# Concert Genetic Testing: Identity and Forensics

Reference Number: V2.2025
Date of Last Revision 04/26

Coding implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

# OVERVIEW

This policy addresses the use of tests for the confirmation of laboratory specimens.

For additional information see the Rationale section.

# POLICY REFERENCE TABLE

**Coding Implications**

This clinical 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 the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical 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.

The tests, CPT codes, and ICD codes referenced in this policy are not comprehensive, and their inclusion does not represent a guarantee of coverage or non-coverage. Please see the Concert Platform for additional registered tests.

> NOTE: Coverage is subject to each requested code's inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis. The non-covered codes will only be denoted in the table below and not throughout the policy. Please only reference the policy reference table for covered and non-covered codes.

| CRITERIA SECTIONS | EXAMPLE TESTS (LABS) | COMMON BILLING CODES | REF |
|---|---|---|---|
| Genetic Testing to Confirm the Identity of Laboratory Specimens | | | |

| CRITERIA SECTIONS | EXAMPLE TESTS (LABS) | COMMON BILLING CODES | REF |
|---|---|---|---|
| Genetic Testing to Confirm the Identity of Laboratory Specimens | Know Error DNA Specimen Provenance Assay (DSPA) (Strand Diagnostics, LLC) | 81265, 81266*, 81479, C00.0-D49 | 1 |

# RELATED POLICIES

This policy document provides criteria for identity and forensics. Please refer to:

- ***General Approach to Laboratory Testing*** for criteria related to identity and forensics that is not specifically discussed in this or another non-general policy.

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# CRITERIA

It is the policy of Louisiana Healthcare Connections® that the specific genetic testing noted below is **medically necessary** when meeting the related criteria:

## GENETIC TESTING TO CONFIRM THE IDENTITY OF LABORATORY SPECIMENS

### Genetic Testing to Confirm the Identity of Laboratory Specimens

I. Current evidence does not support genetic testing to confirm the identity of laboratory specimens (e.g., know error), when billed separately, for all indications, because it is generally considered to be an existing component of the genetic testing process for quality assurance.

view rationale

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# RATIONALE

### Genetic Testing to Confirm the Identity of Laboratory Specimens

*National Comprehensive Cancer Network (NCCN)*

None of the National Comprehensive Cancer Network (NCCN) guidelines currently recommend or address performing separate genetic testing to confirm the identity of laboratory specimens.

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| Reviews, Revisions, and Approvals | Revision Date | Approval Date | Effective Date |
|---|---|---|---|
| New policy created. Criteria previously found in Concert Genetic Testing: Oncology: Molecular Analysis of Solid Tumors and Hematologic Malignancies. Review of criteria with no changes except to change the statement from noting the test is "investigational" to stating that "current evidence does not support." Coding table and rationale updated. | 04/26 | 6/29/26 | 7/29/26 |

# REFERENCES

1. National Comprehensive Cancer Network. Biomarker Compendium. https://www.nccn.org/professionals/biomarkers/content/. Accessed 04/01/2024

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**Important Reminder**

This clinical 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 clinical 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 clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical 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 clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical 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 clinical 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 clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical 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 professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of member/enrollees. This clinical policy is not intended to recommend treatment for member/enrollees. Member/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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