

Molecular Diagnostic Testing

ICD-9 Codes that Support Medical Necessity

** Search by CPT Code first then the ICD-9

Group 1 Codes:

Test Codes	Description	CPT
	Apc gene full sequence	81201
	Apc gene known fam variants	81202
	Apc gene dup/delet variants	81203
91065	Bcr/abl1 gene major bp	81206
91065	Bcr/abl1 gene minor bp	81207
	Bcr/abl1 gene other bp	81208
	Braf gene	81210
91863	Brca1&2 seq & com dup/del	81211
	Brca1&2 185&5385&6174 var	81212
91863	Brca1&2 uncom dup/del var	81213
	Brca1 full seq & com dup/del	81214
91865	Brca1 gene known fam variant	81215
91865	Brca2 gene known fam variant	81217
	Cyp2d6 gene com variants	81226
	Egfr gene com variants	81235
16538	Jak2 gene	81270
	Kras gene	81275
	Mlh1 gene full seq	81292
	Mlh1 gene known variants	81293
	Mlh1 gene dup/delete variant	81294
	Msh2 gene full seq	81295
	Msh2 gene known variants	81296
	Msh2 gene dup/delete variant	81297
	Msh6 gene full seq	81298
	Msh6 gene known variants	81299
	Msh6 gene dup/delete variant	81300

Molecular Diagnostic Testing

	Microsatellite instability	81301
	Pms2 gene full seq analysis	81317
	Pms2 known familial variants	81318
	Pms2 gene dup/delet variants	81319
	Hla i typing 1 allele hr	81381
16538; HBELC; SOTMX; YCHDX	Mopath procedure level 4	81403
SOTMX; XMRX	Mopath procedure level 6	81405
SOTMX; MIPMX	Mopath procedure level 7	81406
	Xm archive tissue molec anal	88363
	Immunohisto/cyto chem 1st st	G0461
	Immunohisto/cyto chem add	G0462

Group 1 Paragraph: CPT codes 81201, 81202, 81203 81210, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81317, 81318, 81319, and 81403, 81405, 81406 (that meet coverage criteria as indications for testing for lynch syndrome).

V12.72 should be used to denote any of the polyposis conditions as described under Indications and Limitations section.

81210 will also be covered for 172.0-172.9

Group 1 Medical Necessity ICD-9 Codes Asterisk Explanation: *172.0-172.9 are only covered for 81210

151.0	MALIGNANT NEOPLASM OF CARDIA
151.1	MALIGNANT NEOPLASM OF PYLORUS
151.2	MALIGNANT NEOPLASM OF PYLORIC ANTRUM
151.3	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH
151.4	MALIGNANT NEOPLASM OF BODY OF STOMACH
151.5	MALIGNANT NEOPLASM OF LESSER CURVATURE OF STOMACH UNSPECIFIED
151.6	MALIGNANT NEOPLASM OF GREATER CURVATURE OF STOMACH UNSPECIFIED
151.0	MALIGNANT NEOPLASM OF CARDIA

Molecular Diagnostic Testing

151.1	MALIGNANT NEOPLASM OF PYLORUS
151.2	MALIGNANT NEOPLASM OF PYLORIC ANTRUM
151.3	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH
151.4	MALIGNANT NEOPLASM OF BODY OF STOMACH
151.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF STOMACH
151.9	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED SITE
152.0	MALIGNANT NEOPLASM OF DUODENUM
152.1	MALIGNANT NEOPLASM OF JEJUNUM
152.2	MALIGNANT NEOPLASM OF ILEUM
152.3	MALIGNANT NEOPLASM OF MECKEL'S DIVERTICULUM
153.3	MALIGNANT NEOPLASM OF SIGMOID COLON
153.4	MALIGNANT NEOPLASM OF CECUM
153.5	MALIGNANT NEOPLASM OF APPENDIX VERMIFORMIS
153.6	MALIGNANT NEOPLASM OF ASCENDING COLON
153.7	MALIGNANT NEOPLASM OF SPLENIC FLEXURE
153.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF LARGE INTESTINE
153.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED SITE
154.0	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
154.1	MALIGNANT NEOPLASM OF RECTUM
154.2	MALIGNANT NEOPLASM OF ANAL CANAL
154.3	MALIGNANT NEOPLASM OF ANUS UNSPECIFIED SITE
154.8	MALIGNANT NEOPLASM OF OTHER SITES OF RECTUM RECTOSIGMOID JUNCTION AND ANUS
155.0	MALIGNANT NEOPLASM OF LIVER PRIMARY
155.1	MALIGNANT NEOPLASM OF INTRAHEPATIC BILE DUCTS
155.2	MALIGNANT NEOPLASM OF LIVER NOT SPECIFIED AS PRIMARY OR SECONDARY
157.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF PANCREAS

Molecular Diagnostic Testing

157.9	MALIGNANT NEOPLASM OF PANCREAS PART UNSPECIFIED
158.8	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM
158.9	MALIGNANT NEOPLASM OF PERITONEUM UNSPECIFIED
172.0	MALIGNANT MELANOMA OF SKIN OF LIP
172.1	MALIGNANT MELANOMA OF SKIN OF EYELID INCLUDING CANTHUS
172.2	MALIGNANT MELANOMA OF SKIN OF EAR AND EXTERNAL AUDITORY CANAL
172.3	MALIGNANT MELANOMA OF SKIN OF OTHER AND UNSPECIFIED PARTS OF FACE
172.4	MALIGNANT MELANOMA OF SKIN OF SCALP AND NECK
172.5	MALIGNANT MELANOMA OF SKIN OF TRUNK EXCEPT SCROTUM
172.6	MALIGNANT MELANOMA OF SKIN OF UPPER LIMB INCLUDING SHOULDER
172.7	MALIGNANT MELANOMA OF SKIN OF LOWER LIMB INCLUDING HIP
172.8	MALIGNANT MELANOMA OF OTHER SPECIFIED SITES OF SKIN
172.9	MELANOMA OF SKIN SITE UNSPECIFIED
197.5	SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM
V10.00	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED SITE IN GASTROINTESTINAL TRACT
V10.05	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE
V10.06	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF RECTUM RECTOSIGMOID JUNCTION AND ANUS
V10.42	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER PARTS OF UTERUS
V10.43	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY
V10.53	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF RENAL PELVIS
V10.59	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER URINARY ORGANS
V10.85	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BRAIN
V12.72	PERSONAL HISTORY OF COLONIC POLYPS

Molecular Diagnostic Testing

Group 2 Paragraph: CPT codes 81301, G0461, G0462

V16.0	FAMILY HISTORY OF MALIGNANT NEOPLASM OF GASTROINTESTINAL TRACT
V84.04	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF ENDOMETRIUM
V84.09	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM

Group 3 Paragraph: CPT codes 81211, 81212, 81213, 81214, 81215 and 81217 and meet the coverage criteria for BRCA1 and BRCA2 gene mutation testing.

158.0	MALIGNANT NEOPLASM OF RETROPERITONEUM
158.8	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM
174.0	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST
174.1	MALIGNANT NEOPLASM OF CENTRAL PORTION OF FEMALE BREAST
174.2	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF FEMALE BREAST
174.3	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST
174.4	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST
174.5	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF FEMALE BREAST
174.6	MALIGNANT NEOPLASM OF AXILLARY TAIL OF FEMALE BREAST
174.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST
174.9	MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE
175.0	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE BREAST
175.9	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES OF MALE BREAST
183.0	MALIGNANT NEOPLASM OF OVARY
183.2	MALIGNANT NEOPLASM OF FALLOPIAN TUBE
233.0	CARCINOMA IN SITU OF BREAST
V10.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST
V10.43	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY

Group 4 Paragraph: CPT 81235

162.0	MALIGNANT NEOPLASM OF TRACHEA
162.2	MALIGNANT NEOPLASM OF MAIN BRONCHUS
162.3	MALIGNANT NEOPLASM OF UPPER LOBE BRONCHUS OR LUNG
162.4	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS OR LUNG

Molecular Diagnostic Testing

162.5	MALIGNANT NEOPLASM OF LOWER LOBE BRONCHUS OR LUNG
162.8	MALIGNANT NEOPLASM OF OTHER PARTS OF BRONCHUS OR LUNG
162.9	MALIGNANT NEOPLASM OF BRONCHUS AND LUNG UNSPECIFIED
163.0	MALIGNANT NEOPLASM OF PARIETAL PLEURA
163.1	MALIGNANT NEOPLASM OF VISCERAL PLEURA
163.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF PLEURA
163.9	MALIGNANT NEOPLASM OF PLEURA UNSPECIFIED

Group 5 Paragraph: CPT codes 81270 and 81403 (that meet coverage criteria for JAK2 testing).

204.00	ACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.10	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.11	LYMPHOID LEUKEMIA CHRONIC IN REMISSION
204.12	CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
205.00	ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.10	CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
238.4	POLYCYTHEMIA VERA
238.71	ESSENTIAL THROMBOCYTHEMIA
238.75	MYELODYSPLASTIC SYNDROME, UNSPECIFIED
238.76	MYELOFIBROSIS WITH MYELOID METAPLASIA
238.79	OTHER LYMPHATIC AND HEMATOPOIETIC TISSUES
238.9	NEOPLASM OF UNCERTAIN BEHAVIOR SITE UNSPECIFIED
288.51	LYMPHOCYTOPENIA
288.61	LYMPHOCYTOSIS (SYMPTOMATIC)
288.8	OTHER SPECIFIED DISEASE OF WHITE BLOOD CELLS
453.0	BUDD-CHIARI SYNDROME

Group 6 Paragraph: CPT code 81381 when meeting coverage criteria

042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE
V08	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION STATUS

Group 7 Paragraph: Multiple codes exist for the various molecular tests for lymphoma and leukemia. The appropriate code should be selected from the most current manual. The following diagnosis codes

Molecular Diagnostic Testing

meet coverage criteria as indications for molecular testing of lymphoma and leukemia, so long as documentation of medical necessity for the specific test in question is present in the medical record, as noted elsewhere in this LCD. 81206, 81207, 81208 and 81403 (that meet coverage criteria as indications for testing for BCR/ABL fusion gene).

200.40	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.41	MANTLE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.42	MANTLE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
200.43	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
200.44	MANTLE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.45	MANTLE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
200.46	MANTLE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
200.47	MANTLE CELL LYMPHOMA, SPLEEN
200.48	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.70	LARGE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.71	LARGE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
200.72	LARGE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
200.73	LARGE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
200.74	LARGE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
200.75	LARGE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB -
200.76	LARGE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
200.77	LARGE CELL LYMPHOMA, SPLEEN
200.78	LARGE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
202.00	NODULAR LYMPHOMA UNSPECIFIED SITE
202.01	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF HEAD FACE AND NECK
202.02	NODULAR LYMPHOMA INVOLVING INTRATHORACIC LYMPH NODES
202.03	NODULAR LYMPHOMA INVOLVING INTRA-ABDOMINAL LYMPH NODES
202.04	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF AXILLA AND UPPER LIMB
202.05	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
202.06	NODULAR LYMPHOMA INVOLVING INTRAPELVIC LYMPH NODES
202.07	NODULAR LYMPHOMA INVOLVING SPLEEN
202.08	NODULAR LYMPHOMA INVOLVING LYMPH NODES OF MULTIPLE SITES
204.00	ACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION

Molecular Diagnostic Testing

204.01	LYMPHOID LEUKEMIA ACUTE IN REMISSION
204.02	ACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.10	CHRONIC LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.11	LYMPHOID LEUKEMIA CHRONIC IN REMISSION
204.12	CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
204.20	SUBACUTE LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.21	LYMPHOID LEUKEMIA SUBACUTE IN REMISSION
204.22	SUBACUTE LYMPHOID LEUKEMIA, IN RELAPSE
204.80	OTHER LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.81	OTHER LYMPHOID LEUKEMIA IN REMISSION
204.82	OTHER LYMPHOID LEUKEMIA, IN RELAPSE
204.90	UNSPECIFIED LYMPHOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
204.91	UNSPECIFIED LYMPHOID LEUKEMIA IN REMISSION
204.92	UNSPECIFIED LYMPHOID LEUKEMIA, IN RELAPSE
205.00	ACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.01	MYELOID LEUKEMIA ACUTE IN REMISSION
205.02	ACUTE MYELOID LEUKEMIA, IN RELAPSE
205.10	CHRONIC MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.11	MYELOID LEUKEMIA CHRONIC IN REMISSION
205.12	CHRONIC MYELOID LEUKEMIA, IN RELAPSE
205.20	SUBACUTE MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.21	MYELOID LEUKEMIA SUBACUTE IN REMISSION
205.22	SUBACUTE MYELOID LEUKEMIA, IN RELAPSE
205.30	MYELOID SARCOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.31	MYELOID SARCOMA IN REMISSION
205.32	MYELOID SARCOMA, IN RELAPSE
205.80	OTHER MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.81	OTHER MYELOID LEUKEMIA IN REMISSION
205.82	OTHER MYELOID LEUKEMIA, IN RELAPSE
205.90	UNSPECIFIED MYELOID LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
205.91	UNSPECIFIED MYELOID LEUKEMIA IN REMISSION
205.92	UNSPECIFIED MYELOID LEUKEMIA, IN RELAPSE

Molecular Diagnostic Testing

206.00	ACUTE MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.01	MONOCYTIC LEUKEMIA ACUTE IN REMISSION
206.02	ACUTE MONOCYTIC LEUKEMIA, IN RELAPSE
206.10	CHRONIC MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.11	MONOCYTIC LEUKEMIA CHRONIC IN REMISSION
206.12	CHRONIC MONOCYTIC LEUKEMIA, IN RELAPSE
206.20	SUBACUTE MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.21	MONOCYTIC LEUKEMIA SUBACUTE IN REMISSION
206.22	SUBACUTE MONOCYTIC LEUKEMIA, IN RELAPSE
206.80	OTHER MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.81	OTHER MONOCYTIC LEUKEMIA IN REMISSION
206.82	OTHER MONOCYTIC LEUKEMIA, IN RELAPSE
206.90	UNSPECIFIED MONOCYTIC LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
206.91	UNSPECIFIED MONOCYTIC LEUKEMIA IN REMISSION
206.92	UNSPECIFIED MONOCYTIC LEUKEMIA, IN RELAPSE
208.00	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
208.01	LEUKEMIA OF UNSPECIFIED CELL TYPE ACUTE IN REMISSION
208.02	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.10	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
208.11	LEUKEMIA OF UNSPECIFIED CELL TYPE CHRONIC IN REMISSION
208.12	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.20	SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
208.21	LEUKEMIA OF UNSPECIFIED CELL TYPE SUBACUTE IN REMISSION
208.22	SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.80	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
208.81	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE IN REMISSION
208.82	OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
208.90	UNSPECIFIED LEUKEMIA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION

Molecular Diagnostic Testing

208.91	UNSPECIFIED LEUKEMIA IN REMISSION
208.92	UNSPECIFIED LEUKEMIA, IN RELAPSE
288.69	OTHER ELEVATED WHITE BLOOD CELL COUNT
288.8	OTHER SPECIFIED DISEASE OF WHITE BLOOD CELLS