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## Genetic Testing

## Local Coverage Determination

### CPT Codes:

83890	Molecular Diagnostics; molecular isolation or extraction, each nucleic acid type (ie, DNA or RNA)
83891	Molecular Diagnostics; isolation or extraction of highly purified nucleic acid, each nucleic acid type (ie, DNA or RNA)
83892	Molecular Diagnostics; enzymatic digestion, each enzyme treatment
83893	Molecular Diagnostics; dot/slot blot production, each nucleic acid preparation
83894	Molecular Diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide), each nucleic acid preparation
83898	Molecular Diagnostics; amplification, target, each nucleic acid sequence
83904	Molecular Diagnostics, mutation identification by sequencing, single segment, each segment
83909	Molecular Diagnostics; separation and identification by high resolution technique (eg, capillary electrophoresis), each nucleic acid preparation (06/09)
83912	Molecular Diagnostics; interpretation and report

### The following diagnosis codes meet criteria for BRCA1 and BRCA2 gene mutation testing:

#### **Numerical Sort:**

158.0	Neoplasm, malignant, retroperitoneum (1/10)
158.8	Neoplasm, malignant, specified parts of peritoneum (1/10)
174.0	Neoplasm, malignant. breast, nipple and areola of female breast
174.1	Neoplasm, malignant, breast, central portion
174.2	Neoplasm, malignant, breast, upper-inner quadrant
174.3	Neoplasm, malignant, breast, lower-inner quadrant
174.4	Neoplasm, malignant, breast, upper-outer quadrant
174.5	Neoplasm, malignant, breast, lower-outer quadrant
174.6	Neoplasm, malignant, breast, axillary tail
174.8	Neoplasm, malignant, breast, other specified sites of female breast
174.9	Neoplasm, malignant, breast, unspecified site of female breast
175.0	Neoplasm, malignant, breast, male, of nipple and areola
175.9	Neoplasm, malignant, breast, male, of other and unspecified sites of
183.0	Carcinoma in situ of breast
233.0	History, personal, malignant neoplasm, gastrointestinal tract, unspecified
V10.3	History, personal, malignant neoplasm, breast
V10.43	History, personal, malignant neoplasm, genital organs, ovary

#### **Alphabetical Sort:**

183.0	Carcinoma in situ of breast
V10.3	History, personal, malignant neoplasm, breast
233.0	History, personal, malignant neoplasm, gastrointestinal tract, unspecified
V10.43	History, personal, malignant neoplasm, genital organs, ovary
174.6	Neoplasm, malignant, breast, axillary tail
174.1	Neoplasm, malignant, breast, central portion
174.3	Neoplasm, malignant, breast, lower-inner quadrant
174.5	Neoplasm, malignant, breast, lower-outer quadrant
175.0	Neoplasm, malignant, breast, male, of nipple and areola
175.9	Neoplasm, malignant, breast, male, of other and unspecified sites of
174.8	Neoplasm, malignant, breast, other specified sites of female breast
174.9	Neoplasm, malignant, breast, unspecified site of female breast
174.2	Neoplasm, malignant, breast, upper-inner quadrant
174.4	Neoplasm, malignant, breast, upper-outer quadrant
174.0	Neoplasm, malignant. breast, nipple and areola of female breast
158.0	Neoplasm, malignant, retroperitoneum (1/10)
158.8	Neoplasm, malignant, specified parts of peritoneum (1/10)

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**The following diagnosis codes meet criteria for hereditary colorectal cancer (HNPCC) and Familial Adenomatous Polyposis (FAP) testing including APC, MYH, and HNPCC syndromes, including endometrial cancer:**

***Numerical sort:***

153.0	Neoplasm, malignant, hepatic, flexure
153.1	Neoplasm, malignant, intestine, large, transverse
153.2	Neoplasm, malignant, intestine, large, descending
153.3	Neoplasm, malignant, intestine, large, sigmoid
153.4	Neoplasm, malignant, cecum
153.5	Neoplasm, malignant, appendix
153.6	Neoplasm, malignant, intestine, large, ascending
153.7	Neoplasm, malignant, splenic flexure
153.8	Neoplasm, malignant, intestine, large, other specified sites of
153.9	Neoplasm, malignant, intestine, large, unspecified
154.0	Neoplasm, malignant, junction, rectosigmoid
154.1	Neoplasm, malignant, rectum
154.8	Neoplasm, malignant, rectum, other sites of rectum, rectosigmoid junction and anus
171.9	Neoplasm, malignant, of connective and other soft tissue site unspecified (10/9)
179	Neoplasm, malignant, uterus, part unspecified
182.8	Neoplasm, malignant, uterus, of other specified sites of body of uterus
183.2	Neoplasm, malignant, fallopian tube
203.00	Myeloma, multiple, without remission
203.01	Myeloma, multiple in remission
203.02	Myeloma, multiple in relapse
204.00	Leukemia, lymphatic, acute, without mention of having achieved remission (10/9)
204.10	Leukemia, lymphatic, chronic, without mention of having achieved remission (10/9)
205.00	Leukemia, myeloid, acute, without mention of having achieved remission (10/9)
205.10	Leukemia, myeloid, chronic, without mention of having achieved remission (10/9)
238.4	Polycythemia vera (10/9)
238.71	Thrombocythemia, essential (10/9)
238.75	Syndrome, myelodysplastic, unspecified (10/9)
238.76	Myelofibrosis with myeloid metaplasia (10/9)
286.3	Deficiency, coagulation, specified type NEC
289.81	Hypercoagulation syndrome
753.13	Polycystic kidney autosomal dominant
753.14	Polycystic kidney autosomal recessive
756.51	Osteogenesis imperfecta
756.83	Ehlers-Danlos Syndrome
757.1	Ichthyosis congenita
759.83	Syndrome, fragile X
V10.05	History, personal, malignant neoplasm, large intestine
V10.06	History, personal, malignant neoplasm, rectum, rectosigmoid junction and anus
V10.42	History, personal, malignant neoplasm, genital organs, other parts of uterus
<b>V12.72*</b>	History, personal, polyps, colonic
V42.82	Peripheral stem cells replaced by transplant (10/9)

***Alphabetical Sort:***

286.3	Deficiency, coagulation, specified type NEC
V10.42	History, personal, malignant neoplasm, genital organs, other parts of uterus
V10.05	History, personal, malignant neoplasm, large intestine
V10.06	History, personal, malignant neoplasm, rectum, rectosigmoid junction and anus
<b>V12.72*</b>	History, personal, polyps, colonic
289.81	Hypercoagulation syndrome
757.1	Ichthyosis congenita
204.00	Leukemia, lymphatic, acute, without mention of having achieved remission (10/9)
204.10	Leukemia, lymphatic, chronic, without mention of having achieved remission (10/9)
205.00	Leukemia, myeloid, acute, without mention of having achieved remission (10/9)

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205.10	Leukemia, myeloid, chronic, without mention of having achieved remission (10/09)
238.76	Myelofibrosis with myeloid metaplasia (10/09)
203.02	Myeloma, multiple in relapse
203.01	Myeloma, multiple in remission
203.00	Myeloma, multiple, without remission
153.5	Neoplasm, malignant, appendix
153.4	Neoplasm, malignant, cecum
183.2	Neoplasm, malignant, fallopian tube
153.0	Neoplasm, malignant, hepatic, flexure
153.6	Neoplasm, malignant, intestine, large, ascending
153.2	Neoplasm, malignant, intestine, large, descending
153.8	Neoplasm, malignant, intestine, large, other specified sites of
153.3	Neoplasm, malignant, intestine, large, sigmoid
153.1	Neoplasm, malignant, intestine, large, transverse
153.9	Neoplasm, malignant, intestine, large, unspecified
154.0	Neoplasm, malignant, junction, rectosigmoid
171.9	Neoplasm, malignant, of connective and other soft tissue site unspecified (10/09)
154.1	Neoplasm, malignant, rectum
154.8	Neoplasm, malignant, rectum, other sites of rectum, rectosigmoid junction and anus
153.7	Neoplasm, malignant, splenic flexure
182.8	Neoplasm, malignant, uterus, of other specified sites of body of uterus
179	Neoplasm, malignant, uterus, part unspecified
756.51	Osteogenesis imperfecta
V42.82	Peripheral stem cells replaced by transplant (10/09)
753.13	Polycystic kidney autosomal dominant
238.4	Polycythemia vera (10/09)
756.83	Syndrome, Ehlers-Danlos
753.14	Polycystic kidney autosomal recessive
238.71	Thrombocythemia, essential (10/09)
759.83	Syndrome, Fragile X
238.75	Syndrome, myelodysplastic, unspecified (10/09)

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

**The following diagnosis codes meet coverage criteria for JAK2 testing:**

**Numerical sort:**

204.00	Leukemia, lymphoid, acute, without mention of having achieved remission (10/09)
204.10-204.12	Leukemia, lymphoid, chronic (4/10)
205.00	Leukemia, myeloid, acute, without mention of having achieved remission (10/09)
205.10	Leukemia, myeloid, chronic, without mention of having achieved remission (10/09)
238.4*	Polycythemia vera (10/09)
238.71	Thrombocythemia, essential (10/09)
238.75	Syndrome, myelodysplastic, unspecified (10/09)
238.76	Myelofibrosis with myeloid metaplasia (10/09)
238.79	Lymphatic and hematopoietic tissues, other (10/09)
453.0	Syndrome, Budd-chiari (10/09)

**Alphabetical sort:**

204.00	Leukemia, lymphoid, acute, without mention of having achieved remission (10/09)
204.10-204.12	Leukemia, lymphoid, chronic (4/10)
205.00	Leukemia, myeloid, acute, without mention of having achieved remission (10/09)
205.10	Leukemia, myeloid, chronic, without mention of having achieved remission (10/09)
238.79	Lymphatic and hematopoietic tissues, other (10/09)
238.76	Myelofibrosis with myeloid metaplasia (10/09)
238.4*	Polycythemia vera (10/09)
453.0	Syndrome, Budd-chiari (10/09)
238.75	Syndrome, myelodysplastic, unspecified (10/09)
238.71	Thrombocythemia, essential (10/09)

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The following diagnosis codes meet coverage criteria as indications for molecular testing of lymphoma, 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:

***Numerical sort:***

200.40-200.48 Lymphoma, mantle cell (4/10)  
200.70-200.78 Lymphoma, large cell (4/10)  
202.00-202.08 Lymphoma, nodular (4/10)

***Alphabetical sort:***

200.70-200.78 Lymphoma, large cell (4/10)  
200.40-200.48 Lymphoma, mantle cell (4/10)  
202.00-202.08 Lymphoma, nodular (4/10)