

Molecular Pathology/Molecular Diagnostics/ Genetic Testing

Policy Number: MCS040.13
Last Committee Approval Date: July 10, 2024
Effective Date: August 1, 2024

[Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
• Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program	1
• Other Molecular Diagnostic Genetic Tests	2
Supporting Information	2
Policy History/Revision Information	24
Instructions for Use	26

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

Molecular pathology, molecular diagnostics, 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 March 4, 2024)

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

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

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

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

Notes:

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

Supporting Information

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program								
Accessed June 21, 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) L35025 (A59636)	L35160 (A59641) L36256 (A59642)	L36021 (A59646)	L36807 (A59649)	L37792 (A56653) L35062 (A58917)	A56609	L37798 (A56287) L34519 (A58918)
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) (A58918)
ABL1 Gene Analysis	81170	L35025 (A56853)	L36256 (A57527) L35160 (A57526)	L36021 (A56973)	L36807 (A57772)	L35396 (A52986)	L35000 (A56199)	L34519 (A57451) (A58918)
ApoE Genotype	81401	L35025 (A53652)	L36358 (A55094) L36362 (A55095)	L36021 (A54244)	L36807 (A55141)	L39082 (A52795)	L35000 (A56199)	L34519 (A57451) (A58918)
BCR-ABL Negative Myeloproliferative Disease	81206 81207 81208 81219 81270 81279 81338 81339 81450 0027U	L36044 (A56959)	L36180 (A57421) L36186 (A57422)	L36117 (A56999)	L36815 (A57570)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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
BCR-ABL Negative Myeloproliferative Disease	0040U	L36044 (A56959)	L36180 (A57421) L36186 (A57422)	L36117 (A56999)	L36815 (A57570)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
	81479	L36044 (A56959)	L36180 (A57421) L36186 (A57422)	L36117 (A56999)	L36815 (A57570)			
BDX-XL2	0080U	L37031 (A56929)	L37054 (A57356) L37062 (A57357)	L36021 (A59646)	L37216 (A57558)			
Biomarkers in Cardiovascular Risk Assessment	82172	L36129 (A56943)	L36358 (A57037) L36362 (A57055)	L36139 (A57386)	L36523 (A57559)			
	83695							
	83700							
	83701							
	83704	L36129 (A56943)	L36358 (A57037) L36362 (A57055)	L36139 (A57386)	L36523 (A57559)	L34856 (A56643)		L33908 (A57803)
	83719							
	86141	L36129 (A56943)	L36358 (A57037) L36362 (A57055)	L36139 (A57386)	L36523 (A57559)			
	83721							
82610	L36129 (A56943) L37581 (A56948)							
83090	L36129 (A56943) L37581 (A56948)	L37616 (A57643) L37618 (A57644)	L36139 (A57386)	L36523 (A57559)	L34914 (A56416)			
81439	L36129 (A53605)	L36358 (A54975) L36362 (A54976)	L36139 (A54685)	L36523 (A55235)	L39082 (A58795)	L35000 (A56199)		

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
Biomarkers in Cardiovascular Risk Assessment	83698	L36129 (A56943)	L36358 (A57037) L36362 (A57055)	L36139 (A57386)	L36523 (A57559)	L34914 (A56416)		
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)			
	88120 88121	L33420 (A53095)	L36678 (A55028) L36680 (A55029)	L36975 (A56471)	L36807 (A56332)	L35396 (A52986)		
Blood Product Molecular Antigen Typing	81105 81106 81107 81108 81109 81110 81111 81112 81403	L38240 (A58308)	L38331 (A57124) L38333 (A57376)	L38249 (A57155)	L38441 (A57110)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
	0001U 0084U 0180U 0181U 0182U 0183U 0184U 0185U 0186U 0187U 0188U 0189U 0190U 0191U 0192U 0194U 0195U 0196U 0197U	L38240 (A58308)	L38331 (A57124) L38333 (A57376)	L38249 (A57155)	L38441 (A57110)	L35062 (A58917)		L34519 (A58918) L39073 (A58812)

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
Blood Product Molecular Antigen Typing	0198U	L38240	L38331	L38249	L38441	L35062		L34519
	0199U 0200U 0201U 0221U 0222U	(A58308)	(A57124) L38333 (A57376)	(A57155)	(A57110)	(A58917)		(A58918) L39073 (A58812)
	0193U	L38240 (A58308) L38274 (A58017)	L38331 (A57124) L38333 (A57376)	L38249 (A57155) L36021 (A56973)	L38441 (A57110) L36807 (A57772)	L39063 (A58801) L35062 (A58917)		L34519 (A58918)
BluePrint®	81479	L35025 (A53484)	A55116 A55115	L36021 (A54257)	L36807 (A55146)			
Breast Cancer Assay: Prosigna	81520	L36125 (A56949)	L36380 (A57363) L36386 (A57364)	L36425 (A56989)	L36811 (A57560)	L35396 (A52986)	L35000 (A56199)	L34519 (A58918)
Breast Cancer Index® (BCI) Gene Expression Test	81518	L37794 (A56875)	L37822 (A57773) L37824 (A57774)	L37832 (A56884)	L37913 (A56335)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
DecisionDx-UM (Uveal Melanoma)	81552	L37033 (A56906)	L37070 (A57621) L37072 (A57622)	L37130 (A56981)	L37210 (A57566)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
EndoPredict Breast Cancer Gene Expression Test	81522	L37264 (A56963)	L37295 (A57607) L37311 (A57608)	L37356 (A56997)	L37663 (A57567)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
Envisia™, Veracyte™, Idiopathic Pulmonary Fibrosis Diagnostic Test	81554	L37857 (A56898)	L37887 (A57419) L37891 (A57420)	L37905 (A56985)	L37919 A57568	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
FDA-Approved BRAF Tests	81210	L35025 (A54018)	L35160 (A54418) L36256 (A54420)	L36021 (A54191)	L36807 (A55161)	L35396 (A52986)	L35000 (A56199)	L34519 (A57451) (A58918)
FDA-Approved EGFR Tests	81235	L35025 (A54021)	L36256 (A54424) L35160 (A54422)	L36021 (A54192)	L36807 (A55193)	L35396 (A52986)	L35000 (A56199)	L34519 (A57451) (A58918)
FDA-Approved KRAS Tests	81275 81276	L35025 (A54472)	L35160 (A57527) L36256 (A57526)	L36021 (A54688)	L36807 (A55162)	L35396 (A52986)	L35000 (A56199)	L34519 (A57451) (A58918)

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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
FDA-Approved KRAS Tests	81479	L35025 (A54472)	L35160 (A57527) L36256 (A57526)	L36021 (A54688)	L36807 (A55162)	L35396 (A52986)	L35000 (A56199)	L34519 (A57451) (A58918)
Germline testing for use of PARP inhibitors	81162	L38966 (A54338)	L36256 (A55295) L35160 (A55294)	L39017 (A54689)	L39040 (A55224)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918) (A57451)
	81479	L38966 (A54338)	L36256 (A55295) L35160 (A55294)	L39017 (A54689)	L39040 (A55224)			
GlycoMark® Testing for Glycemic Control	84378	L36761	L36864	L36906				
	84999	L36761 (A56872)	L36864 (A57237) L36866 (A57238)	L36906 (A56565)				
HLA-DQB1*06:02 Testing for Narcolepsy	81383	L36464 (A56857)	L36544 (A57441) L36551 (A57465)	L36485 (A56881)	L37003 (A57575)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
HLA Testing for Transplant Histocompatibility	81370	A56859	A57970	A56885	A57851	L35062	L35000	L34519
	81371		A57972			L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
	81372					L39063 (A56541)		
	81373							
	81375							
	81376							
	81378							
	81379							
	81380							
81382								
HTTLPR Gene Testing	81479	L35025 (A53480)	A55264 A55265	L36021 (A54269)	L36807 (A55169)			
Hypercoagulability/Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)	81240	L36089	L36155	L35984	L36400	L35062	L35000	L34519
	81241	L36089 (A56899)	L36155 A57423)	L35984 (A56980)	L36400 (A57571)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
	81291		L36159 (A57424)					L34519 (A57451)
Immunohistochemistry (IHC) Indications for Breast Pathology	88312	L35922	L36353		L36805			
	88313	L35922 (A56838)	L36353 (A57614) L36351 (A57611)		L36805 (A57733)			
	88341	L35922	L36353	L35986	L36805			L34912
	88342	L35922 (A53704) (A56838)	L36353 (A57614) (A57797)	L35986 (A59292)	L36805 (A57733) L36021 (A55136)			L34912 (A57450)

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
Immunohistochemistry (IHC) Indications for Breast Pathology	88341	L35922	L36351	(A54271)	L36805			L34912
	88342	(A53704) (A56838)	(A57611) (A57523)		(A57733) (A55136)			(A57450)
	88360	L35922	L36353	L35986	L36805			
	88361	(A53704) (A56838)	(A57614) (A57797) L36351 (A57611) (A57523)	(A59292) L36021 (A54271)	(A57733) (A55136)			
Inivata™, InVisionFirst®, Liquid Biopsy for Patients with Lung Cancer	0388U	L37870	L37897	L37903	L37921	L35062		L34519
		(A56924)	(A57664) L37899 (A57665)	(A56982)	(A56333)	(A58917)		(A58918)
	81479	L37870	L37897	L37903	L37921			
		(A56924)	(A57664) L37899 (A57665)	(A56982)	(A56333)			
Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	81163	L38966	L38972	L39017	L39040	L35062	L35000	L34519
	81164	(A58652)	(A58679)	(A58734)	(A58756)	(A58917)	(A56199)	(A58918)
	81165		L38974					
	81166		(A58681)					
	81167							
	81201							
	81202							
	81203							
	81212							
	81215							
	81216							
	81217							
	81293							
	81292							
	81294							
	81295							
	81296							
	81297							
	81298							
81299								
81300								
81307								
81308								
81317								
81318								
81319								
81321								
81322								

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	81323	L38966	L38972	L39017	L39040	L35062	L35000	L34519
	81351	(A58652)	(A58679)	(A58734)	(A58756)	(A58917)	(A56199)	(A58918)
	81353		L38974					
	81403		(A58681)					
	81404							
	81405							
	81406							
	81432							
	81433							
	81435							
	81436							
	81437							
	81438							
	0101U	L38966	L38972	L39017	L39040	L35062		L34519
	0102U	(A58652)	(A58679)	(A58734)	(A58756)	(A58917)		(A58918)
	0103U		L38974					
	0129U		(A58681)					
	81479	L38966	L38972	L39017	L39040			
		(A58652)	(A58679)	(A58734)	(A58756)			
			L38974					
			(A58681)					
MammaPrint	81521	L35025	L36256	L36021	L36807	L35062	L35000	L34519
		(A53104)	(A54447)	(A54194)	(A55175)	(A58917)	(A56199)	(A58918)
			L35160					
			(A54445)					
MDS FISH	88271	L37602	L37620	L37608	L37772			
	88273	(A56913)	(A57661)	(A56926)	(A57576)			
	88274		L37622					
	88275		(A57662)					
	88291							
Melanoma Risk Stratification Molecular Testing	81529	L37725	L37748	L38016	L38018	L35062	L35000	L34519
		(A56961)	(A57290)	(A57165)	(A56636)	(A58917)	(A56199)	(A58918)
			L37750					
			(A57268)					
	81479	L37725	L37748	L38016	L38018			
	81599	(A56961)	(A57290)	(A57165)	(A56636)			
			L37750					
			(A57268)					
MGMT Promoter Methylation Analysis	81287	L35974	L36188	L36113	L37001	L35062	L35000	L34519
		(A56941)	(A57432)	(A56983)	(A57577)	(A58917)	(A56199)	(A57451)
			L36192					(A58918)
			(A57433)					

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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
Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker for Patients with Unresectable or Metastatic Solid Tumors	81301	L35025 (A56072)	L35160 (A56103) L36256 (A56104)	L36021 (A56106)	L36807 (A57772)	L35396 (A52986)	L35000 (A56199)	L34912 (A57450)
	81479	L35025 (A56072)	L35160 (A56103) L36256 (A56104)	L36021 (A56106)	L36807 (A57772)			L34912 (A57450)
	88341 88342	L35025 (A56072) L35922 (A53704) (A56838)	L35160 (A56103) L36256 (A56104)	L36021 (A56106)	L36805 (A57733) (A55136)			L34912 (A57450)
Minimal Residual Disease Testing for Cancer	81445	L38779 (A58376)	L38816 (A58456) L38814 (A58454)	L38822 (A58434)	L38835 (A58468)	L35062 (A58917)	L37810 (A56867)	L34519 (A58918)
	0340U 0356U	L38779 (A58376)	L38816 (A58456) L38814 (A58454)	L38822 (A58434)	L38835 (A58468)	L35062 (A58917)		L34519 (A58918)
	81479 0422U	L38779 (A58376)	L38816 (A58456) L38814 (A58454)	L38822 (A58434)	L38835 (A58468)			
Molecular Assays for the Diagnosis of Cutaneous Melanoma	0090U 0314U	L39345 (A59109)	L39375 (A59181) L39373 (A59179)	L39389 (A59163)	L39479 (A59261)	L35062 (A58917)		L34519 (A58918)
	81479	L39345 (A59109)	L39375 (A59181) L39373 (A59179)	L39389 (A59163)	L39479 (A59261)			
Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis	81599	L39424 (A59484)	L39467 (A59521) L39469 (A59522)	L39427 (A59529)	L39481 (A59536)			
Molecular Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer	81313 81551 0005U	L38985 (A58700)	L39007 (A58724) L39005 (A58718)	L38997 (A58713)	L39042 (A58759)	L35062 (A58917)	A56609	L34519 (A58918)

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
Molecular Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer	0339U	L38985 (A58700)	L39007 (A58724) L39005 (A58718)	L38997 (A58713)	L39042 (A58759)	L35062 (A58917)		L34519 (A58918)
	81479	L38985 (A58700)	L39007 (A58724) L39005 (A58718)	L38997 (A58713)	L39042 (A58759)			
Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing	U0001	L38988	L39003	L39038	L39044			
	U0002	(A58710)	(A58726)	(A58747)	(A58761)			
	0353U		L39001					
	0402U		(A58720)					
	0429U							
	87149							
	87150							
	87153							
	87154							
	87468							
	87469							
	87471							
	87472							
	87475							
	87476							
	87478							
	87480							
	87481							
	87482							
	87483							
	87484							
	87485							
	87486							
	87487							
	87490							
	87491							
87492								
87493								
87495								
87496								
87497								
87498								
87501								
87502								
87503								
87510								
87511								
87512								

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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
Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing	87516	L38988	L39003	L39038	L39044			
	87517	(A58710)	(A58726)	(A58747)	(A58761)			
	87520		L39001					
	87521		(A58720)					
	87522							
	87523							
	87525							
	87526							
	87527							
	87528							
	87529							
	87530							
	87531							
	87532							
	87533							
	87534							
	87535							
	87536							
	87537							
	87538							
	87539							
	87540							
	87541							
	87542							
	87550							
	87551							
	87552							
	87555							
	87556							
	87557							
	87560							
	87561							
87562								
87563								
87580								
87581								
87582								
87590								
87591								
87592								
87593								
87634								
87635								
87640								
87641								
87650								

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing	87651	L38988	L39003	L39038	L39044			
	87652	(A58710)	(A58726)	(A58747)	(A58761)			
	87653		L39001					
	87660		(A58720)					
	87661							
	87662							
	87797							
	87798							
	87799							
	87800							
	87801							
	87999							
	87632	L38988	L39003	L39038	L39044	L38916	L39027	L38918
	87633	(A58710)	(A58726)	(A58747)	(A58761)	(A58575)	(A58741)	(A58577)
0115U		L39001						
0202U		(A58720)						
0223U								
0225U								
Molecular Testing for Detection of Upper Gastrointestinal Metaplasia, Dysplasia, and Neoplasia	0114U	L39256	L39262	L39276	L39356	L35062		L34519
		(A59015)	(A59032)	(A59051)	(A59121)	(A58917)		(A58918)
	81479	L39256	L39262	L39276	L39356			
		(A59015)	(A59032)	(A59051)	(A59121)			
			L39264					
			(A59034)					
Molecular Testing for Solid Organ Allograft Rejection	81595	L38568	L38671	L38582	L38680	L35062		L34519
		(A58019)	(A58170)	(A58061)	(A58207)	(A58917)		(A58918)
			L38629					
			(A58168)					
	0118U	L38568	L38671	L38582	L38680	L35062		L34519
		(A58019)	(A58170)	(A58061)	(A58207)	(A58917)		(A58918)
			L38629					
			(A58168)					
	81479	L38568	L38671	L38582	L38680			
	81599	(A58019)	(A58170)	(A58061)	(A58207)			
			L38629					
			(A58168)					
Next-Generation Sequencing for Solid Tumors	81445	L38045	L38119	L38067	L38158	L35062	L37810	L34519
	81449	(A57831)	(A57901)	(A57870)	(A57858)	(A58917)	(A56867)	(A58918)
	81457		L38121					
	81458		(A57905)					
	81459							
	0244U							

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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
Next-Generation Sequencing for Solid Tumors	0250U 0329U 0334U 0379U 0391U	L38045 (A57831)	L38119 (A57901) L38121 (A57905)	L38067 (A57870)	L38158 (A57858)	L35062 (A58917)	L37810 (A56867)	L34519 (A58918)
	81479	L38045 (A57831)	L38119 (A57901) L38121 (A57905)	L38067 (A57870)	L38158 (A57858)		L37810 (A56867)	
Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies	81450 81451	L38047 (A57837)	L38123 (A57891) L38125 (A57892)	L38070 (A57873)	L38176 (A57878)	L35062 (A58917)	L37606 (A56793)	L34519 (A58918)
	81479	L38047 (A57837)	L38123 (A57891) L38125 (A57892)	L38070 (A57873)	L38176 (A57878)			
NRAS Genetic Testing	81311	L35073 (A56962)	L36335 (A57486) L36339 (A57487)	L35442 (A56998)	L36797 (A57581)	L35062 (A58917)	L35000 (A56199)	L34519 (A57451) (A58918)
	81479	L35073 (A56962)	L36335 (A57486) L36339 (A57487)	L35442 (A56998)	L36797 (A57581)			
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)
Percepta® Bronchial Genomic Classifier	81479	L36854 (A56849)	L36886 (A57502) L36891 (A57504)	L36908 (A56972)	L37195 (A57584)			

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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					First Coast	
			Noridian	CGS	WPS	Novitas	NGS		
Pharmacogenomics Testing	81225	L38294	L38335	L38394	L38435	L39063	L35000	L39073	
	81226	(A58318)	(A57384)	(A58324)	(A58395)	(A58801)	(A56199)	(A58812)	
	81227	L35025	L38337	L36021	L36807	L35062		L34519	
	81231	(A56853)	(A57385)	(A56973)	(A57772)	(A58917)		(A58918)	
	81232		L36256						
	81247		(A57527)						
	81283		L35160						
	81306		(A57526)						
	81328								
	81350								
	81355								
	81374								
	81377								
	81381								
	81383								
	81401								
	81406								
	81418								
		0029U	L38294	L38335	L38394	L38435	L39063		L39073
		0030U	(A58318)	(A57384)	(A58324)	(A58395)	(A58801)		(A58812)
	0034U	L35025	L38337	L36021	L36807	L35062		L34519	
	0071U	(A56853)	(A57385)	(A56973)	(A57772)	(A58917)		(A58918)	
	0076U		L36256						
	0286U		(A57527)						
	0345U		L35160						
	0380U		(A57526)						
	0411U								
	0419U								
	81479	L38294	L38335	L38394	L38435	L39063		L39073	
		(A58318)	(A57384)	(A58324)	(A58395)	(A58801)		(A58812)	
			L38337						
			(A57385)						
Phenotypic Biomarker Detection in Circulating Tumor Cells	81479	L38566	L38643	L38584	L38678				
		(A58021)	(A58183)	(A58063)	(A58205)				
			L38645						
			(A58185)						
Pigmented Lesion Assay	0089U	L38051	L38151	L38111	L38178	L35062		L34519	
		(A57868)	(A58052)	(A57915)	(A57983)	(A58917)		(A58918)	
			L38153						
			(A58053)						
PIK3CA Gene Tests	81309	L35025	A55597	L36021	L36807	L35062	L35000	L34519	
		(A53558)	A55602	(A54295)	(A55200)	(A58917)	(A56199)	(A58918) (A57451)	
	0155U	L35025	A55597	L36021	L36807	L35062		L34519	
		(A53558)	A55602	(A54295)	(A55200)	(A58917)		(A58918) (A57451)	

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
Plasma-Based Genomic Profiling in Solid Tumors	0179U 0326U 0409U	L38043 (A57867)	L39230 (A58973) L39232 (A58975)	L38065 (A57917) L36021 (A56973)	L38168 (A57936)	L35062 (A58917)		L34519 (A58918)
	0428U	L38043 (A57867)	L39230 (A58973) L39232 (A58975)	L38065 (A57917) L36021 (A56973)	L38168 (A57936)			
	81445	L38043 (A57867)	L39230 (A58973) L39232 (A58975)	L38065 (A57917)	L38168 (A57936)	L35062 (A58917)	L37810 (A56867)	L34519 (A58918)
	81479	L38043 (A57867)	L39230 (A58973) L39232 (A58975)	L38065 (A57917) L36021 (A56973)	L38168 (A57936)			
Predictive Classifiers for Early-Stage Non-Small Cell Lung Cancer	0288U	L38238 (A58031)	L38327 (A57329) L38329 (A57330)	L38284 (A58038)	L38443 (A57112)	L35062 (A58917)		L34519 (A58918)
	81479	L38238 (A58031)	L38327 (A57329) L38329 (A57330)	L38284 (A58038)	L38443 (A57112)			
Prognostic and Predictive Molecular Classifiers for Bladder Cancer	81401 81403 81404	L38576 (A58028)	L38647 (A58181) L38649 (A58187)	L38586 (A58065)	L38684 (A58211)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
	81445	L38576 (A58028)	L38647 (A58181) L38649 (A58187)	L38586 (A58065)	L38684 (A58211)	L35062 (A58917)	L37810 (A56867)	L34519 (A58918)
	0016M	L38576 (A58028)	L38647 (A58181) L38649 (A58187)	L38586 (A58065)	L38684 (A58211)	L35062 (A58917)		L34519 (A58918)
	81479	L38576 (A58028)	L38647 (A58181) L38649 (A58187)	L38586 (A58065)	L38684 (A58211)			
ProMark® Risk Score	81479	L36665 (A56957)	L36704 (A57515) L36706 (A57609)	L36675 (A57034)	L37011 (A57587)			

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
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	L38292 (A58343)	L38341 (A57236) L38339 (A57372)	L38303 (A58371)	L38433 (A57106)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
	0047U	L38292 (A58343)	L38341 (A57236) L38339 (A57372)	L38303 (A58371)	L38433 (A57106)	L35062 (A58917)		L34519 (A58918)
Proteomics Testing	81490	L35025 (A59636)	L35160 (A59641) L36256 (A59642)	L36021 (A59646)	L36807 (A59649)	L35062 (A58917)	L38371 (A57020)	L34519 (A58918)
	81500 81503 81517 81539							
	0002M 0003M 0015M 0019M 0002U 0003U 0021U 0080U 0092U 0095U 0105U 0174U 0206U 0207U 0228U 0249U 0259U 0263U 0295U 0308U 0309U 0310U 0312U 0322U 0344U 0351U 0360U 0365U	L35025 (A59636)	L35160 (A59641) L36256 (A59642)	L36021 (A59646)	L36807 (A59649)	L35062 (A58917)		L34519 (A58918)

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
Proteomics Testing	0366U	L35025	L35160	L36021	L36807	L35062		L34519
	0367U	(A59636)	(A59641)	(A59646)	(A59649)	(A58917)		(A58918)
	0375U		L36256					
	0384U		(A59642)					
	0385U							
	0387U							
	0407U							
	0415U							
	0436U							
	81599	L35025 (A59636)	L35160 (A59641) L36256 (A59642)	L36021 (A59646)	L36807 (A59649)			
Repeat Germline Testing	81105	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	81106	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	81107		L38351					
	81108		(A57331)					
	81109							
	81110							
	81111							
	81112							
	81161							
	81162							
	81163							
	81164							
	81165							
	81166							
	81167							
	81171							
	81172							
	81173							
	81174							
	81177							
81178								
81179								
81180								
81181								
81182								
81183								
81184								
81185								
81186								
81187								
81188								
81189								

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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
Repeat Germline Testing	81190	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	81200	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	81201		L38351					
	81202		(A57331)					
	81203							
	81204							
	81205							
	81209							
	81212							
	81215							
	81216							
	81217							
	81220							
	81221							
	81222							
	81223							
	81224							
	81225							
	81226							
	81227							
	81228							
	81229							
	81231							
	81232							
	81233							
	81234							
	81238							
	81239							
	81240							
	81241							
81242								
81243								
81244								
81247								
81248								
81249								
81250								
81251								
81252								
81253								
81254								
81255								
81256								
81257								
81258								
81259								

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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
Repeat Germline Testing	81260	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	81269	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	81271		L38351					
	81274		(A57331)					
	81283							
	81284							
	81285							
	81286							
	81288							
	81289							
	81290							
	81291							
	81292							
	81293							
	81294							
	81295							
	81296							
	81297							
	81298							
	81299							
	81300							
	81302							
	81303							
	81304							
	81306							
	81307							
	81309							
	81312							
	81317							
	81318							
	81319							
	81321							
	81322							
81323								
81324								
81325								
81326								
81328								
81329								
81330								
81331								
81332								
81333								
81336								
81337								
81343								

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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
Repeat Germline Testing	81344	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	81345	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	81350		L38351					
	81355		(A57331)					
	81361							
	81362							
	81363							
	81364							
	81401							
	81402							
	81403							
	81404							
	81405							
	81406							
	81407							
	81408							
	81410							
	81411							
	81412							
	81413							
	81414							
	81415							
	81416							
	81417							
	81418							
	81419							
	81420							
	81422							
	81425							
	81426							
	81427							
	81430							
81431								
81432								
81433								
81434								
81435								
81436								
81437								
81438								
81439								
81440								
81441								
81442								
81443								
81448								

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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
Repeat Germline Testing	81460	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	81465	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	81470		L38351					
	81471		(A57331)					
	81493							
	81554							
	0004M							
	0001U							
	0029U							
	0030U							
	0034U							
	0070U							
	0071U							
	0072U							
	0073U							
	0074U							
	0075U							
	0076U							
	0078U							
	0079U							
	0084U							
	0094U							
	0101U							
	0102U							
	0103U							
	0129U							
	0130U							
	0131U							
	0132U							
	0133U							
	0134U							
	0135U							
0136U								
0137U								
0138U								
0156U								
0157U								
0158U								
0159U								
0160U								
0161U								
0162U								
0169U								
0170U								
0180U								
0181U								

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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
Repeat Germline Testing	0182U	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	0183U	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	0184U		L38351					
	0185U		(A57331)					
	0186U							
	0187U							
	0188U							
	0189U							
	0190U							
	0191U							
	0192U							
	0193U							
	0194U							
	0195U							
	0196U							
	0197U							
	0198U							
	0199U							
	0200U							
	0201U							
	0203U							
	0205U							
	0209U							
	0212U							
	0213U							
	0214U							
	0215U							
	0216U							
	0217U							
	0218U							
	0221U							
0222U								
0230U								
0231U								
0232U								
0233U								
0234U								
0235U								
0236U								
0237U								
0238U								
0246U								
0258U								
0260U								
0264U								
0265U								

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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
Repeat Germline Testing	0266U	L38274	L38353	L38288	L38429	L35062	L35000	L34519
	0267U	(A58017)	(A57332)	(A57141)	(A57100)	(A58917)	(A56199)	(A58918)
	0268U		L38351					
	0269U		(A57331)					
	0270U							
	0271U							
	0272U							
	0273U							
	0274U							
	0276U							
	0277U							
	0278U							
	0282U							
	0286U							
	0289U							
	0290U							
	0291U							
	0292U							
	0293U							
	0294U							
	0318U							
	0345U							
	0347U							
	0348U							
	0349U							
	0350U							
	0355U							
	0378U							
	0380U							
	0389U							
	0392U							
	0400U							
	0401U							
0411U								
0417U								
0419U								
0425U								
0426U								
	81479	L38274 (A58017)	L38353 (A57332) L38351 (A57331)	L38288 (A57141)	L38429 (A57100)			

Molecular Diagnostic Genetic Tests Included in the Palmetto MoIDX Program

Accessed June 21, 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					First Coast
			Noridian	CGS	WPS	Novitas	NGS	
ResponseDx Tissue of Origin®	81504	L35025 (A53108)	L36256 (A54496) L35160 (A54494)	L36021 (A54198)	L36807 (A55204)	L35062 (A58917)	L35000 (A56199)	L34519 (A58918)
SEPT9 Gene Test	81327	L35025 (A53702)	A55623 A55628	L36021 (A54300)	L36807 (A55206)	L35062 (A58917)	L35000 (A56199)	L34519 (A57451) (A58918)
SULT4A1 Genetic Testing	81479	L35025 (A53538)	A55596 A55601	L36021 (A54283)	L36807 (A55210)			
Targeted genomic sequence analysis panel, solid organ, or neoplasm	81455	L35025 (A56853)	L36256 (A57527) L35160 (A57526)	L36021 (A56973)	L36807 (A57772)	L35062 (A58917)	L37810 (A56867)	L34519 (A58918)

Molecular Diagnostic Genetic Tests

Accessed March 4, 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 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, MA, ME, 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, KS, MI, MO, NE

Policy History/Revision Information

Date	Summary of Changes
08/01/2024	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> • Removed content/language addressing: <ul style="list-style-type: none"> ○ MyPRS™ Test for Multiple Myeloma Gene Expression Profile (CPT code 81479) ○ Vectra™ DA (CPT code 81490) • Revised list of <i>Molecular Diagnostic Tests Included in the Palmetto MoIDX Program</i>: <ul style="list-style-type: none"> ○ Removed: <ul style="list-style-type: none"> ▪ 4q25-AF risk genotype testing ▪ 9p21 genotype test ▪ Afirma™ assay by Veracyte ▪ Aspartoacylase 2 deficiency (ASPA) testing ▪ ATP7B gene tests ▪ BCKDHB gene test ▪ BLM gene analysis ▪ CDH1 genetic testing ▪ CHD7 gene analysis

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ ENG and ACVRL1 gene tests ▪ FANCC genetic testing ▪ Fragile X ▪ GBA genetic testing ▪ HAX1 gene sequencing ▪ HBB gene test ▪ HEXA gene analysis ▪ IKBKAP genetic testing ▪ KIF6 genotype ▪ know error® ▪ L1CAM gene sequencing ▪ LPA-aspirin genotype ▪ LPA-intron 25 genotype ▪ MCOLN1 genetic testing ▪ MECP2 genetic testing ▪ Mitochondrial nuclear gene tests ▪ MMACHC test ▪ MYPAP™ ▪ NSD1 gene tests ▪ PAX6 gene sequencing ▪ PTCH1 gene testing ▪ RPS19 gene tests ▪ SMPD1 genetic testing ▪ STAT3 gene testing ▪ TERC gene tests ▪ TP53 gene test ▪ VEGFR2 tests ○ Updated list of applicable CPT codes for: <ul style="list-style-type: none"> ▪ Molecular syndromic panels for infectious disease pathogen identification testing: Removed 0240U, 0241U, 0352U, 81513, 81514, 87505, 87506, 87507, 87631, 87636, and 87637 ▪ Pharmacogenomics testing: Removed 81335 ▪ Proteomics testing: Removed 0117U ▪ Repeat germline testing: Removed 0031U, 0032U, 0033U, 0173U, 0175U, 81230, 81335, and 81346 <p>Supporting Information</p> <ul style="list-style-type: none"> • Updated list of applicable Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information: <ul style="list-style-type: none"> ○ Modified reference information for: <ul style="list-style-type: none"> ▪ Abbott RealTime IDH1 and IDH2 testing for acute myeloid leukemia (AML) ▪ ABL1 gene analysis ▪ ApoE genotype ▪ BCR-ABL negative myeloproliferative disease ▪ Biomarkers in cardiovascular risk assessment ▪ bioTheranostics CancerTYPE ID® ▪ Blood product molecular antigen typing ▪ Blueprint® ▪ Breast cancer assay: Prosigna ▪ Breast Cancer Index® (BCI) gene expression test ▪ DecisionDx-UM (uveal melanoma) ▪ EndoPredict breast cancer gene expression test ▪ Envisia™, Veracyte™, idiopathic pulmonary fibrosis diagnostic test ▪ FDA-approved BRAF tests ▪ FDA-approved EGFR tests ▪ FDA-approved KRAS tests ▪ Germline testing for use of PARP inhibitors ▪ HLA-DQB1*06:02 testing for narcolepsy ▪ HLA testing for transplant histocompatibility ▪ HTTLPR Gene Testing

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ Hypercoagulability/thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR) ▪ Immunohistochemistry (IHC) indications for breast pathology ▪ Inivata™, InVisionFirst® Liquid Biopsy for patients with lung cancer ▪ Lab-developed tests for inherited cancer syndromes in patients with cancer ▪ MammaPrint ▪ Melanoma risk stratification molecular testing ▪ MGMT promoter methylation analysis ▪ Microsatellite instability-high (MSI-H) and mismatch repair deficient (dMMR) biomarker for patients with unresectable or metastatic solid tumors ▪ Minimal residual disease testing for cancer ▪ Molecular assays for the diagnosis of cutaneous melanoma ▪ Molecular biomarker testing to guide targeted therapy selection in rheumatoid arthritis ▪ Molecular biomarkers to risk-stratify patients at increased risk for prostate cancer ▪ Molecular syndromic panels for infectious disease pathogen identification testing ▪ Molecular testing for detection of upper gastrointestinal metaplasia, dysplasia, and neoplasia ▪ Molecular testing for solid organ allograft rejection ▪ Next-generation sequencing for solid tumors ▪ Next-generation sequencing lab-developed tests for myeloid malignancies and suspected myeloid malignancies ▪ NRAS genetic testing ▪ Oncotype DX breast cancer assay ▪ Oncotype DX colon cancer assay ▪ Pharmacogenomics testing ▪ Phenotypic biomarker detection in circulating tumor cells ▪ Pigmented lesion assay ▪ PIK3CA gene tests ▪ Plasma-based genomic profiling in solid tumors ▪ Predictive classifiers for early-stage non-small cell lung cancer ▪ Prognostic and predictive molecular classifiers for bladder cancer ▪ ProMark® Risk Score ▪ Prostate cancer genomic classifier assay for men with localized disease ▪ Proteomics testing ▪ Repeat germline testing ▪ ResponseDx Tissue of Origin® ▪ SEPT9 gene test ▪ SULT4A1 genetic testing ○ Removed reference information for <i>MyPRS™ Test for Multiple Myeloma Gene Expression Profile</i> <p>Administrative</p> <ul style="list-style-type: none"> • Archived previous policy version MCS040.12

Instructions for Use

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

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.

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