Molecular Pathology Tier 2 Molecular CPT Codes

Introduction

The administrative handling of Tier 2 Molecular Pathology CPT codes 81400-81408 is addressed by this guideline. The assessment of medical necessity of tests billed with tier 2 molecular pathology codes is addressed separately.

Procedures addressed

The inclusion of any procedure code in this table does not imply that the code is under management or requires prior authorization. Refer to the specific Health Plan's procedure code list for management requirements.

<table>
<thead>
<tr>
<th>Procedures addressed by this policy</th>
<th>Procedure codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molecular pathology procedure, Level 1, (e.g., identification of single germline variant [e.g. SNP] by techniques such as restriction enzyme digestion or melt curve analysis)</td>
<td>81400</td>
</tr>
<tr>
<td>Molecular pathology procedure, Level 2, (e.g., 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)</td>
<td>81401</td>
</tr>
<tr>
<td>Molecular pathology procedure, Level 3, (e.g., greater than 10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])</td>
<td>81402</td>
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## Procedures addressed by this policy

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<tr>
<td>Molecular pathology procedure, Level 4, (e.g., analysis of single exon by DNA sequence analysis, analysis of &gt;10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)</td>
<td>81403</td>
</tr>
<tr>
<td>Molecular pathology procedure, Level 5, (e.g., analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)</td>
<td>81404</td>
</tr>
<tr>
<td>Molecular pathology procedure, Level 6, (e.g., analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)</td>
<td>81405</td>
</tr>
<tr>
<td>Molecular pathology procedure, Level 7, (e.g., analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)</td>
<td>81406</td>
</tr>
<tr>
<td>Molecular pathology procedure, Level 8, (e.g., analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of &gt;50 exons, sequence analysis of multiple genes on one platform)</td>
<td>81407</td>
</tr>
<tr>
<td>Molecular pathology procedure, Level 9, (e.g., analysis of &gt;50 exons in a single gene by DNA sequence analysis)</td>
<td>81408</td>
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</table>

### What are molecular pathology tier 2 molecular CPT codes

**Definition**

Tier 2 codes are intended to report a wide range of molecular pathology procedures for which Tier 1 or other test-specific CPT codes have not been assigned.
Tier 2 code organization

Tier 2 codes are organized and assigned based on level of technical and interpretive effort required.

How specific tests become assigned to a Tier 2 code

Requests to have a specific test assigned to a Tier 2 CPT code are reviewed and implemented by the AMA.¹

The expectation is that labs will not self-assign Tier 2 codes based upon their own interpretation of required effort.

Test not assigned to a Tier 2 code

If the test has not been assigned to the appropriate Tier 2 CPT code, use an appropriate unlisted CPT code, such as 81479.

Criteria

Authorization Requirements

• The following information must be submitted for medical necessity review of CPT codes 81400 through 81408:
  o Details about the test being performed (test name, description, and/or unique identifier), and
  o Laboratory that will be performing the test, and
  o All CPT codes and units that will be billed related to the entire test, and
  o Clinical information, which may include:
    ▪ All information required by test-specific policy, or
    ▪ Test indication, including any applicable signs and symptoms or other reasons for testing, and
    ▪ Any applicable test results (laboratory, imaging, pathology, etc.), and
    ▪ Any applicable family history, and
    ▪ How test results will impact patient care if available

Claims Review and Payment Rules for 81400-81408

• A tier 2 code should only be used when the AMA has specifically assigned the performed test to a tier 2 code (i.e., laboratory self-assigned tier 2 codes will not be accepted).
• Claims submitted for 81400 through 81408 may require a unique test identifier. Please refer to the *Unique Test Identifiers for Non-Specific Procedure Codes* guideline for additional information.

• All claims received for 81400 through 81408 are subject to the applicable authorization requirements regardless of the specific test performed.

References

Introduction

These references are cited in this guideline.