

2019 CPT CODE ADDITIONS

Effective January 1, 2019

2019 CPT CODE ADDITIONS

Bolded Codes

Bolded codes indicate notation of a special billing policy.

Immunization

90689

90689

CPT code 90689 is reimbursable for Presumptive Eligibility services. Modifiers UD, U7, 99, SA, SB, SL and SK are allowed.

Medicine

92273, 92274, 93264, 95836, 95976, 95977, 95983, 95984, 96112, 96113, 96121, 96130 – 96133, 96136 – 96139, 96146, 99491

92273, 92274

Modifiers SA, U7 and 99 are allowed.

93264, 95836

CPT codes 93264 and 95836 are limited to once every 30 days for any provider. The frequency limitation can be overridden with a valid *Treatment Authorization Request* (TAR). Modifiers SA, SB, U7 and 99 are allowed.

95976, 95977, 95983, 95984

Modifiers SA, SB, U7 and 99 are allowed.

96112, 96113, 96121, 96130, 96132, 96136, 96138, 96146

CPT codes 96112, 96113, 96121, 96130 – 96132, 96136, 96138 and 96146 are limited to one per year for any provider. The frequency limitation can be overridden with a valid TAR. Modifiers U7, 25 and 99 are allowed.

96131, 96133

CPT codes 96131 and 96133 are limited to two per year for any provider. The frequency limitation can be overridden with a valid TAR. Modifiers U7, 25 and 99 are allowed.

96137, 96139

CPT codes 96137 and 96139 are limited to nine per year for any provider. The frequency limitation can be overridden with a valid TAR. Modifiers U7, 25 and 99 are allowed.

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99491

CPT code 99491 is limited to one per month for any provider and is reimbursable with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation or functional decline
- Comprehensive care plan established, implemented, revised or monitored

CPT code 99491 is not reimbursable in the same calendar month as CPT code 99490.

Modifiers SA, SB, U7, 24, 25 and 99 are allowed.

Pathology

81163 – 81167, 81171 – 81174, 81177 – 81190, 81204, 81233, 81234, 81236, 81237, 81239, 81271, 81274, 81284 – 81286, 81289, 81305, 81306, 81312, 81320, 81329, 81336, 81337, 81343 – 81345, 81518, 81596, 82642, 83722

81163 – 81167

CPT codes 81163 – 81167 are limited to once in a lifetime for any provider* and require a *Treatment Authorization Request (TAR)* with documentation of the following criteria:

1. An individual from a family member with a known deleterious BRCA mutation; OR
2. Personal history of breast cancer (invasive or ductal carcinoma in situ) plus one or more of the following:
 - Diagnosed at ≤45 years of age; OR
 - Diagnosed at 46 – 50 years of age with:
 - An additional breast cancer primary at any age
 - One or more close blood relatives with breast cancer at any age
 - One or more close blood relatives with prostate cancer (Gleason score ≥7)
 - An unknown or limited family history; OR
 - Diagnosed at ≤60 years of age with a triple negative breast cancer; OR
 - Diagnosed at any age with:
 - One or more close blood relatives with:
 - a. Breast cancer diagnosed at ≤50 years of age; or
 - b. Ovarian carcinoma; or
 - c. Male breast cancer; or
 - d. Metastatic prostate cancer; or
 - e. Pancreatic cancer
 - Two or more additional diagnosis of breast cancer at any age in patient and/or close blood relatives; OR
 - Ashkenazi Jewish ancestry; OR

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3. Personal history of ovarian carcinoma (includes fallopian tube and primary peritoneal cancers); OR
 4. Personal history of male breast cancer; OR
 5. Personal history of pancreatic cancer; OR
 6. Personal history of metastatic prostate cancer (biopsy-proven and/or with radiographic evidence, includes distant metastasis and regional bed or nodes, not biochemical recurrence); OR
 7. Personal history of high-grade prostate cancer (Gleason score ≥ 7) at any age with:
 - One or more close blood relatives (first-, second- or third-degree) with ovarian carcinoma, pancreatic cancer or metastatic prostate cancer at any age or breast cancer under 50 years of age; or
 - Two or more close blood relatives (first-, second- or third-degree relatives on the same side of family) with breast or prostate cancer (any grade) at any age; or
 - Ashkenazi Jewish ancestry; OR
 8. BRCA1/2 pathogenic/likely pathogenic variant detected by tumor profiling on any tumor type in the absence of germline pathogenic/likely pathogenic variant analysis; OR
 9. For an individual without history of breast or ovarian cancer, but with one or more first- or second-degree blood relative meeting any of the above criteria; OR
 10. For BRCAAnalysis CDx testing for breast cancer, all of the following TAR criteria must be met:
 - Patient has metastatic breast cancer.
 - Patient is human epidermal growth factor receptor 2 (HER2)-negative.
 - Patient has previously been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting.
 - Patient's additional treatment is contingent on the test results.
- * An approved TAR that meets the necessary criteria listed below is required to override the once-in-a-lifetime frequency:
- For patients with previous BRCA test other than BRCAAnalysis CDx, repeat BRCA testing with BRCAAnalysis CDx may be necessary when treatment with Lynparza™ (olaparib) is contingent on the test results.
 - For patients with previous BRCA test other than the FoundationFocus CDxBRCA, repeat BRCA testing with FoundationFocus CDxBRCA may be necessary when treatment with Rubraca (rucaparib) is contingent on the test results.

Modifiers 33, 90 and 99 are allowed.

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81171, 81172

CPT codes 81171 and 81172 are limited to once in a lifetime for any provider, except with valid TAR override. One of the following ICD-10-CM diagnosis codes is required on the claim: F70, F71, F80.0 – F89, H93.25, R48.0, R62.0 – R62.59 or R48.2. Modifiers 33, 90 and 99 are allowed.

81173, 81174, 81204

CPT codes 81173, 81174 and 81204 are limited to once in a lifetime for any provider and require a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for bulbar muscular atrophy, and
- The patient requires the service as a confirmatory test for spinal and bulbar muscular atrophy

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81177

CPT code 81177 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for dentatorubral pallidoluysian atrophy, and
- The patient requires the service as a confirmatory test for dentatorubral pallidoluysian atrophy

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81178

CPT code 81178 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 1 (SCA1), and
- The patient requires the service as a confirmatory test for SCA1

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81179

CPT code 81179 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 2 (SCA2), and
- The patient requires the service as a confirmatory test for SCA2

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90, and 99 are allowed.

81180

CPT code 81180 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 3 (SCA3), and
- The patient requires the service as a confirmatory test for SCA3

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

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81181

CPT code 81181 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 7 (SCA7), and
- The patient requires the service as a confirmatory test for SCA7

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81182

CPT code 81182 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 8 (SCA8), and
- The patient requires the service as a confirmatory test for SCA8

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81183

CPT code 81183 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 10 (SCA10), and
- The patient requires the service as a confirmatory test for SCA10

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81184, 81185, 81186

CPT codes 81184, 81185 and 81186 are limited to once in a lifetime for any provider and require a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for Episodic ataxia type 2 (EA2), and
- The patient requires the service as a confirmatory test for EA2

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81187

CPT code 81187 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for Myotonic dystrophy type 2 (MD2), and
- The patient requires the service as a confirmatory test for MD2

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

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81188 – 81190

CPT codes 81188 – 81190 are limited to once in a lifetime for any provider and require a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for myoclonic epilepsy type 1 and requires the service as a confirmatory test for myoclonic epilepsy type 1, and
- Treatment will be contingent on test results

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81233

CPT code 81233 is limited to once in a lifetime for any provider. One of the following ICD-10-CM diagnosis codes is required on the claim: D80.0 – D80.6, C91.10 – C91.12 or C83.00 – C83.09. The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81234, 81239

CPT codes 81234 and 81239 are limited to once in a lifetime for any provider and require a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for Myotonic dystrophy type 1 (MD1), and
- The patient requires the service as a confirmatory test for MD1

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81236, 81237

CPT codes 81236 and 81237 may only be billed with one of the following ICD-10-CM diagnosis codes is required on the claim: D47.1, D47.3 or C83.30 – C83.39. Modifiers 33, 90 and 99 are allowed.

81271, 81274

CPT codes 81271 and 81274 are limited to once in a lifetime for any provider and require a TAR with documentation of the following criteria:

- For adults, the patient has unequivocal motor signs of Huntington's disease (HD) and requires the service to confirm the diagnosis
- For children, the patient has a family history of HD and develops symptoms that raise the suspicion for juvenile-onset HD as exemplified by two or more of the following:
 - Declining school performance
 - Seizures
 - Oral motor dysfunction
 - Rigidity
 - Gait disturbance

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81284 – 81286, 81289

CPT codes 81284 – 81286 and 81289 are limited to once in a lifetime for any provider and require a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for Friedreich ataxia (FRDA)
- The patient requires the service as a confirmatory test for FRDA

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

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81305

CPT code 81305 is limited to once in a lifetime for any provider and is only reimbursable when billed in conjunction with ICD-10-CM diagnosis code C88.0. The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81306

CPT code 81306 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient is undergoing thiopurine therapy, and
- The patient has severe or prolonged myelosuppression

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed

81312

CPT code 81312 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient has symptoms of ptosis and dysphagia, and
- The patient requires the service as a confirmatory test for Oculopharyngeal Muscular Dystrophy

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81320

CPT code 81320 is limited to once in a lifetime for any provider. One of the following ICD-10-CM diagnosis codes is required on the claim: C91.10 – C91.12 (except with valid TAR). The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81329, 81336, 81337

CPT codes 81329, 81336 and 81337 are limited to once in a lifetime for any provider and require a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for spinal muscular atrophy, and
- The patient requires the service as a confirmatory test for spinal muscular atrophy

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81343

CPT code 81343 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 12 (SCA12), and
- The patient requires the service as a confirmatory test for SCA12

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

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81344

CPT code 81344 is limited to once in a lifetime for any provider and requires a TAR with documentation of the following criteria:

- The patient has clinical signs or symptoms suspicious for spinocerebellar ataxia type 17 (SCA17), and
- The patient requires the service as a confirmatory test for SCA17

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81345

CPT code 81345 is limited to once in a lifetime for any provider and requires a TAR with documentation that the patient has the diagnosis of grade II, III or IV glioma. The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90 and 99 are allowed.

81518

CPT code 81518 may be billed for gene expression profiling. It has a frequency limit of once in a lifetime and requires a TAR with documentation of the following criteria:

- The recipient is estrogen and progesterone receptor (ER/PgR)-positive.
- The recipient is HER2-receptor negative.
- The recipient is lymph node negative.
- The recipient has stage I or stage II breast cancer.
- The recipient is a candidate for chemotherapy.
- The assay is used within six months of diagnosis.
- The recipient is under consideration for adjuvant systemic therapy.

The frequency limitation can be overridden with a valid TAR. Modifiers 33, 90, and 99 are allowed.

81596

CPT code 81596 is only reimbursable when billed in conjunction with ICD-10-CM diagnosis code B18.2. Modifiers 33, 90 and 99 are allowed.

82642 and 83722

Modifiers 33, 90, and 99 are allowed.

Podiatrist

10004 – 10012, 11102 – 11107

10004 – 10012, 11102 – 11107

Modifiers U7 and 99 are allowed. A TAR is required for reimbursement.

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Radiology

76391, 76978, 76979, 76981 – 76983, 77046 – 77049

76391

Modifiers U7 and 99 are allowed. A TAR is required for reimbursement.

76978, 76979, 76981

Modifiers U7 and 99 are allowed.

76982

CPT code 76982 has a frequency limitation of two per year. A TAR may be used to override the frequency limit. Modifiers U7 and 99 are allowed.

76983

CPT code 76983 has a frequency limitation of two billing dates of service per year/4 billing units per year. Modifiers U7 and 99 are allowed.

77046, 77048

A TAR is required for reimbursement. Modifier LT or RT is required on the claim. Modifiers U7 and 99 are allowed.

77047, 77049

A TAR is required for reimbursement. Modifiers U7 and 99 are allowed.

Surgery

10004 – 10012, 11102 – 11107, 20932 – 20934, 27369, 33274, 33275, 33285, 33286, 33289, 33440, 33866, 36572, 36573, 38531, 43762, 43763, 50436, 50437, 53854

10004 – 10012, 11102 – 11107, 20932, 20933

Modifiers SA, U7, and 99 are allowed. Assistant surgeon services are not reimbursable.

20934, 27369, 33274, 33275

Modifiers U7 and 99 are allowed. Assistant surgeon services are not reimbursable.

33285, 33286, 33289, 33440, 33866, 43762, 43763

Modifiers U7 and 99 are allowed.

36572

CPT code 36572 is reimbursable for patients under five years of age. Assistant surgeon services are not reimbursable. Modifiers U7 and 99 are allowed.

36573

CPT code 36573 is reimbursable for patients five years of age and older. Assistant surgeon services are not reimbursable. Modifiers U7 and 99 are allowed.

38531

Modifiers U7, 50 and 99 are allowed.

50436, 50437

Modifiers U7, 50, and 99 are allowed. Assistant surgeon services are not reimbursable.

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53854

CPT code 53854 is only reimbursable for male recipients 45 years of age and older. A TAR is required when billing code 53854 with modifier AG. Providers must document all of the following:

- The trial and failure of medical treatment for the urinary flow obstruction, or contraindication for medical treatment
- The work-up, including:
 - Urinalysis
 - Measurement of prostate specific antigen (PSA)
 - Simple uroflowmetry
 - Transrectal ultrasound
 - Cystoscopy
- A diagnosis of hyperplasia of the prostate (ICD-10-CM diagnosis codes N40.0 – N40.3, N42.83 and N42.89)

Modifiers U7 and 99 are allowed. Assistant surgeon services are not reimbursable.

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Medicine

96116, 99091

96116

CPT code 96116 is limited to one per year for any provider.

99091

CPT code 99091 is limited to once every 30 days. A TAR may be used to override the frequency limit.

Pathology

81162, 81215 – 81217, 81400, 81401, 81403 – 81405

81162, 81215, 81217

CPT codes 81162, 81215 and 81217 are limited to once in a lifetime for any provider and require a TAR with documentation of the following criteria:

1. An individual from a family member with a known deleterious BRCA mutation; OR
2. Personal history of breast cancer (invasive or ductal carcinoma in situ) plus one or more of the following:
 - Diagnosed at ≤ 45 years of age; OR
 - Diagnosed at 46 – 50 years of age with:
 - An additional breast cancer primary at any age
 - One or more close blood relatives with breast cancer at any age
 - One or more close blood relatives with prostate cancer (Gleason score ≥ 7)
 - An unknown or limited family history; OR
 - Diagnosed at ≤ 60 years of age with a triple negative breast cancer; OR
 - Diagnosed at any age with:
 - One or more close blood relatives with:
 - a. Breast cancer diagnosed at ≤ 50 years of age; or
 - b. Ovarian carcinoma; or
 - c. Male breast cancer; or
 - d. Metastatic prostate cancer; or
 - e. Pancreatic cancer
 - Two or more additional diagnosis of breast cancer at any age in patient and/or close blood relatives; OR
 - Ashkenazi Jewish ancestry; OR
3. Personal history of ovarian carcinoma (includes fallopian tube and primary peritoneal cancers); OR
4. Personal history of male breast cancer; OR
5. Personal history of pancreatic cancer; OR

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6. Personal history of metastatic prostate cancer (biopsy-proven and/or with radiographic evidence, includes distant metastasis and regional bed or nodes, not biochemical recurrence); OR
7. Personal history of high-grade prostate cancer (Gleason score ≥ 7) at any age with:
 - One or more close blood relatives (first-, second- or third-degree) with ovarian carcinoma, pancreatic cancer or metastatic prostate cancer at any age or breast cancer under 50 years of age; or
 - Two or more close blood relatives (first-, second- or third-degree relatives on the same side of family) with breast or prostate cancer (any grade) at any age; or
 - Ashkenazi Jewish ancestry; OR
8. BRCA1/2 pathogenic/likely pathogenic variant detected by tumor profiling on any tumor type in the absence of germline pathogenic/likely pathogenic variant analysis; OR
9. For an individual without history of breast or ovarian cancer, but with one or more first- or second-degree blood relative meeting any of the above criteria; OR
10. For BRCAAnalysis CDx testing for breast cancer, all of the following TAR criteria must be met:
 - Patient has metastatic breast cancer.
 - Patient is human epidermal growth factor receptor 2 (HER2)-negative.
 - Patient has previously been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting.
 - Patient's additional treatment is contingent on the test results.

The CPT codes are limited to once in a lifetime for any provider. An approved TAR that meets the necessary criteria listed below is required to override the once-in-a-lifetime frequency:

- For patients with previous BRCA test other than BRCAAnalysis CDx, repeat BRCA testing with BRCAAnalysis CDx may be necessary when treatment with Lynparza™ (olaparib) is contingent on the test results.
- For patients with previous BRCA test other than the FoundationFocus CDxBRCA, repeat BRCA testing with FoundationFocus CDxBRCA may be necessary when treatment with Rubraca (rucaparib) is contingent on the test results.

81216

CPT code 81216 is now a Medi-Cal benefit. It is limited to once in a lifetime for any provider* and requires a *Treatment Authorization Request* (TAR) with documentation of the following criteria:

1. An individual from a family member with a known deleterious BRCA mutation; OR
2. Personal history of breast cancer (invasive or ductal carcinoma in situ) plus one or more of the following:
 - Diagnosed at ≤ 45 years of age; OR
 - Diagnosed at 46 – 50 years of age with:
 - An additional breast cancer primary at any age
 - One or more close blood relatives with breast cancer at any age
 - One or more close blood relatives with prostate cancer (Gleason score ≥ 7)
 - An unknown or limited family history; OR
 - Diagnosed at ≤ 60 years of age with a triple negative breast cancer; OR
 - Diagnosed at any age with:
 - One or more close blood relatives with:
 - a. Breast cancer diagnosed at ≤ 50 years of age; or
 - b. Ovarian carcinoma; or
 - c. Male breast cancer; or
 - d. Metastatic prostate cancer; or
 - e. Pancreatic cancer
 - Two or more additional diagnosis of breast cancer at any age in patient and/or close blood relatives; OR
 - Ashkenazi Jewish ancestry; OR
3. Personal history of ovarian carcinoma (includes fallopian tube and primary peritoneal cancers); OR
4. Personal history of male breast cancer; OR
5. Personal history of pancreatic cancer; OR
6. Personal history of metastatic prostate cancer (biopsy-proven and/or with radiographic evidence, includes distant metastasis and regional bed or nodes, not biochemical recurrence); OR
7. Personal history of high-grade prostate cancer (Gleason score ≥ 7) at any age with:
 - One or more close blood relatives (first-, second- or third-degree) with ovarian carcinoma, pancreatic cancer or metastatic prostate cancer at any age or breast cancer under 50 years of age; or
 - Two or more close blood relatives (first-, second- or third-degree relatives on the same side of family) with breast or prostate cancer (any grade) at any age; or
 - Ashkenazi Jewish ancestry; OR
8. BRCA1/2 pathogenic/likely pathogenic variant detected by tumor profiling on any tumor type in the absence of germline pathogenic/likely pathogenic variant analysis; OR

9. For an individual without history of breast or ovarian cancer, but with one or more first- or second-degree blood relative meeting any of the above criteria; OR
10. For BRCAAnalysis CDx testing for breast cancer, all of the following TAR criteria must be met:
 - Patient has metastatic breast cancer.
 - Patient is human epidermal growth factor receptor 2 (HER2)-negative.
 - Patient has previously been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting.
 - Patient's additional treatment is contingent on the test results.

* An approved TAR that meets the necessary criteria listed below is required to override the once-in-a-lifetime frequency:

- For patients with previous BRCA test other than BRCAAnalysis CDx, repeat BRCA testing with BRCAAnalysis CDx may be necessary when treatment with Lynparza™ (olaparib) is contingent on the test results.
- For patients with previous BRCA test other than the FoundationFocus CDxBRCA, repeat BRCA testing with FoundationFocus CDxBRCA may be necessary when treatment with Rubraca (rucaparib) is contingent on the test results.

Modifiers 33, 90 and 99 are allowed.

81400

A TAR for CPT code 81400 will no longer be approved with documentation of the following criteria:

- SMN1 (survival of motor neuron 1 telomeric), exon 7 deletion – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinal muscular atrophy

81401

A TAR for CPT code 81401 will no longer be approved when billed with documentation of one of the following criteria:

- AR (spinal & bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinal and bulbar muscular atrophy or Kennedy disease
- ATN1 (dentatorubral-pallidoluysian atrophy) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for dentatorubral pallidoluysian atrophy
- ATXN1 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- ATXN2 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- ATXN3 (spinocerebellar ataxia, Machado-Joseph disease) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- ATXN7 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- ATXN10 (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- ATXN80S (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia

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- CACNA1A (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- CNBP (myotonic dystrophy, type 2) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for myotonic dystrophy, type 2
- CSTB (Unverricht-Lundborg disease):
 - The patient has clinical features suspicious for, or requires the service as a confirmatory test for myoclonic epilepsy type 1, and
 - Treatment will be contingent on test results
- DMPK (dystrophia myotonica-protein kinase) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for myotonic dystrophy type 1
- FXN (Friedreich ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Friedreich ataxia
- PPP2R2B (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia
- SMN1/SMN2 (survival of motor neuron 1, telomeric/survival of motor neuron 2, centromeric), dosage analysis. Patient who is considering pregnancy or is already pregnant
- TBP (spinocerebellar ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinocerebellar ataxia

81403

A TAR for CPT code 81403 will no longer be approved with documentation of the following criteria:

- SMN1 (survival of motor neuron 1 telomeric), known familial sequence variant(s) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinal muscular atrophy

81404

A TAR for CPT code 81404 will no longer be approved with documentation of one of the following criteria:

- CSTB (Unverricht-Lundborg disease) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Unverricht-Lundborg disease
- DMPK (dystrophia myotonica-protein kinase) – The patient has clinical features suspicious for, or requires the service as a diagnostic test for myotonic dystrophy
- FXN (Friedreich ataxia) – The patient has clinical features suspicious for, or requires the service as a confirmatory test for Friedreich ataxia

81405

A TAR for CPT code 81405 will no longer be approved with documentation of one of the following criteria:

- SMN1 (survival of motor neuron 1 telomeric), full sequence analysis – The patient has clinical features suspicious for, or requires the service as a confirmatory test for spinal muscular atrophy:

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2019 CPT DELETED CODES

Medicine

Deleted Code

92275
95974
95975
95978
95979
96101 – 96103
96111
96118 – 96120
99090

Pathology

Deleted Code

81211
81213
81214

Radiology

Deleted Code

76001
77058
77059
78270 – 78272

Surgery

Deleted Code

10022
11100
11101
20005
27370
31595
33282
33284
41500
43760

Surgery (continued)

Deleted Code

46762
50395
61332
61480
61610
61612
63615
64508
64550
66220