

Genetic Testing

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Committee Approval Date: February 14, 2024
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[➔ Instructions for Use](#)

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Related Medicare Advantage Policy Guidelines
• Blood Product Molecular Antigen Typing
• Genetic Testing for Cardiovascular Disease
• Genetic Testing for Hereditary Cancer
• Molecular Pathology/Genetic Testing Reported with Unlisted Codes
• Molecular Pathology/Molecular Diagnostics/Genetic Testing
• Pharmacogenomics Testing
• Tier 2 Molecular Pathology Procedures

Related Medicare Advantage Reimbursement Policy
• Molecular Pathology Policy, Professional and Facility

Coverage Guidelines

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

Notes:

- The guidelines in this Coverage Summary are for specific procedures only. For procedures not addressed in this Coverage Summary, refer to the [Medicare Coverage Database to](#) search for applicable coverage policies (National Coverage Determinations, Local Coverage Determinations and Local Coverage Articles).
- Screening services, such as predictive and pre-symptomatic genetic tests and services, are those used to detect an undiagnosed disease or disease predisposition, and as such are not a Medicare benefit and not covered by Medicare. However, Medicare does cover a broad range of legislatively mandated preventive services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided. These services can be found on the CMS website at http://www.cms.hhs.gov/prevntiongeninfo/01_overview.asp. (Accessed November 15, 2023)

Tumor Markers

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

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

(Accessed November 15, 2023)

Cytogenetic Studies

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

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

Refer to the [National Coverage Determination \(NCD\) for Cytogenetic Studies \(190.3\)](#). (Accessed November 15, 2023)

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

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

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

Other Molecular Diagnostic Genetic Tests

MyPRS™ Test for Multiple Myeloma Gene Expression Profile (CPT Code 81479)

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

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

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

PancaGEN® (Powered by Pathfinder TG) (CPT Code 81479)

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

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

Notes:

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

(Accessed November 20, 2023)

Next Generation Sequencing (NGS)

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

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these LCDs/LCAs is required where applicable. These policies are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. (Accessed November 15, 2023)

Vectra™ DA (CPT Code 81490)

Medicare does not have a National Coverage Determination (NCD) for Vectra DA. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/search.aspx>.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 12, 2024)

Pharmacogenomic Testing for Warfarin Response (CYP2C9 and VKORC1) (CPT Codes G9143, 81227, and 81355)

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

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

For payment rules for NCDs requiring CED. [Medicare Managed Care Manual, Chapter 4, Section 10.7.3 – Payment for Clinical Studies Approved Under Coverage with Evidence Development \(CED\)](#).

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

(Accessed November 15, 2023)

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

Supporting Information

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed January 22, 2024

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

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

Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
4Kscore® Assay	81539	L36763 (A56932)				L37792 (A56653)	L37733 (A56609)	L37798 (A56287)
4q25-AF Risk Genotype Coding	81479	A53457	A55091 A55090	L36021 (A54241)	L36807 (A55137)			

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
9p21 Genotype Test	81479	A53657	A55093 A55092	L36021 (A54242)	L36807 (A55138)			
Abbott RealTime IDH1 and IDH2 testing for Acute Myeloid Leukemia (AML)	81120 81121	L35025 (A55695)	L35160 (A55711) L36256 (A55712)	L36021 (A55716)	L36807 (A55738)	L35396 (A52986)	L35000 (A56199)	L34519 (A57451)
ABL1 Gene Analysis	81170	L35025 (A56853)	L36256 (A57527) L35160 (A57526)	L36021 (A56973)	L36807 (A57772)			
Afirma™ Assay by Veracyte	81546	L35025 (A53098)	L35160 (A54356) L36256 (A54358)	L36021 (A54185)	L36807 (A55138)	L35396 (A52986)	L35000 (A56199)	L39367 (A59123)
ApoE Genotype	81401	A53652	L36358 (A55094) L36362 (A55095)	L36021 (A54244)	L36807 (A55141)	L35396 (A52986)	L35000 (A56199)	L34519 (A57451)
Aspartoacylase 2 Deficiency (ASPA) Testing	81200 81412 81443 81479	A53602	A55089 A55088	L36021 (A54253)	L36807 (A55142)		L35000 (A56199)	L34519 (A58918)
ATP7B Gene Tests	81406 81443 81479	A53550	A55097 A55098	L36021 (A54254)	L36807 (A55143)		L35000 (A56199)	L34519 (A58918)
BCKDHB Gene Test	81205 81206 81443	A53600	A55100 A55099	L36021 (A54255)	L36807 (A55145)		L35000 (A56199)	L34519 (A58918)
BCR-ABL Negative Myeloproliferative Disease	81206 81207 81208 81219 81270 81279 81338 81339 81450 81479 0027U 0040U	L36044 (A56959)	L36180 (A57421) L36186 (A57422)	L36117 (A56999)	L36815 (A57570)			L34519 (A58918)

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
BDX-XL2	0080U	L37031 (A56929)	L37054 (A57356) L37062 (A57357)		L37216 (A57558)			
Biomarkers in Cardiovascular Risk Assessment	81439 82172 82610 83090 83695 83698 83700 83701 83704 83719 83721 86141	L36129 (A56943)	L36358 (A57037) L36362 (A57055)	L36139 (A57386)	L36523 (A57559)		L35000 (A56199)	
bioTheranostics CancerTYPE ID®	81540	L35025 (A53101)	L35160 (A54386) L36256 (A54388)	L36021 (A54188)	L36807 (A55147)	L35396 (A52986)	L35000 (A56199)	L34519 (A58918)
Lab: Bladder/Urothelial Tumor Markers	88120 88121 86294 86316 86386	L33420 (A53095)	L36678 (A55028) L36680 (A55029)	L36975 (A56471)	L36807 (A56332)			
BLM Gene Analysis	81209 81443	A53540	A55114 A55113	L36021 (A54256)	L36807 (A55148)		L35000 (A56199)	L34519 (A58918)
Blood Product Molecular Antigen Typing	81105 81106 81107 81108 81109 81110 81111 81112 81403 0001U 0084U 0180U 0181U 0182U	L38240 (A58308)	L38331 (A57124) L38333 (A57376)	L38249 (A57155)	L38441 (A57110)		L35000 (A56199)	L34519 (A58918)

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Blood Product Molecular Antigen Typing	0183U	L38240	L38331	L38249	L38441		L35000	L34519
	0184U	(A58308)	(A57124)	(A57155)	(A57110)		(A56199)	(A58918)
	0185U		L38333					
	0186U		(A57376)					
	0187U							
	0188U							
	0189U							
	0190U							
	0191U							
	0192U							
	0193U							
	0194U							
	0195U							
	0196U							
	0197U							
	0198U							
	0199U							
	0200U							
0201U								
0221U								
0222U								
BluePrint®	81479	A53484	A55116 A55115	L36021 (A54257)	L36807 (A55146)			
Breast Cancer Assay: Prosigna	81520	L36125 (A56949)	L36380 (A57363) L36386 (A57364)	L36425 (A56989)	L36811 (A57560)		L35000 (A56199)	L34519 (A58918)
Breast Cancer Index® (BCI) Gene Expression Test	81518	L37794 (A56875)	L37822 (A57773) L37824 (A57774)	L37832 (A56884)	L37913 (A56335)		L35000 (A56199)	L34519 (A58918)
CDH1 Genetic Testing	81406	A54835	A55971 A55970	A54878	L36807 (A55622)		L35000 (A56199)	L34519 (A58918)
CHD7 Gene Analysis	81407 81479	A53565	A55085 A55086	L36021 (A54243)	L36807 (A55157)		L35000 (A56199)	L34519 (A58918)
Cystatin C Measurement	82610	L37581 (A56948)	L37616 (A57643) L37618 (A57644)	A56988				L37561 (A57682)

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Melanoma Risk Stratification Molecular Testing	81479	L37725	L37748	L38016	L38018	L35062	L35000	L34519
	81599	(A56961)	(A57417)	(A56990)	(A56636)	(A58917)	(A56199)	(A58918)
	81529		L37750 (A57418)					
DecisionDx-UM (Uveal Melanoma)	81552	L37033 (A56906)	L37070	L37130	L37210	L35062	L35000	L34519
			(A57621)	(A56981)	(A57566)	(A58917)	(A56199)	(A58918)
			L37072 (A57622)					
EndoPredict Breast Cancer Gene Expression Test	81522	L37264 (A56963)	L37295	L37356	L37663	L35062	L35000	L34519
			(A57607)	(A56997)	(A57567)	(A58917)	(A56199)	(A58918)
			L37311 (A57608)					
ENG and ACVRL1 Gene Tests	81405	A53536	A55181	A54262	L36807	L35062	L35000	L34519
	81406		A55182		(A55159)	(A58917)	(A56199)	(A58918)
	81479							
Envisia™, Veracyte™, Idiopathic Pulmonary Fibrosis Diagnostic Test	81554	L37857 (A56898)	L37887	L37905	L37919	L35062	L35000	L34519
			(A57419)	(A56985)	A57568)	(A58917)	(A56199)	(A58918)
			L37891 (A57420)					
FANCC Genetic Testing	81242	A53628	A55183	A54263	L36807	L35062	L35000	L34519
	81412		A55184		(A55160)	(A58917)	(A56199)	(A58918)
	81443							
FDA Approved CLL Companion Diagnostic Test	88374	A56008	A56009	A56050	A56020			
	88377		A56013					
	88271							
	88275							
	88291							
FDA-Approved BRAF Tests	81210	L35025 (A54018)	L35160	L36021	L36807	L35396	L35000	L34519
			(A54418)	(A54191)	(A55161)	(A52986)	(A56199)	(A57451)
			L36256 (A54420)					L34912 (A57439)
FDA-Approved EGFR Tests	81235	L35025 (A54021)	L36256	L36021	L36807	L35396	L35000	L34519
			(A54424)	(A54192)	(A55193)	(A52986)	(A56199)	(A57451)
			L35160 (A54422)					
FDA-Approved KRAS Tests	81275	L35025	L35160	L36021	L36807	L35396	L35000	L34519
	81276	(A54472)	(A57527)	(A54688)	(A55162)	(A52986)	(A56199)	(A57451)
	81479		L36256 (A57526)					

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed January 22, 2024

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

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Fragile X	81243	A53638	A55242	L36021	L36807	L35062	L35000	L34519
	81244		A55241	(A54264)	(A55163)	(A58917)	(A56199)	(A58918)
	81470							
	81471							
GBA Genetic Testing	81251	A53542	A55243	L36021	L36807	L35062	L35000	L34519
			A55244	(A54265)	(A55164)	(A58917)	(A56199)	(A58918)
Germline testing for use of PARP inhibitors	81162	A54338	A55294	A54689	A55224	L35062	L35000	L34519
	81479		A55295			(A58917)	(A56199)	(A58918)
GlycoMark® Testing for Glycemic Control	84378	L36761 (A56872)	L36864	L36906				
	84999		(A57237) L36866 (A57238)	(A56565)				
HAX1 Gene Sequencing	81479	A53619	A55249 A55252	L36021 (A54266)	L36807 (A55165)		L35000 (A56199)	
HBB Gene Test	81361	A53493	A55253	L36021	L36807	L35062	L35000	L34519
	81362		A55254	(A54267)	(A55166)	(A58917)	(A56199)	(A58918)
	81363							
	81364							
	81443							
HEXA Gene Analysis	81255	A53598	A55255	L36021	L36807	L35062	L35000	L34519
	81406		A55256	(A54268)	(A55168)	(A58917)	(A56199)	(A58918)
	81412							
	81443							
HLA-DQB1*06:02 Testing for Narcolepsy	81383	L36464 (A56857)	L36544	L36485	L37003	L35062	L35000	L34519
			(A57441) L36551 (A57465)	(A56881)	(A57575)	(A58917)	(A56199)	(A58918)
HLA Testing for Transplant Histocompatibility	81370	A56859	A57970	A56885	A57851	L35062	L35000	L34519
	81371		A57972			(A58917)	(A56199)	(A58918)
	81372							
	81373							
	81375							
	81376							
	81378							
	81379							
	81380							
81382								
HTTLPR Gene Testing	81479	A53480	A55264 A55265	L36021 (A54269)	L36807 (A55169)			

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Hypercoagulability/Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)	81240	L36089	L36155	L35984	L36400	L35062	L35000	L34519
	81241	(A56899)	A57423)	(A56980)	(A57571)	(A58917)	(A56199)	(A58918)
	81291		L36159 (A57424)					
IKBKAP Genetic Testing	81260	A53596	A55612	L36021	L36807	L35062	L35000	L34519
	81412		A55613	(A54270)	(A55170)	(A58917)	(A56199)	(A58918)
	81443							
Immunohistochemistry (IHC) Indications for Breast Pathology	88312	L35922	L36353		L36805			
	88313	(A56838)	(A57614)		(A57733)			
	88341		L36351					
	88342		(A57611)					
	88344							
	88360 88361							
Inivata™, InVisionFirst®, Liquid Biopsy for Patients with Lung Cancer	81479	L37870	L37897	L37903	L37921	L35062		L34519
	0388U	(A56924)	(A57664) L37899 (A57665)	(A56982)	(A56333)	(A58917)		(A58918)
KIF6 Genotype	81479	A53576	A55273 A55272	L36021 (A54272)	L36807 (A55171)		L35000 (A56199)	
Know error®	84999	A53554	A55274 A55275	L36021 (A54273)	L36807 (A55172)			
Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	81202	L38966	L38972	L39017	L39040	L35062	L35000	L34519
	81215	(A58652)	(A58679)	(A58734)	(A58756)	(A58917)	(A56199)	(A58918)
	81217		L38974					
	81293		(A58681)					
	81296							
	81299							
	81308							
	81318							
	81322							
	81353							
	81403							
	81404							
	81405							
	81406							
	81432							
	81433							
81435								
81436								

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	81437	L38966	L38972	L39017	L39040	L35062	L35000	L34519
	81438	(A58652)	(A58679)	(A58734)	(A58756)	(A58917)	(A56199)	(A58918)
	81479		L38974					
	0101U		(A58681)					
	0102U							
	0103U							
	0129U							
	81163							
	81164							
	81165							
	81166							
	81167							
	81201							
	81203							
	81212							
	81216							
	81292							
	81294							
	81295							
	81297							
81298								
81300								
81307								
81317								
81319								
81321								
81323								
81351								
L1CAM Gene Sequencing	81407	A53659	A55277	L36021	L36807	L35062	L35000	L34519
	81470		A55278	(A54274)	(A55192)	(A58917)	(A56199)	(A58918)
	81471							
LPA-Aspirin Genotype	81479	A53467	A55280 A55279	L36021 (A54275)	L36807 (A55173)			
LPA-Intron 25 Genotype	81479	A53468	A55282 A55281	L36021 (A54276)	L36807 (A55174)		L35000 (A56199)	
MammaPrint	81521	L35025 (A53104)	L36256 (A54447) L35160 (A54445)	L36021 (A54194)	L36807 (A55175)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
MCOLN1 Genetic Testing	81290	A53630	A55283	L36021	L36807	L35062	L35000	L34519
	81412		A55284	(A54277)	(A55176)	(A58917)	(A56199)	(A58918)
	81443							
MDS FISH	88271	L37602 (A56913)	L37620	L37608	L37772			
	88273		(A57661)	(A56926)	(A57576)			
	88274		L37622					
	88275		(A57662)					
	88291							
MECP2 Genetic Testing	81302	A53574	A55285	L36021	L36807	L35062	L35000	L34519
	81303		A55286	(A54278)	(A55189)	(A58917)	(A56199)	(A58918)
	81304							
	81470							
	81471							
	81479							
Melanoma Risk Stratification Molecular Testing	81479	L37725 (A56961)	L37748	L38016	L38018	L35062	L35000	L34519
	81529		(A57268)	(A57165)	(A56636)	(A58917)	(A56199)	(A58918)
	81599		L37750 (A57290)					
MGMT Promoter Methylation Analysis	81287	L35974 (A56941)	L36188	L36113	L37001	L35062	L35000	L34519
			(A57432)	(A56983)	(A57577)	(A58917)	(A56199)	(A58918)
Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker for Patients with Unresectable or Metastatic Solid Tumors	81301	A56072	A56103	A56106	A56501			A57450
	81479		A56104					
	88341							
	88342							
Minimal Residual Disease Testing for Solid Tumor	81445	L38779 (A58376)	L38816	L38822	L38835	L35062		L34519
	81479		(A58456)	(A58434)	(A58468)	(A58917)	(A58918)	
	0340U		L38814 (A58454)					
Mitochondrial Nuclear Gene Tests	81479	A53669	A55290 A55291	L36021 (A54288)	L36807 (A55190)		L35000 (A56199)	
MMACHC Test	81404	A54035	A55288 A55289	L36021 (A54209)	L36807 (A55191)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Molecular Assays for the Diagnosis of Cutaneous Melanoma	0090U	L39345	L39375	L39389	L39479	L35062		L34519
	0314U	(A59109)	(A59181)	(A59163)	(A59261)	(A58917)		(A58918)
	81479		L39373 (A59179)					
Molecular Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer	81313	L38985	L39007	L38997	L39042	L35062		L34519
	81479	(A58700)	(A58724)	(A58713)	(A58759)	(A58917)		(A58918)
	81551 0339U		L39005 (A58718)					
Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing	U0001	L38988	L39003	L39038	L39044			
	U0002	(A58710)	(A58726)	(A58747)	(A58761)			
	0115U		L39001					
	0202U		(A58720)					
	0223U							
	0225U							
	0240U							
	0241U							
	0352U							
	0353U							
	0402U							
	81513							
	81514							
	87149							
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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing	87492	L38988	L39003	L39038	L39044			
	87493	(A58710)	(A58726)	(A58747)	(A58761)			
	87495		L39001					
	87496		(A58720)					
	87497							
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	87501							
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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing	87556	L38988	L39003	L39038	L39044			
	87557	(A58710)	(A58726)	(A58747)	(A58761)			
	87560		L39001					
	87561		(A58720)					
	87562							
	87563							
	87580							
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87801								
87999								
Molecular Testing for Detection of Upper Gastrointestinal Metaplasia, Dysplasia, and Neoplasia	81479 0114U	L39256 (A59015)	L39262 (A59032) L39264 (A59034)	L39276 (A59051)	L39356 (A59121)	L35062 (A58917)		L34519 (A58918)

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Molecular Testing for Solid Organ Allograft Rejection	81479	L38568	L38671	L38582	L38680	L35062	L35000	L34519
	81595	(A58019)	(A58170)	(A58061)	(A58207)	(A58917)	(A56199)	(A58918)
	81599		L38629					
	0118U		(A58168)					
MYPAP™	84999	A53544	A55292 A55293	L36021 (A54290)	L36807 (A55195)			
NRAS Genetic Testing	81311	L35073	L36335	L35442	L36797	L35062	L35000	L34519
	81479	(A56962)	(A57486) L36339 (A57487)	(A56998)	(A57581)	(A58917)	(A56199)	(A58918)
NSD1 Gene Tests	81405	A53585	A55609	L36021	L36807	L35062	L35000	L34519
	81406		A55615	(A54291)	(A55198)	(A58917)	(A56199)	(A58918)
	81479							
Oncotype DX® Breast Cancer for DCIS (Genomic Health™)	0045U	L36912 (A56870)	L36941 (A57619) L36947 (A57620)	L36951 (A56887)	L37199 (A57583)	L35062 (A58917)		L34519 (A58918)
Oncotype DX Breast Cancer Assay	81519	L35025 (A53105)	L36256 (A54482) L35160 (A54480)	L36021 (A54195)	L36807 (A55230)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
Oncotype DX Colon Cancer Assay	81525	L35025 (A53106)	L36256 (A54486) L35160 (A54484)	L36021 (A54196)	L36807 (A55231)	L35396 (A52986)	L35000 (A56199)	L34519 (A58918)
PAX6 Gene Sequencing	81479	A53664	A55625 A55632	L36021 (A54293)	L36807 (A55199)		L35000 (A56199)	
Percepta® Bronchial Genomic Classifier	81479	L36854 (A56849)	L36886 (A57502) L36891 (A57504)	L36908 (A56972)	L37195 (A57584)		L35000 (A56199)	
Pharmacogenomics Testing	81220	L38294	L38335	L38394	L38435	L39063		L39073
	81225	(A58318)	(A57384)	(A58324)	(A58395)	(A58801)		(A58812)
	81226		L38337			L35062		L34519
	81227		(A57385)			(A58917)		(A58918)
	81231							
	81232							
	81247							
	81283							
81306								

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					NGS	First Coast
			Noridian	CGS	WPS	Novitas			
Pharmacogenomics Testing	81328	L38294	L38335	L38394	L38435	L39063		L39073	
	81335	(A58318)	(A57384)	(A58324)	(A58395)	(A58801)		(A58812)	
	81350		L38337			L35062		L34519	
	81355		(A57385)			(A58917)		(A58918)	
	81374								
	81377								
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	81383								
	81401								
	81406								
	81418								
	81479								
	0029U								
	0030U								
	0034U								
	0070U								
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	0073U								
	0074U								
0075U									
0076U									
0286U									
0411U									
0419U									
Phenotypic Biomarker Detection in Circulating Tumor Cells	81479	L38566 (A58021)	L38643 (A58183) L38645 (A58185)	L38584 (A58063)	L38678 (A58205)				
Pigmented Lesion Assay	0089U	L38051 (A57868)	L38151 (A58052) L38153 (A58053)	L38111 (A57915)	L38178 (A57983)	L35062 (A58917)		L34519 (A58918)	
PIK3CA Gene Tests	81309 0155U	A53558	A55597 A55602	L36021 (A54295)	L36807 (A55200)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)	
Plasma-Based Genomic Profiling in Solid Tumors	81479 81445 0179U 0326U 0409U	L38043 (A57867)		L38065 (A57917)	L38168 (A57936)	L35062 (A58917)		L34519 (A58918)	

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer	81479 0288U	L38238 (A58031)	L38327 (A57329) L38329 (A57330)	L38284 (A58038)	L38443 (A57112)	L35062 (A58917)		L34519 (A58918)
Prognostic and Predictive Molecular Classifiers for Bladder Cancer	81401 81403 81404 81445 81479 0016M	L38576 (A58028)	L38647 (A58181) L38649 (A58187)	L38586 (A58065)	L38684 (A58211)	L35062 (A58917)		L34519 (A58918)
ProMark® Risk Score	81479	L36665 (A56957)	L36704 (A57515) L36706 (A57609)	L36675 (A57034)	L37011 (A57587)			
Prometheus IBD sgi Diagnostic® Policy	81479	L37260 (A56933)	L37299 (A57516) L37313 (A57517)	L37352 (A56940)	L37539 (A57588)			
Prostate Cancer Genomic Classifier Assay for Men with Localized Disease	81541 81542 0047U	L38292 (A58343)	L35160 (A57526) L36256 (A57527)	L38303 (A58371)	L38433 (A57106)	L35062 (A58917)		L34519 (A58918)
PTCH1 Gene Testing	81479	A53567	A55608 A55618	L36021 (A54297)	L36807 (A55203)			
Repeat Germline Testing	81105 81106 81107 81108 81109 81110 81111 81112 81161 81162 81163 81164 81165 81166 81167 81171	L38274 (A58017)	L38353 (A57332) L38351 (A57331)	L38288 (A57141)	L38429 (A57100)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Repeat Germline Testing	81172	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	81173	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	81174		L38351					
	81177		(A57331)					
	81178							
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	81200							
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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Repeat Germline Testing	81233	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	81234	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	81238		L38351					
	81239		(A57331)					
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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Repeat Germline Testing	81299	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	81300	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	81302		L38351					
	81303		(A57331)					
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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Repeat Germline Testing	81406	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	81407	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	81408		L38351					
	81410		(A57331)					
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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Repeat Germline Testing	0012U	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	0029U	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	0030U		L38351					
	0031U		(A57331)					
	0032U							
	0033U							
	0034U							
	0070U							
	0071U							
	0072U							
	0073U							
	0074U							
	0075U							
	0076U							
	0078U							
	0079U							
	0084U							
	0094U							
	0101U							
	0102U							
	0103U							
	0129U							
	0130U							
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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Repeat Germline Testing	0175U	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	0180U	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	0181U		L38351					
	0182U		(A57331)					
	0183U							
	0184U							
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	0200U							
	0201U							
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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Repeat Germline Testing	0236U	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	0237U	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	0238U		L38351					
	0246U		(A57331)					
	0258U							
	0260U							
	0264U							
	0265U							
	0266U							
	0267U							
	0268U							
	0269U							
	0270U							
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	0272U							
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	0274U							
	0276U							
	0277U							
	0278U							
	0282U							
	0286U							
	0289U							
	0290U							
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	0293U							
	0294U							
	0318U							
	0335U							
	0345U							
	0347U							
	0348U							
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0392U								
0400U								
0401U								

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Test	Code	Palmetto MoIDX Program Guideline	LCDs/LCAs					
			Noridian	CGS	WPS	Novitas	NGS	First Coast
Repeat Germline Testing	0411U	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	0417U	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	0419U		L38351					
	81479		(A57331)					
ResponseDx Tissue of Origin*	81504	L35025	L36256	L36021	L36807	L35062	L35000	L34519
		(A53108)	(A54496)	(A54198)	(A55204)	(A58917)	(A56199)	(A58918)
RPS19 Gene Tests	81405	A53587	A55610	L36021	L36807	L35062	L35000	L34519
	81479		A55614	(A54299)	(A55205)	(A58917)	(A56199)	(A58918)
SEPT9 Gene Test	81327	A53702	A55623	L36021	L36807	L35062	L35000	L34519
			A55628	(A54300)	(A55206)	(A58917)	(A56199)	(A58918)
SMPD1 Genetic Testing	81330	A53624	A55627	L36021	L36807	L35062	L35000	L34519
	81412		A55631	(A54285)	(A55208)	(A58917)	(A56199)	(A58918)
STAT3 Gene Testing	81405	A53562	A55480	L36021	L36807	L35062	L35000	L34519
			A55481	(A54284)	(A55209)	(A58917)	(A56199)	(A58918)
SULT4A1 Genetic Testing	81479	A53538	A55596	L36021	L36807			
			A55601	(A54283)	(A55210)			
Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm	81455	L35025	L36256	L36021	L36807	L35062	L35000	L34519
		(A56853)	(A57526)	(A56973)	(A57772)	(A58917)	(A56199)	(A58918)
			L35160					
			(A57527)					
TERC Gene Tests	81479	A53589	A55611	L36021	L36807			
			A55616	(A54282)	(A55211)			
TP53 Gene Test	81351	A53591	A55487	L36021	L36807	L35062	L35000	L34519
	81352		A55484	(A54281)	(A55221)	(A58917)	(A56199)	(A58918)
Urine Drug Testing	80305	L35724	L36707	L36029	L34645	L35006		L36393
	80306	(A54799)	(A55030)	(A56818)	(A56915)	(A56645)		(A57077)
	80307		L36668					
	G0480		(A55001)					
	G0481							
	G0482							
	G0483							
	G0659							
VEGFR2 Tests	81479	A53548	A55468	L36021	L36807			
			A55469	(A54279)	(A55232)			

Molecular Diagnostic Genetic Tests

Accessed November 20, 2023

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

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

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

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MyPRS™ Test for Multiple Myeloma Gene Expression Profile

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

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Policy History/Revision Information

Effective Date	Summary of Changes
04/01/2024	<p>Coverage Guidelines</p> <p>Other Molecular Diagnostic Genetic Tests</p> <p>Vectra™ DA (CPT Code 81490) (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for Vectra DA Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable; these LCDs/LCAs are available in the Medicare Coverage Database For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines Revised list of molecular diagnostic genetic tests included in the Palmetto MoIDX Program; added: <ul style="list-style-type: none"> 4Kscore® assay (CPT code 81539) ABL1 gene analysis (CPT code 81170) Minimal residual disease testing for solid tumor (CPT codes 81445, 81479, and 0340U) Targeted genomic sequence analysis panel, solid organ, or hematolymphoid neoplasm (CPT code 81455) <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current information Archived previous policy version MCS040.10

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UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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