

Billing Requirements: Genetic Testing Procedures

General Guidelines:

- All DNA-based and FISH (fluorescent in situ hybridization) testing will require the use of the appropriate codes and disease-specific genetic testing code modifiers, as noted in the CPT 2007, Appendix I. If no modifiers exist for a specific diagnosis, then use appropriate CPT codes only.
- All DNA-based testing, except those procedures noted in the Overview of Billing Instruction table below, will require pre-authorization.
- Applicable molecular diagnostic codes include: CPT 83890 - 83914, plus CPT Appendix I modifiers, as appropriate.
- Applicable FISH codes include: CPT 88271 - 88275, plus CPT Appendix I modifiers, as appropriate.

Overview of Billing Instruction:

Service/Procedure	Billing Instruction	Applicable Codes
1. DNA-based testing for cystic fibrosis	No pre-authorization is required if billed with appropriate CPT and modifier or cystic fibrosis V-code . If the modifier or the appropriate V-code is not included, the claim will deny.	CPT 83890 - 83914, billed with Modifier 8A and ICD-9 diagnosis codes V77.6 or V83.81
2. FISH for lymphoma or leukemia	No pre-authorization is required if billed with appropriate CPT and modifier or leukemia or lymphoma V-code . If the modifier or the appropriate V-code is not included, the claim will deny.	CPT 88271 - 88275; 88291, billed with Modifier 2A - 2Z or ICD-9 codes V10.6x or V10.7x
3. Routine chromosomal analysis	No change is required to current acceptable billing practices. Use applicable CPT codes.	CPT 88230 - 88269; 88280 - 88289; 88291; 88299 <i>Note: These codes may require pre-authorization if billed in conjunction with other service codes noted above.</i>