy to tolerate chemotherapy
- Adjuvant platinum-containing chemotherapy is being considered for the patient
- The test is ordered by a physician who is treating the patient for NSCLC (generally a medical oncologist, surgeon, or radiation oncologist) to help in the decision of whether or not to recommend adjuvant chemotherapy.

\*\*Note: This test may also be reported with CPT code 81599

## ProMark Risk Score

Limited coverage is allowed for the ProMark (Metamark Genetics) to help determine which patients with early stage, needle biopsy proven prostate cancer can be conservatively managed rather than treated with definitive surgery or radiation therapy.

## Prospera™

Limited coverage is allowed for the Prospera™ donor-derived cell-free DNA test (dd-cfDNA) (Natera, Inc., San Carlos, CA) to supplement the evaluation and management of kidney injury and active rejection (AR) in patients who have undergone renal transplantation. It can inform decision making along with standard clinical assessments.

## Criteria for Coverage

The Prospera™ assay is covered only when the following conditions are met:

- The patient has a renal allograft
- Physician-assessed pretest need to further evaluate patient for the probability of active renal allograft rejection

## Targeted and Comprehensive Genomic Profile Next Generation Sequencing (NGS) Testing

Targeted Next-Generation Sequencing (NGS) panels are defined as tests that identify somatic alterations known to occur in certain regions (i.e., 'hotspots') within specific genes of interest for cancer management (i.e., diagnosis, selection of molecularly targeted therapies, prognosis in a context where prognostic classification is essential for treatment selection). Generally, these NGS panels can detect single nucleotide variants (SNVs) and small insertions or deletions (INDELs) within these regions. These alterations typically represent response or lack of response to corresponding targeted cancer therapies. The hotspot test should include relevant regions in the genes required for companion diagnostic testing and/or known to be necessary for proper patient management.

CGP refers to NGS-based molecular assays that provide additional insight beyond individual gene hotspots; these assays seek to describe the genomic makeup of a tumor and can help identify underlying mechanisms of disease to guide clinical decision making. These tests include not only mutations in individual relevant genes, but also patterns of mutations across related genes in established cancer pathways and often include an assessment of overall mutational burden. These tests typically involve sequencing of entire exonic regions of genes of interest (within a comprehensive gene panel or whole exome sequencing) and may also include selected intronic regions. CGP can detect multiple types of molecular alterations (i.e., SNVs, small and large INDELs, copy number alterations (CNAs), structural variants (SVs), and splice-site variants) in a single assay. Patterns of mutations seen across multiple genes may be used to infer clinically relevant etiologies, such as DNA mismatch repair deficiency and microsatellite instability, and total mutational load/burden (TMB) may be determined. CGP testing may also include RNA sequencing to detect structural variations, such as translocations or large deletions, and to detect functional splicing mutations. CGP is not defined as a targeted panel by MolDX.

A targeted NGS panel which includes 1-4 genes would be appropriately reported with CPT code 81479, for other targeted NGS gene panel services for somatic variant detection more specific CPT codes exist.

CGP testing is not defined as a targeted panel, and it is a test not currently described by any existing CPT code. Therefore, to report a CGP service use CPT code 81479. Coverage of CGP is limited to one test per surgical specimen and precludes the use of any other molecular testing on that specimen.

For NGS-based tests that do not fit under the above definitions of "targeted" or "Comprehensive" panels, reporting CPT code 81479 is appropriate.

## TruGraf® Blood Gene Expression Test

Limited coverage is allowed for the TruGraf® Blood Gene Expression Test (Transplant Genomics Inc., Mansfield, MA) as an alternative to surveillance biopsies in kidney transplant recipients, in conjunction with standard clinical assessment.

The TruGraf® test is covered only when all of the following clinical conditions are met:

- Patient is at least 18 years of age,
- Recipient of a primary or subsequent deceased-donor or living-donor kidney transplantation.
- Stable serum creatinine (current serum creatinine <2.3 mg/dl, <20% increase compared to the average of the previous 3 serum creatinine levels).
- Kidney transplant patients who are more than 90 days post-transplant
- Patient is being managed in a facility that utilizes surveillance biopsies

TruGraf® should not be used on patients who are:

- Recipients of a combined organ transplantation with an extra-renal organ and/or islet cell transplant.
- Recipients of previous non-renal solid organ and/or islet cell transplantation.
- Infected with HIV.
- Patients with BK nephropathy.

- Patients that have nephrotic proteinuria (urine protein >3 gm/day).

## For CPT Code 81599

### *Melanoma Risk Stratification Molecular Testing*

Molecular diagnostic tests used to assist in risk stratification of melanoma patients are covered when:

- The patient has a personal history of melanoma and:
  - Either:
    - Has Stage T1b and above or
    - Has T1a with documented concern about adequacy of microstaging
  - Is undergoing workup or being evaluated for treatment, and
  - Does not have metastatic disease and
  - Presumed risk for a positive Sentinel Lymph Node Biopsy (SLNB) based on clinical, histological, or other information is >5% and
  - Has a disease stage, grade, and Breslow thickness (or other qualifying conditions) within the intended use of the test

The DecisionDx-Melanoma test is covered as per the MoIDX: Melanoma Risk Stratification Molecular Testing policy, when the following additional conditions are met:

- Patients diagnosed with cutaneous melanoma  $\geq 0.3$  mm without distant metastases in Breslow thickness where additional risk stratification information beyond anatomic and pathologic staging will influence management decisions regarding the following:
  - Sentinel Lymph Node Biopsy decision (T1-T2 only)
  - Appropriateness of adjuvant therapy
  - Determining the appropriate level of follow up, imaging, and referrals
- Patients diagnosed with cutaneous melanoma < 0.3 mm in Breslow thickness being considered for sentinel lymph node biopsy:
  - in whom there is significant uncertainty about the adequacy of microstaging (positive deep margin), or with other adverse features (e.g. very high mitotic index [ $\geq 2/\text{mm}^2$ ], lymphovascular invasion, or a combination of these factors)

## Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer (NSCLC) (Razor 14-Gene Lung Cancer Assay)

See criteria above under CPT code 81479

## For CPT Code 84999

### *Avise PG Assay*

Limited coverage is allowed for The Avise PG Assay, developed to support dose optimization and therapeutic decision making for patients diagnosed with rheumatoid arthritis (RA) on methotrexate ("MTX").

## Non-Covered Indications

The test descriptions under the following unlisted codes are appropriate to be reported with the unlisted code however there is no coverage for these services.

### *For CPT Code 81479*

- SelectMDx, MiPS
- 4q25-AF Risk Genotype Test
- 9p21 Genotype Test
- Asparacyclase 2 Deficiency (ASPA) Test
- ATP7B Gene Test
- BluePrint<sup>®</sup> Test
- CHD7 Gene Analysis
- ENG and/or ACVRL1 genetic testing and panels of tests that include ENG/ACVRL1
- HAX1 gene sequencing and panels of tests that include the HAX1 gene



- Serotonin Transporter genotyping (HTTLPR)/ HTTLPR Gene Testing
- KIF6 genotype test
- LPA-Aspirin genotype test
- LPA-Intron 25 genotype test
- MECP2 genetic testing and panels of tests that include a MECP2 gene test
- Mitochondrial Nuclear Gene Test
- NSD1 gene testing and tests that include one or more of NSD1 analysis
- PAX6 Gene Sequencing
- Prometheus IBD sgi Diagnostic
- PTCH1 Gene Test
- RPS19 Gene Tests
- SULT4A1 Genetic Testing and panels of tests that include the SULT4A1 gene
- TERC Gene Test
- VEGFR2 testing and panels of tests that include the VEGFR2 receptor

*For CPT Code 84999*

- know error<sup>®</sup> DNA Specimen Provenance Assay
- myPAP<sup>™</sup> DNA test

## Applicable Codes

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

| CPT Code | Description   |
|----------|---|
| 81479    | Unlisted molecular pathology procedure                |
| 81599    | Unlisted multianalyte assay with algorithmic analysis |
| 84999    | Unlisted chemistry procedure                          |
| 85999    | Unlisted hematology and coagulation procedure         |
| 86849    | Unlisted immunology procedure                         |

*CPT<sup>®</sup> is a registered trademark of the American Medical Association*

### Diagnosis Code

[Molecular Pathology/Genetic Testing Reported with Unlisted Codes: Diagnosis Codes](#)

### Non-Covered Diagnosis Code

[Non-Covered Diagnosis Codes List](#)

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

## Questions and Answers

|   |    |  |
|---|----|--|
| 1 | Q: | When should an unlisted code be used to report a service?  |
|   | A: | Unlisted codes should be reported only if no other specific codes adequately describe the procedure or service.  |
| 2 | Q: | When reporting molecular pathology or genetic testing services with an unlisted code how is the specific test performed identified?  |
|   | A: | When reporting a laboratory test using an unlisted code, the specific name of the laboratory test(s) and/or a short descriptor of the test(s) must be included in the appropriate field of the claim form. |

## References

### CMS National Coverage Determinations (NCDs)

[NCD 90.2 Next Generation Sequencing](#)

### CMS Local Coverage Determinations (LCDs) and Articles

| LCD  | Article  | Contractor | Medicare Part A  | Medicare Part B                                |
|--|--|------------|--|--|
| <a href="#">L36910 MoIDX: APC and MUTYH Gene Testing</a>                                       | <a href="#">A56828 Billing and Coding: MoIDX: APC and MUTYH Gene</a>   | CGS        | KY, OH   | KY, OH   |
| <a href="#">L36882 MoIDX: APC and MUTYH Gene Testing</a>                                       | <a href="#">A57352 Billing and Coding: MoIDX: APC and MUTYH Gene Testing</a>                                       | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                         |
| <a href="#">L36884 MoIDX: APC and MUTYH Gene Testing</a>                                       | <a href="#">A57353 Billing and Coding: MoIDX: APC and MUTYH Gene Testing</a>                                       | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY         |
| <a href="#">L36827 MoIDX: APC and MUTYH Gene Testing</a>                                       | <a href="#">A56824 Billing and Coding: MoIDX: APC and MUTYH Gene Testing</a>                                       | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV                     |
| <a href="#">L37224 MoIDX: APC and MUTYH Gene Testing</a>                                       | <a href="#">A56901 Billing and Coding: MoIDX: APC and MUTYH Gene Testing</a>                                       | WPS        | 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 | IA, IN, KS, MI, MO, NE                         |
| <a href="#">L35396 Biomarkers for Oncology</a>   | <a href="#">A52986 Billing and Coding: Biomarkers for Oncology</a>   | Novitas    | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX   | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX |
| <a href="#">L34864 Loss-of-Heterozygosity Based Topographic Genotyping with Pathfinder TG®</a> | <a href="#">A56897 Billing and Coding: Loss-of-Heterozygosity Based Topographic Genotyping with Pathfinder TG®</a> | Novitas    | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX   | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX |

| LCD   | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|---|---|------------|--|--|
| <a href="#">L38272 MoIDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts</a> | <a href="#">A57167 Billing and Coding: MoIDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts</a> | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L38380 MoIDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts</a> | <a href="#">A57233 Billing and Coding: MoIDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts</a> | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L38355 MoIDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts</a> | <a href="#">A57380 Billing and Coding: MoIDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts</a> | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| <a href="#">L38255 MoIDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts</a> | <a href="#">A58387 Billing and Coding: MoIDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts</a> | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| <a href="#">L38439 MoIDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts</a> | <a href="#">A57096 Billing and Coding: MoIDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts</a> | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| L37266 MoIDX: AlloSure® Donor-Derived Cell-Free DNA Test<br>Retired 11/14/2020                              | A56965 Billing and Coding: MoIDX: AlloSure® Donor-Derived Cell-Free DNA Test<br>Retired 11/14/2020                              | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| L37362 MoIDX: AlloSure® Donor-Derived Cell-Free DNA Test)   | A57032 Billing and Coding: MoIDX: AlloSure® Donor-Derived Cell-Free DNA Test)<br>Retired 12/28/2020                             | CGS        | KY, OH   | KY, OH                                 |
| L37303 MoIDX: AlloSure® Donor-Derived Cell-Free DNA Test)<br>Retired 12/06/2020                             | A57456 Billing and Coding: MoIDX: AlloSure® Donor-Derived Cell-Free DNA Test<br>Retired 12/06/2020                              | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| L37358 MoIDX: AlloSure® Donor-Derived Cell-Free DNA Test<br>Retired 12/06/2020                              | A57457 Billing and Coding: MoIDX: AlloSure® Donor-Derived Cell-Free DNA Test<br>Retired 12/06/2020                              | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |

| LCD   | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|---|---|------------|--|--|
| L37665 MoIDX: AlloSure® Donor-Derived Cell-Free DNA Test<br>Retired 11/14/2020                | A57557 Billing and Coding:<br>MoIDX: AlloSure® Donor-Derived Cell-Free DNA Test<br>Retired 11/14/2020             | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| <a href="#">L36004 MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease</a> | <a href="#">A53531 Billing and Coding: MoIDX: BCR-ABL</a>   | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
|   | <a href="#">A56959 Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease</a> |            |  |  |
| <a href="#">L36815 MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease</a> | <a href="#">A55233 Billing and Coding: MoIDX: BCR-ABL</a>   | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
|   | <a href="#">A57570 Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease</a> |            |  |  |
| <a href="#">L36180 MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease</a> | <a href="#">A55595 Billing and Coding: MoIDX: BCR-ABL</a>   | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
|   | <a href="#">A57421 Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease</a> |            |  |  |
| <a href="#">L36186 MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease</a> | <a href="#">A55600 Billing and Coding: MoIDX: BCR-ABL</a>   | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
|   | <a href="#">A57422 Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease</a> |            |  |  |
| <a href="#">L36117 MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease</a> | <a href="#">A54686 Billing and Coding: MoIDX: BCR-ABL</a>   | CGS        | KY, OH   | KY, OH                                 |
|   | <a href="#">A56999 Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease</a> |            |  |  |

| LCD   | Article  | Contractor | Medicare Part A  | Medicare Part B                        |
|---|--|------------|--|--|
| N/A   | <a href="#">A56270 Billing and Coding: MoIDX: ClonoSEQ® Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies</a> | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A   | <a href="#">A56277 Billing and Coding: MoIDX: clonoSEQ® Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies</a> | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A   | <a href="#">A56307 Billing and Coding: MoIDX: ClonoSEQ® Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies</a> | CGS        | KY, OH   | KY, OH                                 |
| N/A   | <a href="#">A56322 Billing and Coding: MoIDX: ClonoSEQ® Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies</a> | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A   | <a href="#">A56323 Billing and Coding: MoIDX: ClonoSEQ® Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies</a> | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A   | <a href="#">A54189 Billing and Coding: MoIDX: cobas® EGFR Mutation Test Guidelines</a>   | CGS        | KY, OH   | KY, OH                                 |
| N/A   | <a href="#">A54199 Billing and Coding: MoIDX: Therascreen® EGFR RGQ PCR Kit Guidelines</a>   | CGS        | KY, OH   | KY, OH                                 |
| L35633 MoIDX: GeneSight® Assay for Refractory Depression Retired 07/26/2020   | A56927 Billing and Coding: MoIDX: GeneSight® Assay for Refractory Depression Retired 07/26/2020  | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| L35443 (MoIDX: GeneSight® Assay for Refractory Depression Retired 08/02/2020) | A56936 Billing and Coding: MoIDX: GeneSight® Assay for Refractory Depression Retired 08/02/2020  | CGS        | KY, OH   | KY, OH                                 |
| L36325 MoIDX: GeneSight® Assay for Refractory Depression Retired 08/16/2020   | A57525 Billing and Coding: MoIDX: GeneSight® Assay for Refractory Depression Retired 08/16/2020  | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |

| LCD  | Article  | Contractor | Medicare Part A  | Medicare Part B                        |
|--|--|------------|--|--|
| L36323 MoIDX: GeneSight® Assay for Refractory Depression Retired 08/16/2020  | A57547 Billing and Coding: MoIDX: GeneSight® Assay for Refractory Depression Retired 08/16/2020  | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| L36799 MoIDX: GeneSight® Assay for Refractory Depression Retired 07/25/2020  | A57569 Billing and Coding: MoIDX: GeneSight® Assay for Refractory Depression Retired 07/25/2020  | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| L37649 MoIDX: Guardant360® Plasma-Based Comprehensive Genomic Profiling in Non-Small Cell Lung Cancer (NSCLC) Retired 05/14/2020 | A57425 Billing and Coding: MoIDX: Guardant360® Plasma-Based Comprehensive Genomic Profiling in Non-Small Cell Lung Cancer (NSCLC) Retired 05/14/2020 | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| L37651 MoIDX: Guardant360® Plasma-Based Comprehensive Genomic Profiling in Non-Small Cell Lung Cancer (NSCLC) Retired 05/14/2020 | A57426 Billing and Coding: MoIDX: Guardant360® Plasma-Based Comprehensive Genomic Profiling in Non-Small Cell Lung Cancer (NSCLC) Retired 05/14/2020 | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A58192 Billing and Coding: Guardant360®</a>  | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A58214 Billing and Coding: Guardant360®</a>  | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L38238 MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer</a>                                  | <a href="#">A58031 Billing and Coding: MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer</a>                                  | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| <a href="#">L38284 MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer</a>                                  | <a href="#">A58038 Billing and Coding: MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer</a>                                  | CGS        | KY, OH   | KY, OH                                 |

| LCD   | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|---|---|------------|--|--|
| <a href="#">L38443 MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer</a> | <a href="#">A57112 Billing and Coding: MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer</a> | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| <a href="#">L38327 MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer</a> | <a href="#">A57329 Billing and Coding: MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer</a> | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| <a href="#">L38329 MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer</a> | <a href="#">A57330 Billing and Coding: MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer</a> | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A   | <a href="#">A54193 Billing and Coding: MoIDX: HERmark® Assay by Monogram</a>  | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L35160 MoIDX: Molecular Diagnostic Tests (MDT)</a>                                  | <a href="#">A54437 Billing and Coding: MoIDX: HERmark® Assay by Monogram</a>  | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| <a href="#">L36256 MoIDX: Molecular Diagnostic Tests (MDT)</a>                                  | <a href="#">A54439 Billing and Coding: MoIDX: HERmark® Assay by Monogram</a>  | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L35025 MoIDX: Molecular Diagnostic Tests (MDT)</a>                                  | <a href="#">A53103 Billing and Coding: MoIDX: HERmark® Assay by Monogram Update</a>                                 | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a>                                  | <a href="#">A55167 Billing and Coding: MoIDX: HERmark® Assay by Monogram Update</a>                                 | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |

| LCD   | Article  | Contractor | Medicare Part A  | Medicare Part B                        |
|---|--|------------|--|--|
| <a href="#">L37921 MoIDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer</a> | <a href="#">A56333 Billing and Coding: MoIDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer</a>  | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| <a href="#">L37870 MoIDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer</a> | <a href="#">A56924 Billing and Coding: MoIDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer</a>  | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| <a href="#">L37903 MoIDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer</a> | <a href="#">A56982 Billing and Coding: MoIDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer</a>  | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L37897 MoIDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer</a> | <a href="#">A57664 Billing and Coding: MoIDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer</a>  | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| <a href="#">L37899 MoIDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer</a> | <a href="#">A57665 Billing and Coding: MoIDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer</a>  | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L36370 Genetic Testing for Lynch Syndrome</a>   | <a href="#">A56103 Billing and Coding: MoIDX: Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker Billing and Coding Guidelines for Patients with Unresectable or Metastatic Solid Tumors</a> | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| <a href="#">L36374 Genetic Testing for Lynch Syndrome</a>   | <a href="#">A56104 Billing and Coding: MoIDX: Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker Billing and Coding Guidelines for Patients with Unresectable or Metastatic Solid Tumors</a> | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L35024 Genetic Testing for Lynch Syndrome</a>   | <a href="#">A56072 Billing and Coding: MoIDX: Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker for Patients with Unresectable or Metastatic Solid Tumors</a>                               | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |



| LCD   | Article  | Contractor | Medicare Part A  | Medicare Part B                        |
|---|--|------------|--|--|
| N/A   | <a href="#">A56106 Billing and Coding: MoIDX: Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker for Patients with Unresectable or Metastatic Solid Tumors</a> | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L36793 Genetic Testing for Lynch Syndrome</a>   | <a href="#">A56501 Billing and Coding: MoIDX: Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker for Patients with Unresectable or Metastatic Solid Tumors</a> | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| <a href="#">L37701 MoIDX: Androgen Receptor Variant (AR-V7) Protein Test</a>  | <a href="#">A56964 Billing and Coding: MoIDX: Androgen Receptor Variant (AR-V7) Protein Test</a>   | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| <a href="#">L37744 MoIDX: Androgen Receptor Variant (AR-V7) Protein Test</a>  | <a href="#">A57291 Billing and Coding: MoIDX: Androgen Receptor Variant (AR-V7) Protein Test</a>   | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L37746 MoIDX: Androgen Receptor Variant (AR-V7) Protein Test</a>  | <a href="#">A57287 Billing and Coding: MoIDX: Androgen Receptor Variant (AR-V7) Protein Test</a>   | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| <a href="#">L37915 MoIDX: Androgen Receptor Variant (AR-V7) Protein Test</a>  | <a href="#">A57102 Billing and Coding: MoIDX: Androgen Receptor Variant (AR-V7) Protein Test</a>   | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| <a href="#">L37836 MoIDX: Oncotype DX AR-V7 Nucleus Detect for Men with Metastatic Castrate Resistant Prostate Cancer (MCRPC)</a> | <a href="#">A57003 Billing and Coding: MoIDX: Oncotype DX AR-V7 Nucleus Detect for Men with Metastatic Castrate Resistant Prostate Cancer (MCRPC)</a>  | CGS        | KY, OH   | KY, OH                                 |
| N/A   | A57499 Billing and Coding: MoIDX: Oncotype DX AR-V7 Nucleus Detect for Men with Metastatic Castrate Resistant Prostate Cancer (MCRPC)<br>Retired 12/05/2020  | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |

| LCD   | Article   | Contractor | Medicare Part A   | Medicare Part B                              |
|---|---|------------|---|--|
| N/A   | A57582 Billing and Coding:<br>MoIDX: Oncotype DX AR-V7<br>Nucleus Detect for Men with<br>Metastatic Castrate Resistant<br>Prostate Cancer (MCRPC)<br>Retired 10/31/2020 | WPS        | AK, AL, AR, AZ,<br>CA, CO, CT, DE,<br>FL, GA, HI, IA,<br>ID, IL, IN, KS, KY,<br>LA, MA, MD, ME,<br>MI, MO, MS, MT,<br>NC, ND, NE, NH,<br>NJ, NM, NV, OH,<br>OK, OR, PA, RI,<br>SC, SD, TN, TX,<br>UT, VA, VT, WA,<br>WI, WV, WY | IA, IN, KS, MI,<br>MO, NE                    |
| N/A   | A57601 Billing and Coding:<br>MoIDX: Oncotype DX AR-V7<br>Nucleus Detect for Men with<br>Metastatic Castrate Resistant<br>Prostate Cancer (MCRPC)<br>Retired 12/05/2020 | Noridian   | AS, CA, GU, HI,<br>MP, NV   | AS, CA, GU, HI,<br>MP, NV                    |
| <a href="#">L36886 MoIDX: Percepta®<br/>Bronchial Genomic Classifier</a>  | <a href="#">A57502 Billing and Coding:<br/>MoIDX: Percepta® Bronchial<br/>Genomic Classifier</a>  | Noridian   | AS, CA, GU, HI,<br>MP, NV   | AS, CA, GU, HI,<br>MP, NV                    |
| <a href="#">L36891 MoIDX: Percepta®<br/>Bronchial Genomic Classifier</a>  | <a href="#">A57504 Billing and Coding:<br/>MoIDX: Percepta® Bronchial<br/>Genomic Classifier</a>  | Noridian   | AK, AZ, ID, MT,<br>ND, OR, SD, UT,<br>WA, WY  | AK, AZ, ID, MT,<br>ND, OR, SD, UT,<br>WA, WY |
| <a href="#">L37195 MoIDX: Percepta®<br/>Bronchial Genomic Classifier</a>  | <a href="#">A57584 Billing and Coding:<br/>MoIDX: Percepta® Bronchial<br/>Genomic Classifier</a>  | WPS        | AK, AL, AR, AZ,<br>CA, CO, CT, DE,<br>FL, GA, HI, IA,<br>ID, IL, IN, KS, KY,<br>LA, MA, MD, ME,<br>MI, MO, MS, MT,<br>NC, ND, NE, NH,<br>NJ, NM, NV, OH,<br>OK, OR, PA, RI,<br>SC, SD, TN, TX,<br>UT, VA, VT, WA,<br>WI, WV, WY | IA, IN, KS, MI,<br>MO, NE                    |
| <a href="#">L36854 MoIDX: Percepta®<br/>Bronchial Genomic Classifier)</a> | <a href="#">A56849 Billing and Coding:<br/>MoIDX: Percepta® Bronchial<br/>Genomic Classifier</a>  | Palmetto   | AL, GA, NC, SC,<br>TN, VA, WV   | AL, GA, NC, SC,<br>TN, VA, WV                |
| <a href="#">L36908 MoIDX: Percepta®<br/>Bronchial Genomic Classifier</a>  | <a href="#">A56972 Billing and Coding:<br/>MoIDX: Percepta® Bronchial<br/>Genomic Classifier</a>  | CGS        | KY, OH  | KY, OH                                       |
| <a href="#">L38394 MoIDX:<br/>Pharmacogenomics Testing</a>                | <a href="#">A58324 Billing and Coding:<br/>MoIDX: Pharmacogenomics<br/>Testing</a>  | CGS        | KY, OH  | KY, OH                                       |
| <a href="#">L38335 MoIDX:<br/>Pharmacogenomics Testing</a>                | <a href="#">A57384 Billing and Coding:<br/>MoIDX: Pharmacogenomics<br/>Testing</a>  | Noridian   | AS, CA, GU, HI,<br>MP, NV   | AS, CA, GU, HI,<br>MP, NV                    |
| <a href="#">L38337 MoIDX:<br/>Pharmacogenomics Testing</a>                | <a href="#">A57385 Billing and Coding:<br/>MoIDX: Pharmacogenomics<br/>Testing</a>  | Noridian   | AK, AZ, ID, MT,<br>ND, OR, SD, UT,<br>WA, WY  | AK, AZ, ID, MT,<br>ND, OR, SD, UT,<br>WA, WY |

| LCD  | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|--|---|------------|--|--|
| <a href="#">L38294 MoIDX: Pharmacogenomics Testing</a> | <a href="#">A58318 Billing and Coding: MoIDX: Pharmacogenomics</a>        | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| <a href="#">L38435 MoIDX: Pharmacogenomics Testing</a> | <a href="#">A58395 Billing and Coding: MoIDX: Pharmacogenomics</a>        | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| <a href="#">L36665 MoIDX: ProMark Risk Score</a>       | <a href="#">A56957 Billing and Coding: MoIDX: ProMark Risk Score</a>      | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| <a href="#">L36704 MoIDX: ProMark Risk Score</a>       | <a href="#">A57515 Billing and Coding: MoIDX: ProMark Risk Score</a>      | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| <a href="#">L37011 MoIDX: ProMark Risk Score</a>       | <a href="#">A57587 Billing and Coding: MoIDX: ProMark Risk Score</a>      | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| <a href="#">L36706 MoIDX: ProMark Risk Score)</a>      | <a href="#">A57609 Billing and Coding: MoIDX: ProMark Risk Score</a>      | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L36675 MoIDX: ProMark Risk Score)</a>      | <a href="#">A57034 Billing and Coding: MoIDX- CDD: ProMark Risk Score</a> | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L38059 MoIDX: Prospera™</a>                | <a href="#">A57859 Billing and Coding: MoIDX: Prospera™</a>               | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L38041 MoIDX: Prospera™</a>                | <a href="#">A57825 Billing and Coding: MoIDX: Prospera™</a>               | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |

| LCD  | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|--|---|------------|--|--|
| <a href="#">L38174 MoIDX: Prospera™</a>                          | <a href="#">A57981 Billing and Coding: MoIDX: Prospera™</a>   | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A58045 Billing and Coding: Prospera™</a>  | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A58046 Billing and Coding: Prospera™</a>  | Noridian   |  |  |
| N/A  | <a href="#">A54901 Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next Generation Sequencing Testing in Cancer</a> | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a>   | <a href="#">A55197 Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next Generation Sequencing Testing in Cancer</a> | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A54795 Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer</a> | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A55624 Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer</a> | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A56518 Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer</a> | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L38039 MoIDX: TruGraf Blood Gene Expression Test</a> | <a href="#">A57350 Billing and Coding: MoIDX: TruGraf Blood Gene Expression Test</a>  | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |

| LCD  | Article  | Contractor                         | Medicare Part A  | Medicare Part B                        |
|--|--|------------------------------------|--|--|
| <a href="#">L38053 MoIDX: TruGraf Blood Gene Expression Test</a>                                 | <a href="#">A57446 Billing and Coding: MoIDX: TruGraf Blood Gene Expression Test</a>                                 | CGS                                | KY, OH   | KY, OH                                 |
| <a href="#">L38135 MoIDX: TruGraf Blood Gene Expression Test</a>                                 | <a href="#">A57746 Billing and Coding: MoIDX: Trugraf Blood Gene Expression Test</a>                                 | Noridian                           | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| <a href="#">L38137 MoIDX: TruGraf Blood Gene Expression Test</a>                                 | <a href="#">A57747 Billing and Coding: MoIDX: Trugraf Blood Gene Expression Test</a>                                 | Noridian                           | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L38160 MoIDX: TruGraf Blood Gene Expression Test</a>                                 | <a href="#">A57629 Billing and Coding: MoIDX: TruGraf® Blood Gene Expression Test</a>                                | WPS                                | 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 | IA, IN, KS, MI, MO, NE                 |
| <a href="#">L37733 Biomarker Testing (Prior to Initial Biopsy for Prostate Cancer Diagnosis)</a> | <a href="#">A56609 Billing and Coding: Biomarker Testing (Prior to Initial Biopsy) for Prostate Cancer Diagnosis</a> | National Government Services, Inc. | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI   | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a>                                   | <a href="#">A55137 Billing and Coding: MoIDX 4q25-AF Risk Genotype Testing</a>                                       | WPS                                | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A53457 Billing and Coding: MoIDX: 4q25-AF Risk Genotype</a>  | Palmetto                           | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A55090 Billing and Coding: MoIDX: 4q25-AF Risk Genotype</a>  | Noridian                           | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55091 Billing and Coding: MoIDX: 4q25-AF Risk Genotype</a>  | Noridian                           | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A54241 Billing and Coding: MoIDX: 4q25-AF Risk Genotype Guidelines</a>                                   | CGS                                | KY, OH   | KY, OH                                 |
| N/A  | <a href="#">A53657 Billing and Coding: MoIDX: 9p21 Genotype Test</a>   | Palmetto                           | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54242 Billing and Coding: MoIDX: 9p21 Genotype Test</a>   | CGS                                | KY, OH   | KY, OH                                 |

| LCD  | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|--|---|------------|--|--|
| N/A  | <a href="#">A55092 Billing and Coding: MoIDX: 9p21 Genotype Test</a>                          | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55093 Billing and Coding: MoIDX: 9p21 Genotype Test</a>                          | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55138 Billing and Coding: MoIDX: 9p21 Genotype Test</a>                          | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55088 Billing and Coding: MoIDX: Aspartoacyclase 2 Deficiency (ASPA) Testing</a> | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55089 Billing and Coding: MoIDX: Aspartoacyclase 2 Deficiency (ASPA) Testing</a> | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55142 Billing and Coding: MoIDX: Aspartoacyclase 2 Deficiency (ASPA) Testing</a> | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A53602 Billing and Coding: MoIDX: Aspartoacyclase 2 Deficiency (ASPA) Testing</a> | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54253 Billing and Coding: MoIDX: Aspartoacyclase 2 Deficiency (ASPA) Testing</a> | CGS        | KY, OH   | KY, OH                                 |
| N/A  | <a href="#">A53550 Billing and Coding: MoIDX: ATP7B Gene Tests</a>                            | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54254 Billing and Coding: MoIDX: ATP7B Gene Tests</a>                            | CGS        | KY, OH   | KY, OH                                 |
| N/A  | <a href="#">A55097 Billing and Coding: MoIDX: ATP7B Gene Tests</a>                            | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55098 Billing and Coding: MoIDX: ATP7B Gene Tests</a>                            | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |

| LCD  | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|--|---|------------|--|--|
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55143 Billing and Coding: MoIDX: ATP7B Gene Tests</a>        | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A53484 Billing and Coding: MoIDX: BluePrint® Test</a>         | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54257 Billing and Coding: MoIDX: BluePrint® Test</a>         | CGS        | KY, OH   | KY, OH                                 |
| N/A  | <a href="#">A55115 Billing and Coding: MoIDX: BluePrint® Test</a>         | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55116 Billing and Coding: MoIDX: BluePrint® Test</a>         | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55146 Billing and Coding: MoIDX: BluePrint® Test</a>         | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | A53615 Billing and Coding: MoIDX: CFTR Gene Analysis Retired 08/06/2020   | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | A54258 (Billing and Coding: MoIDX: CFTR Gene Analysis Retired 08/11/2020) | CGS        | KY, OH   | KY, OH                                 |
| N/A  | A55117 Billing and Coding: MoIDX: CFTR Gene Analysis Retired 11/04/2020   | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | A55118 Billing and Coding: MoIDX: CFTR Gene Analysis Retired 11/04/2020   | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |

| LCD  | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|--|---|------------|--|--|
| L36807 MoIDX: Molecular Diagnostic Tests (MDT)                 | A55156 Billing and Coding: MoIDX: CFTR Gene Analysis Retired 08/06/2020         | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A53565 Billing and Coding: MoIDX: CHD7 Gene Analysis</a>            | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A55085 Billing and Coding: MoIDX: CHD7 Gene Analysis</a>            | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55157 Billing and Coding: MoIDX: CHD7 Gene Analysis</a>            | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A54243 Billing and Coding: MoIDX: CHD7 Gene Analysis Guidelines</a> | CGS        | KY, OH   | KY, OH                                 |
| N/A  | <a href="#">A55086 MoIDX: CHD7 Gene Analysis Coding and Billing Guidelines</a>  | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | A53556 Billing and Coding: MoIDX: CYP2B6 Test Retired 11/04/2020                | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | A54260 Billing and Coding: MoIDX: CYP2B6 Test) Retired 08/02/2020               | CGS        | KY, OH   | KY, OH                                 |
| N/A  | A55177 Billing and Coding: MoIDX: CYP2B6 Test Retired 11/04/2020                | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | A55178 Billing and Coding: MoIDX: CYP2B6 Test Retired 11/04/2020                | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |



| LCD  | Article  | Contractor | Medicare Part A  | Medicare Part B                        |
|--|--|------------|--|--|
| L36807 MoIDX: Molecular Diagnostic Tests (MDT)                                       | A55234 Billing and Coding: MoIDX: CYP2B6 Test Retired 11/04/2020   | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| L35072 MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing Retired 07/25/2020 | A56842 Billing and Coding: MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing Retired 07/25/2020 | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| L35332 MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing Retired 07/25/2020 | A56864 Billing and Coding: MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing Retired 07/25/2020 | CGS        | KY, OH   | KY, OH                                 |
| L36310 MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing Retired 08/16/2020 | A57378 Billing and Coding: MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing Retired 08/16/2020 | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| L36312 MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing Retired 08/16/2020 | A57522 Billing and Coding: MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing Retired 08/16/2020 | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| L36398 MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing Retired 07/25/2020 | A57717 Billing and Coding: MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing Retired 07/25/2020 | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A53536 Billing and Coding: MoIDX: ENG and ACVRL1 Gene Tests</a>                              | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54262 Billing and Coding: MoIDX: ENG and ACVRL1 Gene Tests</a>                              | CGS        | KY, OH   | KY, OH                                 |

| LCD  | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|--|---|------------|--|--|
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55159 Billing and Coding: MoIDX: ENG and ACVRL1 Gene Tests</a> | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55181 Billing and Coding: MoIDX: ENG and ACVRL1 Gene Tests</a> | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55182 Billing and Coding: MoIDX: ENG and ACVRL1 Gene Tests</a> | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53619 Billing and Coding: MoIDX: HAX1 Gene Sequencing</a>      | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54266 Billing and Coding: MoIDX: HAX1 Gene Sequencing</a>      | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55165 Billing and Coding: MoIDX: HAX1 Gene Sequencing</a>      | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55249 Billing and Coding: MoIDX: HAX1 Gene Sequencing</a>      | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55252 Billing and Coding: MoIDX: HAX1 Gene Sequencing</a>      | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53480 Billing and Coding: MoIDX: HTTLPR Gene Testing</a>       | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54269 Billing and Coding: MoIDX: HTTLPR Gene Testing</a>       | CGS        | KY, OH   | KY, OH                                 |

| LCD  | Article  | Contractor | Medicare Part A  | Medicare Part B                        |
|--|--|------------|--|--|
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55169 Billing and Coding: MoIDX: HTTLPR Gene Testing</a>  | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55264 Billing and Coding: MoIDX: HTTLPR Gene Testing</a>  | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55265 Billing and Coding: MoIDX: HTTLPR Gene Testing</a>  | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53576 Billing and Coding: MoIDX: KIF6 Genotype</a>        | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54272 Billing and Coding: MoIDX: KIF6 Genotype</a>        | CGS        | KY, OH   | KY, OH                                 |
| N/A  | <a href="#">A55171 Billing and Coding: MoIDX: KIF6 Genotype</a>        | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55272 Billing and Coding: MoIDX: KIF6 Genotype</a>        | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55273 Billing and Coding: MoIDX: KIF6 Genotype</a>        | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53467 Billing and Coding: MoIDX: LPA-Aspirin Genotype</a> | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54275 Billing and Coding: MoIDX: LPA-Aspirin Genotype</a> | CGS        | KY, OH   | KY, OH                                 |

| LCD  | Article  | Contractor | Medicare Part A  | Medicare Part B                        |
|--|--|------------|--|--|
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55173 Billing and Coding: MoIDX: LPA-Aspirin Genotype</a>   | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55279 Billing and Coding: MoIDX: LPA-Aspirin Genotype</a>   | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55280 Billing and Coding: MoIDX: LPA-Aspirin Genotype</a>   | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53468 Billing and Coding: MoIDX: LPA-Intron 25 Genotype</a> | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54276 Billing and Coding: MoIDX: LPA-Intron 25 Genotype</a> | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55174 Billing and Coding: MoIDX: LPA-Intron 25 Genotype</a> | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55281 Billing and Coding: MoIDX: LPA-Intron 25 Genotype</a> | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55282 Billing and Coding: MoIDX: LPA-Intron 25 Genotype</a> | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53574 Billing and Coding: MoIDX: MECP2 Genetic</a>          | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54278 Billing and Coding: MoIDX: MECP2 Genetic Testing</a>  | CGS        | KY, OH   | KY, OH                                 |

| LCD  | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|--|---|------------|--|--|
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55189 Billing and Coding: MoIDX: MECP2 Genetic Testing</a>                       | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55285 MoIDX: MECP2 Genetic Testing Billing and Coding Guidelines</a>             | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55286 MoIDX: MECP2 Genetic Testing Billing and Coding Guidelines</a>             | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53669 Billing and Coding: MoIDX: Mitochondrial Nuclear Gene Tests</a>            | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55190 Billing and Coding: MoIDX: Mitochondrial Nuclear Gene Tests</a>            | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55290 Billing and Coding: MoIDX: Mitochondrial Nuclear Gene Tests</a>            | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55291 Billing and Coding: MoIDX: Mitochondrial Nuclear Gene Tests</a>            | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A54288 Billing and Coding: MoIDX: Mitochondrial Nuclear Gene Tests Guidelines</a> | CGS        | KY, OH   | KY, OH                                 |
| N/A  | <a href="#">A53585 Billing and Coding: MoIDX: NSD1 Gene Tests</a>                             | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54291 Billing and Coding: MoIDX: NSD1 Gene Tests</a>                             | CGS        | KY, OH   | KY, OH                                 |

| LCD  | Article  | Contractor | Medicare Part A  | Medicare Part B                        |
|--|--|------------|--|--|
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a>     | <a href="#">A55198 Billing and Coding: MoIDX: NSD1 Gene Tests</a>                      | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55609 Billing and Coding: MoIDX: NSD1 Gene Tests</a>                      | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55615 Billing and Coding: MoIDX: NSD1 Gene Tests</a>                      | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53664 Billing and Coding: MoIDX: PAX6 Gene Sequencing</a>                 | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a>     | <a href="#">A55199 Billing and Coding: MoIDX: PAX6 Gene Sequencing</a>                 | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A54293 Billing and Coding: MoIDX: PAX6 Gene Sequencing Guidelines</a>      | CGS        | KY, OH   | KY, OH                                 |
| N/A  | <a href="#">A55625 MoIDX: PAX6 Gene Sequencing Billing and Coding Guidelines</a>       | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55632 MoIDX: PAX6 Gene Sequencing Billing and Coding Guidelines</a>       | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L37260 MoIDX: Prometheus IBD sqi Diagnostic Policy</a> | <a href="#">A56933 Billing and Coding: MoIDX: Prometheus IBD sqi Diagnostic Policy</a> | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A56940 Billing and Coding: MoIDX: Prometheus IBD sqi Diagnostic Policy</a> | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L37299 MoIDX: Prometheus IBD sqi Diagnostic Policy</a> | <a href="#">A57516 Billing and Coding: MoIDX: Prometheus IBD sqi Diagnostic Policy</a> | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |

| LCD  | Article  | Contractor | Medicare Part A  | Medicare Part B                        |
|--|--|------------|--|--|
| <a href="#">L37313 MoIDX: Prometheus IBD sgi Diagnostic Policy</a> | <a href="#">A57517 Billing and Coding: MoIDX: Prometheus IBD sgi Diagnostic Policy</a> | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L37539 MoIDX: Prometheus IBD sgi Diagnostic Policy</a> | <a href="#">A57588 Billing and Coding: MoIDX: Prometheus IBD sgi Diagnostic Policy</a> | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A53567 Billing and Coding: MoIDX: PTCH1 Gene Testing</a>                   | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54297 Billing and Coding: MoIDX: PTCH1 Gene Testing</a>                   | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a>     | <a href="#">A55203 Billing and Coding: MoIDX: PTCH1 Gene Testing</a>                   | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55608 Billing and Coding: MoIDX: PTCH1 Gene Testing</a>                   | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55618 Billing and Coding: MoIDX: PTCH1 Gene Testing</a>                   | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53587 Billing and Coding: MoIDX: RPS19 Gene Tests</a>                     | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54299 Billing and Coding: MoIDX: RPS19 Gene Tests</a>                     | CGS        | KY, OH   | KY, OH                                 |

| LCD  | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|--|---|------------|--|--|
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55205 Billing and Coding: MoIDX: RPS19 Gene Tests</a>        | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55610 Billing and Coding: MoIDX: RPS19 Gene Tests</a>        | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55614 Billing and Coding: MoIDX: RPS19 Gene Tests</a>        | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53538 Billing and Coding: MoIDX: SULT4A1 Genetic Testing</a> | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54283 Billing and Coding: MoIDX: SULT4A1 Genetic Testing</a> | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55210 Billing and Coding: MoIDX: SULT4A1 Genetic Testing</a> | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55596 Billing and Coding: MoIDX: SULT4A1 Genetic Testing</a> | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55601 Billing and Coding: MoIDX: SULT4A1 Genetic Testing</a> | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53589 Billing and Coding: MoIDX: TERC Gene Tests</a>         | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54282 Billing and Coding: MoIDX: TERC Gene Tests</a>         | CGS        | KY, OH   | KY, OH                                 |



| LCD  | Article  | Contractor | Medicare Part A  | Medicare Part B                        |
|--|--|------------|--|--|
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a>               | <a href="#">A55211 Billing and Coding: MoIDX: TERC Gene Tests</a>                                | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55611 Billing and Coding: MoIDX: TERC Gene Tests</a>                                | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55616 Billing and Coding: MoIDX: TERC Gene Tests</a>                                | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A53548 Billing and Coding: MoIDX: VEGFR2 Tests</a>                                   | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A54279 Billing and Coding: MoIDX: VEGFR2 Tests</a>                                   | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a>               | <a href="#">A55232 Billing and Coding: MoIDX: VEGFR2 Tests</a>                                   | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A55468 Billing and Coding: MoIDX: VEGFR2 Tests</a>                                   | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55469 Billing and Coding: MoIDX: VEGFR2 Tests</a>                                   | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L38016 MoIDX: Melanoma Risk Stratification Molecular Testing</a> | <a href="#">A57165 Billing and Coding: MoIDX: Melanoma Risk Stratification Molecular Testing</a> | CGS        | KY, OH   | KY, OH                                 |
| <a href="#">L37725 MoIDX: Melanoma Risk Stratification Molecular Testing</a> | <a href="#">A56961 Billing and Coding: MoIDX: Melanoma Risk Stratification Molecular Testing</a> | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |

| LCD  | Article  | Contractor | Medicare Part A  | Medicare Part B                        |
|--|--|------------|--|--|
| <a href="#">L38018 MoIDX: Melanoma Risk Stratification Molecular Testing</a> | <a href="#">A56961 Billing and Coding: MoIDX: Melanoma Risk Stratification Molecular Testing</a> | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A57417 Billing and Coding: MoIDX: DecisionDx-Melanoma</a>                            | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A57418 Billing and Coding: MoIDX: DecisionDx-Melanoma</a>                            | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A55293 Billing and Coding: MoIDX: myPap™</a>   | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| N/A  | <a href="#">A54290 Billing and Coding: MoIDX: myPap™</a>   | CGS        | KY, OH   | KY, OH                                 |
| N/A  | <a href="#">A55292 Billing and Coding: MoIDX: myPap™</a>   | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A53544 Billing and Coding: MoIDX: myPap™</a>   | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a>               | <a href="#">A55195 Billing and Coding: MoIDX: myPap™</a>   | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A54187 Billing and Coding: MoIDX: Avise PG Assay</a>                                 | CGS        | KY, OH   | KY, OH                                 |

| LCD  | Article   | Contractor | Medicare Part A  | Medicare Part B                        |
|--|---|------------|--|--|
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55144 Billing and Coding: MoIDX: Advise PG Assay</a>                         | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| <a href="#">L35025 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A53100 Billing and Coding: MoIDX: Advise PG Assay</a>                         | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| <a href="#">L35160 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A54376 Billing and Coding: MoIDX: Advise PG Assay</a>                         | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| <a href="#">L36256 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A54378 Billing and Coding: MoIDX: Advise PG Assay</a>                         | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| <a href="#">L36807 MoIDX: Molecular Diagnostic Tests (MDT)</a> | <a href="#">A55172 Billing and Coding: MoIDX: know error<sup>o</sup></a>                  | WPS        | 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 | IA, IN, KS, MI, MO, NE                 |
| N/A  | <a href="#">A54273 Billing and Coding: MoIDX: know error<sup>o</sup></a>                  | CGS        | KY, OH   | KY, OH                                 |
| N/A  | <a href="#">A53554 Billing and Coding: MoIDX: know error<sup>o</sup></a>                  | Palmetto   | AL, GA, NC, SC, TN, VA, WV   | AL, GA, NC, SC, TN, VA, WV             |
| N/A  | <a href="#">A55274 MoIDX: Know error<sup>o</sup> Billing and Coding Guidelines Update</a> | Noridian   | AS, CA, GU, HI, MP, NV   | AS, CA, GU, HI, MP, NV                 |
| N/A  | <a href="#">A55275 MoIDX: Know error<sup>o</sup> Billing and Coding Guidelines Update</a> | Noridian   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY   | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |

## CMS Claims Processing Manual

[Chapter 26: § 10.4-Items 14-33-Provider of Service or Supplier Information Instructions for Not Otherwise Classified \(NOC\) Codes](#)

## UnitedHealthcare Commercial Policy

[Pharmacogenetic Testing](#)

## Other(s)

[Billing and Describing Not Otherwise Classified \(NOC\) Codes, WPS](#)  
[Instructions for Use of Not Otherwise Classified or Unlisted Codes, NGS](#)  
[Unlisted and Not Otherwise Classified Code Billing, Noridian](#)

## Guideline History/Revision Information

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

| Date       | Summary of Changes  |
|------------|---|
| 04/14/2021 | <p><b>Policy Summary</b></p> <p><i>Covered Indications</i></p> <p><b>For CPT Code 81479 (Biomarkers for Oncology)</b></p> <ul style="list-style-type: none"><li>Revised list of examples of biomarkers for oncology testing; removed SF3B1</li></ul> <p><b>APC and MUTYH Gene Testing (<i>new to policy</i>)</b></p> <ul style="list-style-type: none"><li>Added language to indicate APC and MUTYH gene testing is reasonable and necessary for individuals suspected to have Familial Adenomatous Polyposis (FAP), Attenuated FAP (AFAP), or MYH-associated polyposis (MAP) with a personal history of <math>\geq 20</math> adenomas over a lifetime</li></ul> <p><b>Envisia Genomic Classifier (<i>removed</i>)</b></p> <ul style="list-style-type: none"><li>Removed content/language addressing Envisia Genomic Classifier assay</li></ul> <p><i>Non-Covered Indications</i></p> <ul style="list-style-type: none"><li>Revised list of non-covered indications for:<ul style="list-style-type: none"><li>CPT code 81479; removed Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) Testing</li><li>CPT code 84999; removed In Vitro Chemosensitivity &amp; Chemoresistance Assays</li></ul></li></ul> <p><b>Applicable Codes</b></p> <p><i>Molecular Pathology/Genetic Testing Reported with Unlisted Codes: Diagnosis Codes</i></p> <ul style="list-style-type: none"><li>For CPT code 81479 (APC and MUTYH Gene Testing): Added C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C19, C20, D12.0, D12.1, D12.2, D12.3, D12.4, D12.5, D12.7, D12.8, Z85.038, and Z86.010</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG383.03</li></ul> |

## Purpose

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

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

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

## Terms and Conditions

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

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

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

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

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

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

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