

# Molecular and Biomarker Information

Code	Legend Meaning
Yes	A authorization from insurance is needed prior to testing.
NC	Non-covered test - the insurance company policy will not cover this test.
DN	Payer requires supporting documentation to determine medical necessity.
PP	Insurance company has a medical policy that limits the use of this test (for example an NCD/LCD). Please refer to the payers policy.
No Pol	No current policy
No Pre	No pre-auth required

This document is provided to our clients as a guide to help determine if additional action is needed before the specimen is sent to RML or patient is asked to go to a RML Patient Service Center. The list below lets you determine if a patient's insurance will cover a test or if you need to submit prior authorization/documentation to the insurance company, or if an insurance company has a policy relating to medical necessity for the testing being performed. Payer policies change rapidly. We will keep you informed as we are updated.

## Prior Authorization Required?

Orderable Test	CPT	Test Name	Aetna (X)	BCBS (X)	Community Care (X)	Cigna (X)	Healthchoice (X)	MC LCD/NCD (X)	Medicaid (X)	United Healthcare (X)	Global Health (X)
9100787	88377	<b>ALK - EML4 Gene Fusion by FISH</b>	No Pre	No Pre	No Pre	No Pol	No Pol	PP	No Pol	No Pol	No Pol
9101855	81206, 81207, G0452 26	<b>BCR-ABL1 Detection</b>	PP	Yes	No Pre	No Pol	Yes	PP	No Pre	Yes	No Pol
9100927	81210	<b>BRAF V600 Targeted Mutation Analysis</b>	PP	Yes	Yes	Yes	NC	PP	No Pre	Yes	NC
1515700	81220	<b>Cystic Fibrosis Mutation DNA Analysis</b>	PP	Yes	Yes	No Pol	NC	No Pol	Yes	Yes	NC
9103095	81235	<b>EGFR Targeted Mutation Analysis</b>	PP	Yes	No Pre	Yes	Yes	PP	No Pre	Yes	No Pol
1515300	81240	<b>Prothrombin Gene Factor II Targeted Mutation Analysis</b>	PP	Yes	No Pre	Yes	Yes	PP	Yes	Yes	No Pol
9107735	81241	<b>Factor 5 Leiden Genotyping</b>	PP	Yes	No Pre	Yes	Yes	PP	Yes	Yes	NC
9000135	83883, 84450, 84460, 84520, 82977	<b>Fibrometer</b>	No Pol	No Pol	No Pol	No Pol	No Pol	No Pol	No Pol	No Pol	No Pol
0117075	81243	<b>Fragile X (FMR1) w/Reflex to Methylation</b>	PP	Yes	No Pre	Yes	Yes	No Pol	Yes	Yes	NC
9607835	81246	<b>FLT3 Mutation by PCR</b>	PP	No Pre	No Pre	Yes	Yes	No Pol	No Pre	Yes	NC
5000010	81256	<b>Hemochromatosis (HFE) Targeted Mutation Analysis</b>	PP	Yes	No Pre	No Pol	Yes	PP	No Pre	Yes	NC
9616980	81261	<b>B Cell Gene Rearrangement PCR</b>	PP	No Pre	Yes	No Pol	Yes	No Pol	No Pre	Yes	NC
9100185	81270	<b>JAK2 (V617F) Mutation Analysis</b>	PP	No Pre	No Pre	No Pol	Yes	PP	No Pre	Yes	No Pol
9100040	81275	<b>KRAS Exon 2 Targeted Mutation Analysis</b>	PP	Yes	No Pre	No Pol	Yes	PP	No Pre	Yes	NC
1515625	81291	<b>MTHFR DNA Mutation Analysis</b>	NC	Yes	Yes	No Pol	NC	No Pol	NC	Yes	No Pol
9628625	81310	<b>NPM1 Mutation PCR</b>	PP	No Pre	Yes	No Pol	Yes	PP	No Pre	Yes	NC
9107025	81313	<b>PCA3 Prostate Biomarker</b>	No Pol	Yes	No Pre	Yes	Yes	PP	NC	Yes	NC
9616805	81315	<b>PML/RARA t(15;17) PCR</b>	PP	No Pre	No Pre	No Pol	Yes	PP	No Pre	Yes	NC

