



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 continuously evolving fields. It is notable that not all molecular pathology procedures are covered by services. This may be due to an absence of a clear benefit category, such as preventive services, or because they do not meet the criteria for being medically reasonable and necessary, particularly in situations 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 essential 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 of 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	81425	
81426	81427	81430	
81431	81432	81433	
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
Effective Date	09/08/2023	New Policy
Revised Date	12/16/2024	Updated Template and checked reference links

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

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina



has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.