

## UHS Laboratory Prior Authorization Testing - Blood and Urine Collections

Certain laboratory testing now requires prior authorization to be obtained before the specimen is collected. This is a requirement based on the patient's insurance plan(s). The list below includes some of the common tests that may require authorization. Refer to the CPT code ranges for tests that may not be included.

Cytogenetic Studies (Examples: Chromosome Analysis, Gene Mutations Analysis, and Genotypes) CPT code range is 88230-88299

Molecular Pathology (Examples: Cystic Fibrosis, MTHFR, and Factor V Leiden) CPT code range is 81170-81479.

Tissue Typing Immunological Procedures (Examples: HLA B27, HLA DR/DQ) CPT code range is 86805-86849.

Test Name	CPT 1	CPT 2	CPT 3	CPT 4	CPT 5	Lab Test Code	CDM	Estimated 2019 Price
Alpha Thalassemia	81269					MATHA	50050497	\$1,070.00
Apolipoprotein E Genotyping	81401					MAPOE	50051098	\$877.00
Ashkenazi Jewish Mutation Panel w/o CF	81225	81251	81242	81209	81200	MAJPO	50051289	\$1,215.00
BCR/ABL1 FISH	88271	88291				M922F	50051438	\$786.00
Celiac HLA-DQ	81376					MCELI	50050896	\$555.00
Chromosome Blood	88230	88291	88262	88285	88280	MCHRC	50050451	\$373.00
Chromosome Hematologic Blood Disorders	88237	88291				MCHRH	50051247	\$638.00
Chromosome Microarray Blood	81229					MCMAC	50050455	\$4,869.00
Chromosome-Aray-Familial-FISH	88271	88291				MCMAF	50050000	\$449.00
CLL FISH	88271	88291				MCLLF	50051277	\$1,453.00
Cystic Fibrosis	81220					MCFP	50050131	\$456.00
Cytochrome P450 2C19 Genotype	81225					M2C19	50050800	\$1,654.00
Factor V Leiden Mutation	81241					MF5DN	50050135	\$417.00
Fragile X (FMR1)	81243					MFXS	50050569	\$414.00
HLA - A,B,C Typing	81372					QHHLA	50051226	\$1,484.00
HLA 1502 Carbamazepine Hypersensitivity	81381					MCARP	50051139	\$1,741.00
HLA A29 Determination	81374					QHHLA9	50051418	\$538.00
HLA B51 Determination	81374					QHHLA5	50051417	\$538.00
HLA Class 2 Typing Molecular	81375					MDIS2	50050900	\$1,002.00
HLA-B27	86812					MLY27	50050137	\$177.00
HLA-B5701 Genotype	81381					MHLA5	50050296	\$644.00
Mantle Cell Lymphoma FISH	88271	88275				QMANT	50051274	\$430.00
MTHFR Mutations Analysis	81291					MMTHP	50051062	\$423.00
PCA3, Urine	81313					MFPPC	50050292	\$1,301.00
Plasminogen Act. Inhibitor-1	81400					MFPAL	50050053	\$590.00
Prenatal Aneuploid FISH	88271	88291				MPADF	50050010	\$349.00
Prothrombin Gene Mutation (F2)	81240					MPTNT	50050187	\$335.00
SMA Carrier Eval	81401					MSMNC	50050891	\$1,641.00
Thrombophilia Panel (BONC)	81240					MTHRM	50050743	\$2,678.00

## UHS Laboratory Prior Authorization - Tissue and Bone Marrow Testing

Certain laboratory testing now requires prior authorization to be obtained before the specimen is collected or testing performed. This is a requirement based on the patient's insurance plan(s). The list below includes some of the common tests that may require authorization. Refer to the CPT code ranges for tests that may not be included.

Cytogenetic Studies (Examples: Chromosome Analysis, Gene Mutations Analysis, and Genotypes) CPT code range is 88230-88299

Molecular Pathology (Examples: Cystic Fibrosis, MTHFR, and Factor V Leiden) CPT code range is 81170-81479.

Tissue Typing Immunological Procedures (Examples: HLA B27, HLA DR/DQ) CPT code range is 86805-86849.

Test Name	CPT 1	CPT 2	CPT 3	CPT 4	Lab Test Code	CDM	Estimated 2019 Price
AML Molecular Profile NGS	81450					20030030	\$5,285.00
BCR/ABL(9;22) Major Breakpoint	81206					20030023	\$413.00
BRAF V600E Detection	81210					20030018	\$347.00
BRAF V600E Mutation Detection (Genoptix)	81210					20630025	\$688.00
BRAF V600E-H	81210					20612461	\$877.00
Chromosome Analysis	88264					20030004	\$250.00
Chromosome Analysis Each Add.	88280					20030005	\$50.00
Chromosome Analysis Each Add. (Genoptix)	88285					20630027	\$200.00
Chromosome Products of Conception Microarray	88271				MCMAP	50050456	\$2,923.00
COMP Multiplex 88374	88374					20630014	\$309.00
Cytogenetics Bone Marrow	88237	88264	88280			20011441	\$1,308.00
EGFR Mutation PCR-H	81235					20612446	\$2,691.00
FISH Manual Multiplex	88377					20030008	\$359.00
FISH Manual Single Probe	88369					20030007	\$179.00
HER2NEU by FISH	88271	88365				20611430	\$1,509.00
ISH/FISH/PROBE - Each Add. probe	88364					20630009	\$340.00
KRAS Mutation-H	81275					20612479	\$689.00
Lymphoid Molecular Profile	81455					20030028	\$3,839.00
MGMT Gene Methylation	81287					20612529	\$1,159.00
Microsatellite Instability-H	81301					20612487	\$635.00
Mopath Proc. Level 4 (Genoptix MPD A-La-Carte)	81403					50051311	\$759.00
MPN Profile	81450					20030014	\$1,332.00
Myeloid Molecular Profile (Genoptix)	81450					20030010	\$3,110.00
NRAS Extended Analysis	81479					20630004	\$965.00
Sequence Analysis Panel; Solid Organ 5-50 Genes (Genoptix)	81455					20410875	\$4,988.00
Chromosome Amniotic Fluid	88235	88235	88269	88291	MCHRA	50050448	\$325.00