Payment Policy: Genetic and Molecular Testing

Reference Number: LA.CG.PP.55510~~2~~c Implications
Coding

Effective Date: 2/2024 Revision Log
Date of Last Revision: 12~~8~~/2024

See Important Reminder at the end of this policy for important regulatory and legal information.

Application
Physician Office Laboratory, Independent Laboratories, Qualified Hospital Laboratory, Referring Laboratory, Reference Laboratory

Policy Description
This policy addresses genetic and molecular testing services and applies to codes billed from the following sections in the CPT/HCPCS Manual:

- Molecular Pathology
- Genomic Sequencing Procedures and Other Molecular Multianalyte Assays (GSP)
- Multianalyte Assays with Algorithmic Analyses (MAAA)
- Proprietary Lab Analysis (PLA)

All providers billing for genetic and molecular testing services must bill according to the following requirements (or services may be denied):

- Bill for the test performed as indicated on the test requisition form and delivered on the test result
- Include ordering provider information on all claim transactions or the services may be denied
- Coding must be consistent with AMA coding guidelines, as interpreted by the Concert Genetics coding engine (https://app.concertgenetics.com):
    - Codes are determined based on the attributes of the testing performed, not based on the clinical indication of the member/enrollee
    - If a test qualifies for panel code(s), the panel code(s) must be used. Per the NCCI Manual, Chapter 10, Section F-8, if one laboratory procedure evaluates multiple genes using a next generation sequencing procedure, the laboratory shall report only one unit of service of one genomic sequencing procedure
    - If a panel code is not appropriate (or when medical policy exclusively covers components of panels), a limited number of individual components from multi-gene tests may be billed
    - Only one unit of the miscellaneous, non-specific code 81479 may be billed per test.
    - When CPT code 81479, 81599 or a Tier 2 code is used, a claim procedure description is required. Including the Concert GTU satisfies this requirement, and it is the recommended way to do so.

- To support accurate and timely payment of your claim, the Concert GTU is required in the procedure description (e.g. “GTU-6V98G” or “6V98G”).

All laboratories billing for genetic and molecular testing services must register using the Concert Genetics portal. Please visit the Concert Genetics website (https://app.concertgenetics.com) to:

- Verify accuracy of test catalog and review coding engine standards for each test covered by this policy
- Access Concert GTUs

Counseling is required before and after all genetic testing. Counseling at a minimum, must consist of the following and be documented in the enrollee's medical records:

- Obtaining a structured family genetic history
- Genetic risk assessment; and
- Counseling of the enrollee and family about diagnosis, prognosis, and treatment.

Reimbursement and Coverage

Reimbursement and coverage will be based on the Louisiana Medicaid Fee Schedule.

All providers requesting prior authorization for genetic and molecular testing services are required to add the appropriate Concert Genetics GTU descriptor to all prior authorization requests.

Utilization

Genetic testing for a particular disease should generally be performed once per lifetime; however, there are rare instances in which testing may be performed more than once in a lifetime (e.g., previous testing methodology is inaccurate, or a new discovery has added significant relevant mutations for a disease).

Documentation Requirements

Not Applicable

Additional Information

Not Applicable

Related Documents or Resources

Concert Genetics Aortopathies and Connective Tissue Disorders
Concert Genetics Cardiac Disorders
Concert Genetics Dermatologic Conditions
Concert Genetics Epilepsy Neurodegenerative and Neuromuscular Conditions
Concert Genetics Eye Disorders
Concert Genetics Gastroenterological Disorders non-cancerous
Concert Genetics General Approach to Genetic Testing
Concert Genetics Hearing Loss
Concert Genetics Hematologic Conditions non-cancerous
Concert Genetics Immune Autoimmune and Rheumatoid Disorders
Concert Genetics Kidney Disorders
Concert Genetics Lung Disorders

Concert Genetics Metabolic Endocrine Mitochondrial Disorders
Concert Genetics Multisystem Inherited Disorders
Concert Genetics Non-invasive Prenatal Screening
Concert Genetics Oncology Cancer Screening
Concert Genetics Oncology Cytogenetic Testing
Concert Genetics Preimplantation Genetic Testing
Concert Genetics Prenatal and Preconception Carrier Screening
Concert Genetics Prenatal Diagnosis Pregnancy Loss
Concert Genetics Skeletal Dysplasia Rare Bone Disorders
Concert Genetics Hereditary Cancer Susceptibility

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current 2023 manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services

Molecular/Genetic Testing Code	Description
81105-81383	Tier 1 codes
81400-81408	Tier 2 codes
81410-81471	Genomic Sequencing Procedures (GSP) and Other Molecular Multianalyte Assays
81490-81599	Multianalyte Assays with Algorithmic Analyses
0022U-0449U	Proprietary Laboratory Analyses (PLA) codes

References

1. ~~Centers for Medicare and Medicare Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual,effective January 1, 2024~~Medicaid National Correct Coding Initiative (NCCI) Tool.~~-~~ ~~https://www.cms.gov/medicare/coding-billing/nationalcorrect-coding-initiative-ncci-edits/medicare-ncci-policy-manual.~~ https://www.cms.gov/outreach-and-education/mln/educational-tools/mln9018659-how-to-use-the-medicaid-ncci/ncci-medicaid/chapter-4_filtering-the-ncci-data-tables/
2. American Medical Association. *Current Procedure Terminology* (CPT®). 2023
3. https://geneticspolicy.nccrcg.org/medicaid-policy/louisiana/
~~2.~~4.https://ldh.la.gov/assets/medicaid/Manuals/MCO_Manual.pdf

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
Rebrand to LHCC	10/2023	2/19/~~20~~24	
Annual Review; update reference. Non-material revisions – did not send to LDH for review.	8/23/2024		
Change policy number from LA.PP.502c to be in line with the PP for Concert Genetics. Added to the section that a description is required for 81599 and Tier 2 codes as well as 81479. Added genetic counseling information to the policy. Requesting prior authorization. Added coding and modifier information. Added table of Molecular & Genetic Testing codes and updated references.	12/20/~~20~~24		

Important Reminder
This payment policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this payment policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this payment policy. This payment policy is consistent with standards of medical practice current at the time that this payment policy was approved.

The purpose of this payment policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This payment policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this payment policy, and additional clinical policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This payment policy is not intended

to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this payment policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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