

Chromosome Microarray Testing (Non-Oncology Conditions) (for Indiana Only)

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[Instructions for Use](#)

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Related Policies

- [Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions \(for Indiana Only\)](#)

Application

This Medical Policy only applies to the state of Indiana.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [Indiana Health Coverage Programs Genetic Testing Provider Reference Module](#).

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 policy 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 federal, state, or contractual requirements 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
0156U	Copy number (e.g., intellectual disability, dysmorphology), sequence analysis
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis

CPT Code	Description
81479	Unlisted molecular pathology procedure

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HCPCS Code	Description
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability

References

Indiana Health Coverage Programs Provider Reference Module for Genetic Testing, Chromosomal Microarray Analysis <https://www.in.gov/medicaid/files/genetic%20testing.pdf>. Accessed May 12, 2021.

Policy History/Revision Information

Date	Summary of Changes
01/01/2022	<p>Applicable Codes</p> <ul style="list-style-type: none"> Updated list of applicable CPT codes to reflect annual edits: <ul style="list-style-type: none"> Added 81349 Revised description for 81228 and 81229 <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version CS017IN.03

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.