

# Payment Policy: Genetic and Molecular Testing

Reference Number: LA.CG.PP.551c

Effective Date: 2/2024

Date of Last Revision: 07/2025

[Coding Implications](#)

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## Policy Overview

Certain services, procedures or devices provided to members are covered in accordance with the member's coverage documents, when rendered by participating providers and, in certain circumstances, by non-participating providers, all in accordance with the treating provider's scope of practice and this policy. This policy expands the requirements for billing of molecular and genetic testing to advance the reliability of laboratory quality information and reduce variability in billing. Louisiana Healthcare Connections (LHCC) have contracted with Concert, a leader in data and digital infrastructure for the Genetic Health Information Network, to administer this policy. Concert has developed a novel method to translate a genetic test into a single code or code combination. This method, delivered as the Concert Coding Engine, standardizes the coding process for genetic testing, allowing a single way to code each test on the market. Concert provides tools that connect, unify, and simplify the world of genetic testing and ultimately lead to insights that accelerate healing and improve health.

## Application

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

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

- Pathology and Laboratory Procedures (8000 Codes)
- Level II Healthcare Common Procedure Coding System (HCPCS)
- Category III Multianalyte Assays with Algorithmic Analyses (MAAA)
- Proprietary Lab Analysis (PLA) (U codes)

To verify the accuracy of a test catalog and review coding engine standards for each molecular and genetic test, laboratories billing for genetic and molecular testing services should register using the Concert Genetics portal at

<https://www.concertgenetics.com/join-centene>.

The portal offers a quality metrics questionnaire for completion by laboratories that leverages industry- standard quality programs with customization to reflect the unique characteristics of genetic testing while being minimally burdensome on providers. Laboratories will also utilize the Concert Portal to obtain and access the Genetic Testing Unit (GTU), a unique identifier for every genetic test that will be utilized for billing and payment.

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#### 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.

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
- International Classification of Diseases (ICD) coding system created by the World Health Organization (WHO). Header codes (3-digit ICDs) may lack specificity to determine coverage in some instances and may be denied for insufficient specificity.
- Include the date and place of service on all claim transactions. Place of Service codes will be used to distinguish outpatient testing from testing provided within the Emergency Department or as part of an inpatient hospital stay

Coding must be consistent with AMA coding guidelines, and the National Correct Coding Initiative (NCCI) manual:

- Codes are determined based on the attributes of the testing performed, not based on the clinical indication of the member/enrollee
- If the laboratory has obtained an approved Proprietary Laboratory Analyses (PLA) code or the test has a Multianalyte Algorithmic Assay (MAAA) code, the PLA/MAAA code must be used to bill for the service.
- Propriety codes may be used to bill only for the specific test to which the code is assigned.
- 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 test evaluates multiple analytes (e.g. drugs, pathogens, metabolites, genes) using a procedure that consolidates at least one part of the testing process (e.g., tandem mass spectrometry), the laboratory shall report only one unit of service of one appropriate level II HCPCS, CPT, or PLA code.

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- 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, 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.
- Codes may be used when the date of service falls after the listed effective date and prior to the date of retirement.
- Modifier codes should be used when billing multiple service units of a code is appropriate. This includes but is not limited to repeat testing, testing performed on multiple specimens, and testing for multiple species.
- When interpretation of existing data resulting from a separate test is conducted, the provider may bill at an adjusted rate using Modifier 52 to indicate that the wet lab procedures were not performed.
- Procedure-to-Procedure (PTP) and Medically Unlikely Edit (MUE) Requirements:
  - If a code(s) falls under a NCCI procedure-to-procedure edit, the code must be billed in alignment with the edit. PTP edits prohibit certain codes billed in presence of other codes as they are "mutually exclusive procedures."
  - If a code(s) falls under an NCCI procedure-to-procedure edit, modifiers must ONLY be used when appropriate and Modifier 59 may be used only if no other appropriate modifier describes the service.
- If a code(s) falls under a Medically Unlikely Edit (MUE), which defines the maximum units of service (UOS), the units billed must not exceed the maximum UOS. Per the NCCI Manual, the MUE is the maximum units of service (UOS) reported for a HCPCS/CPT code on the vast majority of appropriately reported claims by the same provider/supplier for the same beneficiary on the same date of service. Not all HCPCS/CPT codes have an MUEs
- To support accurate and timely payment of your claim, the Concert GTU is required in the procedure description (e.g. "GTU-6V98G" or "6V98G").

Additional Requirements-All providers must follow these additional requirements when submitting claims or prior authorization requests:

- Please register on 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
  - Complete a brief quality profile

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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.

#### 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*

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#### 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 2024, 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

**Table 1: Molecular/Genetic testing codes subject to Genetic Testing Units (GTU) Requirements in Table 2**

Molecular/Genetic Testing Code	Description
81105-81383	Tier 1 CPT Codes
81400-81408, 81479	Tier 2 CPT 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

**Table 2: GTU Requirements**

Procedural Code(s)	Genetic Testing Unit (GTU) Requirements	Claim Type and Field or Segment	GTU Format
All molecular /genetic testing codes noted in Table 1 above	The Concert GTU is required as the claim procedure description.	<ul style="list-style-type: none"> <li>Electronic Professional– 837P Transaction: Loop 2400 Segment SV101-7</li> <li>Electronic Institutional– 837I Transaction: Loop 2400 Segment SV202-7</li> <li>Paper Professional – CMS-1500: Item/block 19</li> <li>Paper Institutional – CMS-1450: Item/block 80</li> </ul>	Insert the exact GTU or the GTU preceded by “GTU-.”  For example, insert either: <ul style="list-style-type: none"> <li>6V98G</li> <li>GTU-6V98G</li> </ul>

#### References

- American Medical Association. CPT® Code Book. Last updated April, 2024
- World Health Organization. (2019). International statistical classification of diseases and related health problems (11th ed.). <https://icd.who.int/>
- Centers for Medicare and Medicaid Services, “NCCI Policy Manual”, Chapter 10 <https://www.cms.gov/ncci-medicare/medicare-ncci-policy-manual>

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4. Medicare NCCI FAQ Library. <https://www.cms.gov/ncci-medicare/medicare-ncci-faq-library>
5. Centers for Medicare and Medicaid Services, “Medicare NCCI Procedure to Procedure (PTP) Edits”<https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-procedure-procedure-ntp-edits>
6. Centers for Medicare and Medicaid Services, “Medically Unlikely Edits”  
<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
Rebrand to LHCC	10/2023	2/19/24	
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.	12/20/24	3/12/25	4/12/25
Annual Review. Minor rewording throughout. Removed “Policy Description” header and added “Policy Overview”, In “Application”: replaced first sentence regarding “molecular pathology, genomic sequencing...” with Pathology and Laboratory Procedures (80000 Codes), Category III Multianalyte Assays with Algorithmic Analyses (MAAA) (M codes), Proprietary Lab Analysis (PLA) (U codes), Level II Healthcare Common Procedure Coding System (HCPCS);” updated URL to <a href="https://www.concertgenetics.com/join-centene">https://www.concertgenetics.com/join-centene</a> . In the Reimbursement section, added: requirement that billing should be consistent with what is delivered on the test result; requirement to add rendering provider information on the claim; requirements to add appropriate ICD-10 codes and place of service codes to claims; that coding must be consistent with NCCI guidelines; that if coding is not consistent with AMA and NCCI guidelines, payment may be denied; if a test has a PLA or MAAA code assigned, it must be billed, and PLA codes should only be billed for the specific test to which they are assigned; requirement for “if a test analyzes multiple analytes...”; requirement “modifier should be used...”; statement regarding use of Modifier 52; PTP and MUE requirements; requirement to “Bill for services according to the Concert coding engine standards”. Reordered	07/2025	5/27/26	6/26/26

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Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
GTU requirements to end of Reimbursement section under “Additional Requirements”. In “Additional Requirements”: added “All providers must follow these additional requirements...” and registration requirements. In the Reimbursement section, removed qualifier regarding the interpretation of AMA correct coding per the Concert Genetics Coding engine on the following verbiage: “the coding must be consistent with American Medical Association coding guidelines”. Table 1: Labeled table as codes for tests subject to GTU requirements; removed specific code range limits for PLA codes; added HCPCS codes for genetic and molecular testing. Table 2: labeled Table 2 as GTU Requirements; added 81479 to the Tier 2 code range. References updated.			

#### 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

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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.

This payment policy is the property of LHCC. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

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