

Horizon Blue Cross Blue Shield of New Jersey Molecular and Genomic Testing Program

Molecular and Genomic Testing Procedure Code Listing

Procedure Codes Subject to Medical Necessity Determination

The following CPT[®] and HCPCS codes are subject to Medical Necessity Determination as part of our Molecular and Genomic Testing Program.

PROCEDURE CODES				
0001U	81215	81319	81422	81520
0004M	81216	81321	81425	81521
0005U	81217	81323	81426	81525
0006M	81222	81325	81427	81528
0007M	81223	81327	81430	81535
0012U	81225	81328	81431	81536
0013U	81226	81335	81432	81538
0014U	81227	81346	81433	81539
0015U	81228	81355	81434	81540
0018U	81229	81361	81435	81541
0019U	81230	81363	81436	81545
0022U	81231	81364	81437	81551
0026U	81232	81400	81438	81595
0028U	81238	81401	81439	81599
0029U	81249	81402	81440	84999
0030U	81257	81403	81442	G9143
0031U	81259	81404	81445	S3800
0032U	81269	81405	81448	S3840
0033U	81283	81406	81450	S3841
0034U	81287	81407	81455	S3842
0036U ¹	81291	81408	81460	S3845
0037U ¹	81292	81410	81465	S3846
81162	81294	81411	81470	S3852
81201	81295	81412	81471	S3854
81203	81297	81413	81479	S3861
81211	81298	81414	81490	S3865
81212	81300	81415	81493	S3866
81213	81313	81416	81504	S3870
81214	81317	81417	81519	

¹Effective May 7, 2018.

This document was last revised on April 4, 2018, and may be subject to change.

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