

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

Molecular and Genomic Testing Procedure Code Listing

Procedure Codes Subject to MND

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

PROCEDURE CODES						
0001U	0067U	0137U ¹	81248	81326	81427	81535
0002M	0069U	0138U ¹	81249	81327	81430	81536
0003M	0070U	81162	81252	81328	81431	81538
0004M	0071U	81163	81253	81335	81432	81539
0005U	0072U	81164	81257	81336	81433	81540
0006M	0073U	81165	81258	81337	81434	81541
0007M	0074U	81166	81259	81346	81435	81545
0011M	0075U	81167	81269	81350	81436	81551
0012M	0076U	81173	81283	81355	81437	81595
0013M	0078U	81174	81286	81361	81438	81596
0012U	0079U	81185	81289	81362	81439	81599
0013U	0084U	81186	81291	81363	81440	84999
0014U	0087U	81189	81292	81364	81442	G9143
0018U	0088U	81190	81293	81400	81443	S3800
0019U	0089U	81201	81294	81401	81445	S3840
0022U	0090U	81202	81295	81402	81448	S3841
0026U	0094U	81203	81296	81403	81450	S3842
0029U	0101U	81212	81297	81404	81455	S3844
0030U	0102U	81215	81298	81405	81460	S3845
0031U	0103U	81216	81299	81406	81465	S3846
0032U	0111U ¹	81217	81300	81407	81470	S3850
0033U	0113U ¹	81221	81302	81408	81471	S3852
0034U	0114U ¹	81222	81303	81410	81479	S3854
0036U	0118U ¹	81223	81304	81411	81490	S3861
0037U	0120U ¹	81225	81306	81412	81493	S3865
0045U	0129U ¹	81226	81313	81413	81500	S3866
0047U	0130U ¹	81227	81317	81414	81503	S3870
0048U	0131U ¹	81228	81318	81415	81504	
0050U	0132U ¹	81229	81319	81416	81518	
0053U	0133U ¹	81230	81321	81417	81519	
0055U	0134U ¹	81231	81322	81422	81520	
0056U	0135U ¹	81232	81323	81425	81521	
0060U	0136U ¹	81238	81325	81426	81525	

¹ Effective October 1, 2019.

This document last revised on August 7, 2019, and may be subject to change.

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