

This policy contains information to help providers bill for clinical laboratory tests or examinations related to molecular pathology and diagnostic services.

Molecular Pathology Code Chart

The chart included in this policy correlates molecular pathology CPT® and HCPCS Tier 1, Codes, Genomic Sequencing Procedures, and other Molecular Multianalyte Assays with the following:

- Treatment Authorization Request (TAR) and claim documentation requirements
- Allowable diagnosis (ICD-10-CM) codes
- Once-in-a-lifetime and other frequency limitations for reimbursement
- Select modifier and split-billing information

Note: Policy for most molecular pathology codes fits within the chart; however, policy for Tier 2 procedures, Levels 1-9 is too lengthy or complex for the chart and is covered outside of the chart.

To view the Molecular Pathology Code Chart, please visit [Pathology: Molecular Pathology \(path molec\) \(ca.gov\)](#).

If you have any questions, please contact your Quest Diagnostics sales representative.

Disclaimer: The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

The above information serves as a reference tool for laboratory test services and is not comprehensive. The ordering provider is responsible for determining the appropriate diagnosis codes for each patient. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record.