



Reimbursement Policy for Molecular Pathology

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Molecular diagnostic testing and laboratory-developed testing are dynamic fields, constantly evolving. It is important to note that not all applications of molecular pathology procedures are covered by services. This could be due to a lack of a clear benefit category, such as preventive services, or because they do not meet the medically reasonable and necessary criteria for coverage, particularly in cases where there is no suspicion of disease.

Reimbursement Guidelines

Prior claims payments made using 'stacking' codes or future claims based on the new code series do not constitute a guarantee of coverage by Molina Healthcare. These services may not have undergone audits for compliance with program requirements, and the necessary documentation supporting their medical necessity for beneficiaries may not be available. It is crucial that medical records substantiate the services billed, as certain molecular pathology procedures may be subject to medical review.

For Multianalyte testing on the same specimen, Individual Tier 1 or Tier 2 codes are considered components to GSP (Genomic Sequencing Procedures), PLA (PROPRIETARY LABORATORY ANALYSES), or unlisted codes. Any Individual Tier 1 or Tier 2 codes submitted in addition to GSP, PLA, or unlisted code 81479 will be denied. If the analyte being tested is not represented by a Tier 1 code or is not accurately described as a Tier 2 code, you should report the unlisted molecular pathology procedure code 81479. Please note that when reporting CPT (Current Procedural Terminology) code 81479 - 'Unlisted Molecular Pathology Procedure,' it is essential to include the specific gene tested and all supporting medical records. Failure to provide these additional details will result in a denial.

Additionally, for Medicaid NCCI (National Correct Coding Initiative) - Section F - CPT codes 81161-81408, billing with CPT code 88291 is not allowed. Similarly, CPT code 81455 may not be billed with CPT codes 81445 or 81450."

Tier 2 Molecular Pathology Codes

- 81400
- 81401
- 81402
- 81403
- 81404
- 81405
- 81406
- 81407
- 81408

Genomic Sequencing Procedures (GSP) and Other Molecular Multianalyte Assay (MAA) Codes:

- 81410
- 81411
- 81412
- 81413
- 81414
- 81415
- 81416
- 81417
- 81419
- 81420
- 81422
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- 81434
- 81435
- 81437
- 81438
- 81439
- 81440
- 81442
- 81443
- 81445
- 81448
- 81450
- 81455
- 81460
- 81465
- 81470
- 81471

Tier 1 Molecular Pathology Codes and Proprietary Laboratory Analysis (PLA) codes are listed in the attachment along with Tier 2 codes and GSP codes.



Molecular
Pathology Codes.xls

Supplemental Information

Definitions

| Term | Definition |
|----------|--|
| CMS | Center for Medicare and Medicaid |
| GSP | Genomic Sequencing Procedures |
| MAA | Molecular Multianalyte Assay - DNA (Detection by Nucleic Acid) and RNA sequence analysis methods that simultaneously assay multiple genes or genetic regions relevant to a clinical situation |
| NCCI | National Correct Coding Initiative |
| PLA | Proprietary Lab Analyses - An addition to the CPT® code set approved by the AMA (American Medical Association) CPT® Editorial Panel. These are alpha-numeric CPT codes with a corresponding descriptor for labs or manufacturers that want to identify their test more specifically. |
| Stacking | When each step of a molecular diagnostic test is billed using a separate CPT code. Such billing is termed “stacking” with each step of a molecular diagnostic test utilizing a different CPT code to create a “Stack.” |

State Exceptions

| State | Exception |
|-------|-----------|
|-------|-----------|

Documentation History

| Type | Date | Action |
|--------------|------|--------|
| Published | | |
| Revised Date | | |

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

| Agency: | Reference links: |
|---------------|---|
| CMS | CMS A56199 - Molecular Pathology Procedures CMS A58917 - Molecular Pathology and Genetic Testing CMS A58918 - Molecular Pathology and Genetic Testing |
| Medicaid NCCI | Medicaid NCCI 2023 Coding Policy Manual - Chapter X, Section F - Molecular Pathology NCCI Manual 2021 |
| AMA | AMA Physicians CPT MPCW Slide Presentation |