Lab Prior Authorization

On July 22, 2015, BlueCross® BlueShield® of South Carolina announced that it will partner with Avalon Healthcare Solutions (Avalon) to administer a comprehensive suite of laboratory benefits management services to promote patients access to affordable, high quality health care. Effective January 1, 2016, BlueCross will require Avalon to precertify certain lab procedures when performed in an office, outpatient or independent lab location. Avalon is an independent company that provides benefit management services on behalf of BlueCross.

Avalon relies on evidenced-based, clinically validated medical literature, published national health care guidelines, promulgated clinical protocols, the scientific and clinical expertise of its Clinical Advisory Board, and other resources as deemed appropriate by Avalon to develop its medical policies. These policies, further approved by client health plans, provide the foundation for medical necessity decision-making that promotes a member’s receipt of the right laboratory test at the right time and place.

Avalon has developed the following matrix in an effort to help you determine when you need to contact Avalon for prior authorization. This matrix is designed to assist you in submitting the appropriate code(s) to obtain the diagnostic information you require for your patient’s treatment plan. You may submit requests for prior authorization by fax or phone. Avalon will promptly review your request for medical necessity and provide you with a timely, written decision.

*Please note: Services rendered in an Emergency Room, Observation Room, Surgery Center or Hospital Inpatient Setting are not managed by Avalon. This document is current as of the date posted and is subject to change. Payment is subject to plan coverage and benefits at the time of service.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Code Description</th>
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<tbody>
<tr>
<td>81206</td>
<td>BCR/ABL 1 Testing for Chronic Myeloid Leukemia</td>
</tr>
<tr>
<td>81207</td>
<td>Minor breakpoint, qualitative or quantitative</td>
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<tr>
<td>81208</td>
<td>Other breakpoint, qualitative or quantitative</td>
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<tr>
<td>81401</td>
<td>Molecular pathology procedure, Level 2</td>
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<tr>
<td>81403</td>
<td>Molecular pathology procedure, Level 4</td>
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<tr>
<td>88271-75</td>
<td>Molecular cytogenetics; DNA probe, each (eg, FISH)</td>
</tr>
<tr>
<td></td>
<td>Chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)</td>
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<tr>
<td></td>
<td>Chromosomal in situ hybridization, analyze 10-30 cells</td>
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<tr>
<td></td>
<td>Chromosomal in situ hybridization, analyze 25-99 cells</td>
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<tr>
<td></td>
<td>Chromosomal in situ hybridization, analyze 100-300 cells</td>
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</table>

## BRCA

<table>
<thead>
<tr>
<th>CPT Code</th>
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<tbody>
<tr>
<td>81211</td>
<td>BRCA1, BRCA2 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)</td>
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<tr>
<td>81212</td>
<td>185delAG, 5385insC, 6174delT variants</td>
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<tr>
<td>81213</td>
<td>Uncommon duplication/deletion variants (BRCA1, BRCA2)</td>
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<tr>
<td>81214</td>
<td>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)</td>
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<tr>
<td>81215</td>
<td>Known familial variant</td>
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<tr>
<td>81216</td>
<td>BRCA2 gene analysis, full sequence analysis [*Note: when performing BRCA2 full sequence analysis with BRCA1 full sequence analysis, procedure code 81211 should be used]</td>
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<tr>
<td>81217</td>
<td>Known familial variant</td>
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<tr>
<td>88271-88275</td>
<td>Molecular cytogenetics</td>
</tr>
<tr>
<td>CPT Code</td>
<td>CPT Code Description</td>
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<td>------------</td>
<td>--------------------------------------------------------------------------------------</td>
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<tr>
<td>81228</td>
<td>Cytophagenomic constitutional (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)</td>
</tr>
<tr>
<td>81229</td>
<td>Interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities</td>
</tr>
<tr>
<td>53870</td>
<td>Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental retardation</td>
</tr>
</tbody>
</table>

### Cytochrome P450 Genetic Testing

- **81225**: CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis
- **81226**: CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis

### Epidermal Growth Factor Receptor (EGFR) Mutation Analysis for Patients with Non-Small Cell Lung Cancer (NSCLC)

- **81235**: EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis

### Familial Adenomatous Polyposis and MUTYH-Associated Polyposis

- **81201**: APC 9 (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
- **81202**: Known familial variants
- **81203**: Duplication/deletion variants

### Flow Cytometry

- **88185**: Each additional marker (listed separately in addition to code 88184 for the first marker). NOTE: PA required only if greater than 29 units are ordered.

### FLT3 and NPM1 Mutation in Acute Myeloid Leukemia

- **81245**: FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; evaluation to detect abnormal (eg, expanded alleles)
- **81310**: NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants

### General Genetic Testing

- **81161-81479**: Molecular pathology code range
- **81500-81599**: MAAA tests (NOTE: Codes 81508-81512 NOT COVERED)
- **88230-88299**: Cytogenetic studies code range
- **S3800**: Genetic testing for amyotrophic lateral sclerosis (ALS)
- **S3840**: DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2
- **S3841**: Genetic testing for retinoblastoma
- **S3842**: Genetic testing for Von Hippel-Lindau disease
- **S3844**: DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness
- **S3845**: Genetic testing for alpha thalassemia
- **S3846**: Genetic testing for hemoglobin E beta-thalassemia
- **S3849**: Genetic testing for Niemann-Pick disease
- **S3850**: Genetic testing for sickle cell anemia
- **S3853**: Genetic testing for muscular dystrophy

### General Genetic Testing for Cardiac Ion Channelopathies

- **81280**: Long QT syndrome gene analyses; full sequence analysis
- **81281**: Known familial sequence variant
- **81282**: Duplication/deletion variants
- **81403**: KCNQ2 (potassium inwardly-rectifying channel, subfamily J, member 2), full gene sequence
- **81405**: CASQ2 (calsequestrin 2 [cardiac muscle]), full gene sequence
- **81406**: Molecular pathology procedure, Level 7
- **81407**: Molecular pathology procedure, Level 8
- **81408**: RYR2 (ryanodine receptor 2 [cardiac]), full gene sequence or targeted sequence analysis of >50 exons
- **S3861**: Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (scn5a) and variants for suspected brugada syndrome

### Genetic Testing for Cystic Fibrosis

- **81221**: Known familial variants
- **81222**: Duplication/deletion variants
- **81223**: Full gene sequence
- **81224**: Intron 8 poly-T analysis (eg, male infertility)

### Genetic Testing for Duchenne and Becker Muscular Dystrophy

- **81161**: DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis if performed
- **81408**: Molecular pathology Level 9, including DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence
<table>
<thead>
<tr>
<th>CPT Code</th>
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<tbody>
<tr>
<td>81242</td>
<td>FANCC (Fanconi anemia, complementation group C) (e.g., Fanconi anemia, type C) gene analysis</td>
</tr>
<tr>
<td>81243</td>
<td>FMR1 (Fragile X mental retardation 1) (e.g., Fragile X mental retardation) gene analysis; evaluation to detect abnormal (expanded) alleles</td>
</tr>
<tr>
<td>81244</td>
<td>FMR1 (Fragile X mental retardation 1) gene analysis; characterization of alleles (e.g., expanded size and methylation status)</td>
</tr>
<tr>
<td>81404</td>
<td>Molecular pathology procedure, Level 5 (e.g., analysis of 2-5 exons by DNA sequence analysis)</td>
</tr>
<tr>
<td>81405</td>
<td>Molecular pathology procedure, Level 6 (e.g., analysis of 6-10 exons by DNA sequence analysis)</td>
</tr>
<tr>
<td>81321</td>
<td>PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis</td>
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<tr>
<td>81322</td>
<td>Known familial variant</td>
</tr>
<tr>
<td>81323</td>
<td>Duplication/deletion variant</td>
</tr>
<tr>
<td>81321</td>
<td>DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2</td>
</tr>
<tr>
<td>81302</td>
<td>MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome) gene analysis; full sequence analysis</td>
</tr>
<tr>
<td>81303</td>
<td>Known familial variant</td>
</tr>
<tr>
<td>81304</td>
<td>Duplication/deletion variant</td>
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<tr>
<td>81404</td>
<td>Molecular pathology procedure, Level 4</td>
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<tr>
<td>81405</td>
<td>Molecular pathology procedure, Level 6</td>
</tr>
<tr>
<td>88363</td>
<td>Examination and selection of retrieval archival (i.e.: previously diagnosed) tissue(s) for molecular analysis</td>
</tr>
<tr>
<td>G0464</td>
<td>Cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., kras, ndrg4 and bmp3)</td>
</tr>
<tr>
<td>81270</td>
<td>JAK2 (Janus kinase 2) (e.g., myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant</td>
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<tr>
<td>81402</td>
<td>Molecular pathology procedure, Level 3</td>
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<td>81403</td>
<td>Molecular pathology procedure, Level 4</td>
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<tr>
<td>81405</td>
<td>Molecular pathology procedure, Level 6</td>
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<td>Examination and selection of retrieval archival (i.e.: previously diagnosed) tissue(s) for molecular analysis</td>
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<td>G0464</td>
<td>Cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., kras, ndrg4 and bmp3)</td>
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<tr>
<td>81292-81294</td>
<td>MSH1 genetic testing code range</td>
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<tr>
<td>81295-81297</td>
<td>MSH2 genetic testing code range</td>
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<tr>
<td>81298-81300</td>
<td>MSH6 genetic testing code range</td>
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<tr>
<td>81301</td>
<td>Microsatellite instability analysis (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency includes comparison of neoplastic and normal tissue, if performed</td>
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<tr>
<td>81317 - 81319</td>
<td>MSK2 Genetic Testing (postmeiotic segregation increased 2)</td>
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<tr>
<td>81318</td>
<td>known familial variants</td>
</tr>
<tr>
<td>81319 - duplication/deletion variants</td>
<td></td>
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<tr>
<td>81420</td>
<td>Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21</td>
</tr>
<tr>
<td>81507</td>
<td>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</td>
</tr>
<tr>
<td>0009M</td>
<td>Fetal aneuploidy trisom risk</td>
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<tr>
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<td>81161</td>
<td>DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis if performed</td>
</tr>
<tr>
<td>81200</td>
<td>ASPA (aspartoacylase) (eg, Canavan disease) gene analysis</td>
</tr>
<tr>
<td>81205</td>
<td>BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis,</td>
</tr>
<tr>
<td>81209</td>
<td>BLM ( Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant</td>
</tr>
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<td>81211</td>
<td>Known familial variants</td>
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<tr>
<td>81250</td>
<td>G6PC (glucose-6-phosphatase, catalytic subunit) gene analysis</td>
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<tr>
<td>81251</td>
<td>GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis</td>
</tr>
<tr>
<td>81255</td>
<td>HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis,</td>
</tr>
<tr>
<td>81256</td>
<td>HFE (hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)</td>
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<tr>
<td>81257</td>
<td>HBA1/HBA2 (alpha globin 1 and alpha globin 2, gene analysis)</td>
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<tr>
<td>81259</td>
<td>Known familial sequence variant</td>
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<tr>
<td>81280</td>
<td>Long QT syndrome gene analyses, full sequence analysis</td>
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<tr>
<td>81281</td>
<td>Known familial sequence variant</td>
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<tr>
<td>81290</td>
<td>MCOLN1 (mucolipin 3) (eg, Mucolipidosis, type IV) gene analysis</td>
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<tr>
<td>81302</td>
<td>MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis</td>
</tr>
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<td>81310</td>
<td>NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants</td>
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<tr>
<td>81317</td>
<td>PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) gene analysis; full sequence analysis</td>
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<tr>
<td>81318</td>
<td>Known familial variants</td>
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<tr>
<td>81391</td>
<td>Duplication/deletion variants</td>
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<tr>
<td>81400, 81401</td>
<td>AS Patel (aspartoacylase) (eg, Canavan disease) gene analysis</td>
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<td>FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis,</td>
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<td>81435</td>
<td>Genetic testing for alpha-thalassemia</td>
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<tr>
<td>81436</td>
<td>Genetic testing for hemoglobin beta-thalassemia</td>
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<td>81440, 81441</td>
<td>Molecular pathology procedure, Level 1</td>
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<td>81442, 81443</td>
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<td>81446, 81447</td>
<td>Molecular pathology procedure, Level 5</td>
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<tr>
<td>81448, 81449</td>
<td>Molecular pathology procedure, Level 6</td>
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