

2008
LOCAL COVERAGE DETERMINATION (LCD)
 CPT CODE(S): 83890, 83891, 83892, 83893, 83894, 83898, 83904, 83912

GENETIC TESTING

DLS TEST CODES AND NAMES	
N/A	APOLIPOPROTEIN E GENOTYPE
N/A	B AND T CELL CLONALITY
N/A	DNA BANKING
4567	FACTOR V LEIDEN
N/A	FLT3 MUTATION ANALYSIS
N/A	FRAGILE X DNA BY PCR, FEMALE
N/A	FRAGILE X DNA BY PCR, MALE
56599	HEMOCHROMATOSIS DNA
50479	JAK2 MUTATION ANALYSIS
N/A	MICROSATELLITE INSTABILITY
6185	MTHFR MUTATION
N/A	PRADER-WILLI/ANGELMAN
5428	PROTHROMBIN G20210A MUTATION
5506	THALESSEMIA, ALPHA GLOBIN DNA
5102	THROMBOPHILIA MUTATION
N/A	WARFARIN SENSITIVITY
ICD 9 CODE	DESCRIPTION

These are the only covered ICD-9-CM codes that support medical necessity:

The following diagnosis codes meet criteria for BRCA1 and BRCA2 gene mutation testing:

174.0	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF FEMALE BREAST
174.1	MALIGNANT NEOPLASM OF CENTRAL PORTION OF FEMALE BREAST
174.2	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF FEMALE BREAST
174.3	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST
174.4	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST
174.5	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF FEMALE BREAST
174.6	MALIGNANT NEOPLASM OF AXILLARY TAIL OF FEMALE BREAST

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174.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST
174.9	MALIGNANT NEOPLASM OF BREAST (FEMALE) UNSPECIFIED SITE
175.0	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA OF MALE
175.9	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES OF MALE BREAST
183.0	MALIGNANT NEOPLASM OF OVARY
233.0	CARCINOMA IN SITU OF BREAST
V10.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST
V10.43	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OVARY

The following diagnosis codes meet criteria for hereditary colorectal cancer (HNPCC) and Familial Adenomatous Polyposis (FAP) testing including APC, MYH, and HNPCC syndromes, including endometrial cancer:

153.0	MALIGNANT NEOPLASM OF HEPATIC FLEXURE
153.1	MALIGNANT NEOPLASM OF TRANSVERSE COLON
153.2	MALIGNANT NEOPLASM OF DESCENDING COLON
153.3	MALIGNANT NEOPLASM OF SIGMOID COLON
153.4	MALIGNANT NEOPLASM OF CECUM
153.5	MALIGNANT NEOPLASM OF APPENDIX VERMIFORMIS
153.6	MALIGNANT NEOPLASM OF ASCENDING COLON
153.7	MALIGNANT NEOPLASM OF SPLENIC FLEXURE
153.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF LARGE INTESTINE
153.9	MALIGNANT NEOPLASM OF COLON UNSPECIFIED SITE
154.0	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
154.1	MALIGNANT NEOPLASM OF RECTUM
154.8	MALIGNANT NEOPLASM OF OTHER SITES OF RECTUM RECTOSIGMOID JUNCTION AND ANUS
179	MALIGNANT NEOPLASM OF UTERUS-PART UNS
182.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF BODY OF UTERUS
183.2	MALIGNANT NEOPLASM OF FALLOPIAN TUBE
203.00	MULTIPLE MYELOMA WITHOUT REMISSION
203.01	MULTIPLE MYELOMA IN REMISSION
286.3	CONGENITAL DEFICIENCY OF OTHER CLOTTING FACTORS
289.81	PRIMARY HYPERCOAGULABLE STATE
753.13	POLYCYSTIC KIDNEY AUTOSOMAL DOMINANT

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753.14	POLYCYSTIC KIDNEY AUTOSOMAL RECESSIVE
756.51	OSTEOGENESIS IMPERFECTA
756.83	EHLERS-DANLOS SYNDROME
757.1	ICHTHYOSIS CONGENITA
759.83	FRAGILE X SYNDROME
V10.05	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE
V10.06	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF RECTUM RECTOSIGMOID JUNCTION AND ANUS
V10.42	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER PARTS OF UTERUS
V12.72*	PERSONAL HISTORY OF COLONIC POLYPS

*V12.72 should be used to denote any of the polyposis conditions as described under Indications and Limitations above.