ForwardHealth
Wisconsin serving you

Update
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Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and Other Managed Care Programs

2015 CPT and HCPCS Procedure Code Changes

Effective for dates of service on and after January 1, 2015, ForwardHealth is updating services covered, policies, and service limitations to reflect the 2015 *Current Procedural Terminology* and Healthcare Common Procedure Coding System procedure code changes.

ForwardHealth is updating services covered, policies, and service limitations to reflect the 2015 *Current Procedural Terminology* (CPT) and Healthcare Common Procedure Coding System (HCPCS) code changes. All changes are effective for dates of service (DOS) on and after January 1, 2015, and include the following:

- Adding new CPT procedure codes for the Family Planning Only Services benefit.
- Adding new CPT and HCPCS procedure codes for BadgerCare Plus and Medicaid.
- End dating discontinued procedure codes for BadgerCare Plus and Medicaid.
- Implementing new coverage policy for testing drugs of abuse.
- Changing claim submission policy for radiation treatment delivery and digestive endoscopy.

Procedure Code Changes for the Family Planning Only Services Benefit

ForwardHealth may reimburse providers for the following new CPT procedure codes under the Family Planning Only Services benefit:

- Procedure code 87623 (Infectious agent detection by nucleic acid [DNA or RNA]; Human Papillomavirus [HPV], low-risk types [eg, 6, 11, 42, 43, 44]).
- Procedure code 87624 (Infectious agent detection by nucleic acid [DNA or RNA]; Human Papillomavirus [HPV], high-risk types [eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68]).
- Procedure code 87625 (Infectious agent detection by nucleic acid [DNA or RNA]; Human Papillomavirus [HPV], types 16 and 18 only, includes type 45, if performed).
- Procedure code 87806 (Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen[s], with HIV-1 and HIV-2 antibodies).

Procedure Code Changes for BadgerCare Plus and Medicaid

ForwardHealth is updating CPT and HCPCS procedure codes for providers. These changes include the following:

- Adding new CPT and HCPCS procedure codes.
- End dating discontinued procedure codes.

This *ForwardHealth Update* provides information regarding new policy surrounding certain new procedure codes for DOS on and after January 1, 2015. Providers should refer to the 2015 CPT and HCPCS code books for complete information on newly added, deleted, and revised procedure codes as of January 1, 2015.

Information on coverage, policy, and maximum allowable fees related to the new CPT and HCPCS procedure codes, including the applicable rendering provider types, is available by accessing the interactive maximum allowable fee

schedules on the ForwardHealth Portal at *www.forwardhealth.wi.gov/*. To access the fee schedules, click the Fee Schedules link in the Providers area of the Portal, and then click the Interactive Max Fee Search link in the Quick links box. Policy information for CPT and HCPCS procedure codes is subject to change; providers should access the interactive fee schedules and the Online Handbook for the most current policy and coverage information.

New Policy Surrounding Certain Procedure Codes for BadgerCare Plus and Medicaid

New HCPCS Modifier Group Subset for Dates of Service on and After January 1, 2015

Effective for DOS on and after January 1, 2015, four new HCPCS modifiers, XE, XP, XS, and XU, are being recognized by ForwardHealth to define specific subsets of modifier 59 (Distinct Procedural Service). These modifiers may be used to define more specifically why services should be allowed as separate and distinct. Providers may also continue to use modifier 59 for DOS on and after January 1, 2015, in any instance in which it was correctly used prior to January 1, 2015.

Like the Centers for Medicare and Medicaid Services (CMS), ForwardHealth is currently not requiring the new X modifiers be used for claim submission; however, providers who wish to use the new modifiers may use them in accordance with their CMS-published definitions. The new X modifiers will function within the claims processing system in the same manner as modifier 59; therefore, they should not be submitted in conjunction with modifier 59.

Procedure Code Changes for Existing Coverage Policy of Emerging Molecular Pathology and Diagnostic Genetic Testing

New procedure codes may be covered for emerging molecular pathology and diagnostic genetic testing. Refer to the Attachment of this *Update* for a list of select molecular pathology and select diagnostic genetic testing procedure codes, including new procedure codes and associated prior authorization (PA) requirements.

Procedure Code Changes for Medical Providers Submitting Claims for Fluoride Varnish

Medical providers submitting claims for fluoride varnish are required to use CPT procedure code 99188 (Application of topical fluoride varnish by a physician or other qualified health care professional). Dental providers should continue to use *Current Dental Terminology* (CDT) procedure code D1206 (Topical application of fluoride varnish) to represent application of fluoride varnish. Medical providers should continue to use CDT procedure code D1208 (Topical application of fluoride – **excluding** varnish) for topical application of fluoride. Medical providers may also submit HealthCheck and office visit procedure codes in addition to procedure codes for fluoride services, when appropriate.

Procedure Code Changes for Durable Medical Equipment

ForwardHealth may reimburse providers for the following new HCPCS procedure codes for prosthetics:

- Procedure code L6026 (Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device[s]).
- Procedure code L7259 (Electronic wrist rotator, any type).

Refer to the DME Index in the Providers area of the Portal for detailed information on changes to coverage, policies, and limitations. The DME Index can be accessed by selecting the Fee Schedules link from the Providers quick links box on the right side of the Portal home page.

Enddated Procedure Codes for BadgerCare Plus and Medicaid

Procedure Code Changes for Psychiatric Medication Checks

HCPCS procedure code M0064 (Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders) has been end dated by CMS. Providers performing medication checks for the treatment of mental psychoneurotic and personality disorders are required to submit claims to ForwardHealth using the appropriate medical Evaluation and Management procedure code.

Coverage Policy Changes for BadgerCare Plus and Medicaid

Fetal Aneuploidy Testing Using Cell Free Fetal Deoxyribonucleic Acid

Wisconsin Medicaid and BadgerCare Plus cover fetal aneuploidy testing using cell free fetal deoxyribonucleic acid (DNA) in maternal blood tests without PA in cases that meet guideline criteria published by the American Congress of Obstetricians and Gynecologists (ACOG). Documentation must be maintained by the provider that demonstrates adherence to ACOG guidelines.

Since multiple codes for fetal aneuploidy testing are now available, providers are no longer limited to submitting procedure code 81507 to represent the service. Refer to CPT code definitions and guidelines for appropriate procedure code selection.

New Coverage Policy for Testing Drugs of Abuse

Providers who submit professional claims are required to submit claims for testing drugs of abuse with HCPCS procedure codes G0431, G0434, and G6030-G6058. Hospital claims processing will recognize both CPT and HCPCS Level II code sets.

A future *Update* will describe additional coverage policy and guidelines for testing drugs of abuse.

Claim Submission Policy Changes for BadgerCare Plus and Medicaid

Submission of Claims for Radiation Treatment Delivery with Dates of Service on and After January 1, 2015

Effective for DOS on and after January 1, 2015, CPT and HCPCS Level II have added separate and distinct code sets to describe radiation treatment management. To align with Medicare policy, effective for DOS on and after January 1, 2015, providers who submit professional claims are required to submit claims for radiation treatment delivery with HCPCS procedure codes G6001-G6017. Hospital claims processing will recognize both CPT and HCPCS Level II code sets.

Submission of Claims for Diagnostic/Therapeutic Digestive Endoscopies with Dates of Service on and After January 1, 2015

Effective for DOS on and after January 1, 2015, CPT and HCPCS Level II have added separate and distinct code sets to describe diagnostic and therapeutic colonoscopies and sigmoidoscopies. To align with Medicare policy, effective for DOS on and after January 1, 2015, providers who submit professional claims are required to follow the CPT guidelines and colonoscopy decision tree to submit the appropriate CPT procedure codes 45300-45398 on claims for diagnostic/therapeutic digestive endoscopies. Hospital claims processing will recognize both CPT and HCPCS Level II code sets. Professional providers may refer to the fee schedule on the Portal for specific coverage details.

Reminder

Full Genome and Exome Sequencing

As a reminder, Wisconsin Medicaid and BadgerCare Plus do not cover full genome and exome sequencing.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *www.forwardhealth.wi.gov/*.

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ATTACHMENT
Select Molecular Pathology and Diagnostic Genetic Test Procedure Codes and Prior Authorization Requirements

The following table contains a list of select molecular pathology and diagnostic genetic testing *Current Procedural Terminology* (CPT) procedure codes that are covered by Wisconsin Medicaid and BadgerCare Plus.

Note: This list is not a comprehensive list of covered genetic testing services. The information included in the table is subject to change. For the most current information, providers are encouraged to refer to the maximum allowable fee schedule on the ForwardHealth Portal, available by clicking the Fee Schedules link in the Providers box on the Portal home page.

Tier 1 Molecular Pathology Procedures		
Procedure Code	**Description**	**Prior Authorization Required?**
81161	*DMD (dystrophin)* (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Yes
81200	*ASPA (aspartoacylase)* (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	No
81201	*APC (adenomatous polyposis coli)* (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Yes
81202	known familial variants	No
81203	duplication/deletion variants	Yes
81205	*BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide)* (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	No
81209	*BLM (Bloom syndrome, RecQ helicase-like)* (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	No
81211	*BRCA1, BRCA2 (breast cancer 1 and 2)* (eg hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	Yes
81212	185delAG, 5385insC, 6174delT variants	No
81213	uncommon duplication/deletion variants	Yes
81214	*BRCA1 (breast cancer 1)* (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	Yes
81215	known familial variant	No

Tier 1 Molecular Pathology Procedures		
Procedure Code	**Description**	**Prior Authorization Required?**
81216	*BRCA2 (breast cancer 2)* (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes
81217	known familial variant	No
81220	*CFTR (cystic fibrosis transmembrane conductance regulator)* (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	No
81221	known familial variants	No
81222	duplication/deletion variants	Yes
81223	full gene sequence	Yes
81224	intron 8 poly-T analysis (eg, male infertility)	No
81228	Cytogenomic contitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	No
81229	interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	No
81242	*FANCC (Fanconi anemia, complementation group C)* (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	No
81243	*FMR1 (fragile X mental retardation 1)* (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	No
81244	characterization of alleles (eg, expanded size and methylation status)	No
81246*	*FLT3 (fms-related tyrosine kinase 3)* (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	No
81250	*G6PC (glucose-6-phosphatase, catalytic subunit)* (eg, Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	No
81251	*GBA (glucosidase, beta, acid)* (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	No
81252	*GJB2 (gap junction protein, beta 2, 26kDa; connexin 26)* (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	No
81253	known familial variants	No
81254	*GJB6 (gap junction protein, beta 6, 30kDa, connexin 30)* (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	No
81255	*HEXA (hexosaminidase A [alpha polypeptide])* (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	No
81256	*HFE (hemochromatosis)* (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	No

Tier 1 Molecular Pathology Procedures		
Procedure Code	**Description**	**Prior Authorization Required?**
81257	*HBA1/HBA2 (alpha globin 1 and alpha globin 2)* (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	No
81260	*IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein)* (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	No
81280	Long QT syndrome gene analyses (eg, *KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2*); full sequence analysis	Yes
81281	known familial sequence variant	No
81282	duplication/deletion variants	Yes
81290	*MCOLN1 (mucolipin 1)* (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	No
81292	*MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2)* (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes
81288*	promoter methylation analysis	No
81293	known familial variants	No
81294	duplication/deletion variants	Yes
81295	*MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1)* (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes
81296	known familial variants	No
81297	duplication/deletion variants	Yes
81298	*MSH6 (mutS homolog 6 [E. coli])* (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes
81299	known familial variants	No
81300	duplication/deletion analysis	Yes
81302	*MECP2 (methyl CpG binding protein 2)* (eg, Rett syndrome) gene analysis; full sequence analysis	Yes
81303	known familial variant	No
81304	duplication/deletion variants	Yes
81317	*PMS2 (postmeiotic segregation increase 2 [S. cerevisiae])* (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes
81318	known familial variants	No
81319	duplication/deletion analysis	Yes

Tier 1 Molecular Pathology Procedures		
Procedure Code	**Description**	**Prior Authorization Required?**
81321	*PTEN (phosphatase and tensin homolog)* (eg, Cowden syndrome, *PTEN* hamartoma tumor syndrome) gene analysis; full sequence analysis	Yes
81322	known familial variant	No
81323	duplication/deletion variant	Yes
81324	*PMP22 (peripheral myelin protein 22)* (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Yes
81325	full sequence analysis	Yes
81326	known familial variant	No
81330	*SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal)* (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	No
81331	*SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A)* (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	No

Tier 2 Molecular Pathology Procedures		
Procedure Code	**Description**	**Prior Authorization Required?**
81400**	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	Yes
81401**	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	Yes
81402**	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])	Yes
81403**	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	Yes

Tier 2 Molecular Pathology Procedures		
Procedure Code	**Description**	**Prior Authorization Required?**
81404**	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	Yes
81405**	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons), regionally targeted cytogenomic array analysis	Yes
81406**	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)	Yes
81407**	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)	Yes
81408**	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	Yes
81479	Unlisted molecular pathology procedure	Yes

Genomic Sequencing Procedures and Other Molecular Multianalyte Assays		
Procedure Code	**Description**	**Prior Authorization Required?**
81410*	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including *FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3,* and *MYLK*	Yes
81411*	duplication/deletion analysis panel, must include analyses for *TGFBR1, TGFBR2, MYH11,* and *COL3A1*	Yes
81420*	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	No
81430*	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including *CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A,* and *WFS1*	Yes
81431*	duplication/deletion analysis panel, must include copy number analyses for *STRC* and *DFNB1* deletions in *GJB2* and *GJB6* genes	Yes
81435*	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including *APC, CHEK2, MLH1, MSH2, MSH6, MUTYH,* and *PMS2*	Yes
81436*	duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including *APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2,* and *MUTYH*	Yes
81440*	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including *BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2,* and *TYMP*	Yes
81445*	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (eg, *ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET*), interrogation for sequence variants and copy number variants and rearrangements, if performed	Yes

Genomic Sequencing Procedures and Other Molecular Multianalyte Assays		
Procedure Code	**Description**	**Prior Authorization Required?**
81450*	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA and RNA analysis when performed, 5-50 genes (eg, *BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1*), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	Yes
81455*	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, *ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET*), interrogation for sequence variants and copy number variants or rearrangements, if performed	Yes
81460*	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON], genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	Yes
81465*	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Yes

Multianalyte Assays with Algorithmic Analyses		
Procedure Code	**Description**	**Prior Authorization Required?**
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	No
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	No (diagnosis restricted)
81519*	Oncology (breast), mRNA gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	No

* New procedure code effective for dates of service on and after January 1, 2015.

** Refer to the CPT manual for a full list of genetic tests that are included under each Tier 2 Molecular Pathology code (81400-81408).