

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

PROCEDURE CODES

0001U	0069U	0156U	0235U ¹	81238	81323	81422	81522
0002M	0070U	0157U	0236U ¹	81248	81325	81425	81525
0003M	0071U	0158U	0237U ¹	81249	81326	81426	81529 ¹
0004M	0072U	0159U	0238U ¹	81252	81327	81427	81535
0005U	0073U	0160U	0239U ¹	81253	81328	81430	81536
0006M	0074U	0161U	81162	81257	81335	81431	81538
0007M	0075U	0162U	81163	81258	81336	81432	81539
0011M	0076U	0169U	81164	81259	81337	81433	81540
0012M	0078U	0170U	81165	81269	81346	81434	81541
0013M	0079U	0171U	81166	81277	81350	81435	81542
0012U	0084U	0172U	81167	81283	81351 ¹	81436	81546 ¹
0013U	0087U	0173U	81173	81286	81353 ¹	81437	81551
0014U	0088U	0175U	81174	81289	81355	81438	81552
0016M	0089U	0179U	81185	81291	81361	81439	81554 ¹
0018U	0090U	0203U	81186	81292	81362	81440	81595
0019U	0094U	0204U	81189	81293	81363	81442	81596
0022U	0101U	0205U	81190	81294	81364	81443	81599
0026U	0102U	0208U	81201	81295	81400	81445	84999
0029U	0103U	0209U	81202	81296	81401 ²	81448	G9143
0030U	0111U	0211U	81203	81297	81402 ²	81450	S3800
0031U	0113U	0212U	81212	81298	81403 ²	81455	S3840
0032U	0114U	0213U	81215	81299	81404 ²	81460	S3841
0033U	0118U	0214U	81216	81300	81405 ²	81465	S3842
0034U	0120U	0215U	81217	81302	81406	81470	S3844
0036U	0129U	0216U	81221	81303	81407	81471	S3845
0037U	0130U	0217U	81222	81304	81408	81479	S3846
0045U	0131U	0218U	81223	81306	81410	81490	S3850
0047U	0132U	0220U	81225	81307	81411	81493	S3852
0048U	0133U	0228U ¹	81226	81308	81412	81500	S3854
0050U	0134U	0229U ¹	81227	81313	81413	81503	S3861
0053U	0135U	0230U ¹	81228	81317	81414	81504	S3865
0055U	0136U	0231U ¹	81229	81318	81415	81518	S3866
0056U	0137U	0232U ¹	81230	81319	81416	81519	S3870
0060U	0138U	0233U ¹	81231	81321	81417	81520	
0067U	0153U	0234U ¹	81232	81322	81419 ¹	81521	

¹ Effective February 1, 2021.

² For services provided after Dec. 31, 2020, eviCore will no longer perform MND of procedure codes 81401, 81402, 81403, 81404, 81405 or 81545.

This document last revised on December 21, 2020, and may be subject to change.

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