

## Medi-Cal Prenatal Genetic Carrier Screening

According to the Molecular Pathology section of the Medi-Cal General Medicine provider manual, prenatal genetic carrier screening is reimbursable for certain analyses of spinal muscular atrophy and cystic fibrosis. Reimbursable tests include CPT-4 code 81329, SMN1 (survival of motor neuron 1, telomeric) gene analysis; dosage/deletion analysis, includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed; and CPT-4 code 81220, CTFR (cystic fibrosis transmembrane conductance regulator).

As referenced in the Medi-Cal policy, when CPT code 81220 and 81329 are used to bill for the purpose of cystic fibrosis and spinal muscular atrophy screening respectively, providers must document in the diagnosis field one of the following ICD-10-CM diagnosis codes:

CPT Code Description	TAR Required	TAR and/or Billing Requirements	Frequency
<b>81220</b> CFTR (cystic fibrosis transmembrane conductance regulator) gene analysis; common variants	NO	When used to bill for cystic-fibrosis screening:  <b>O09.00</b> thru <b>O09.93</b> , <b>Z31.430</b> , <b>Z31.440</b> , <b>Z31.5</b> , <b>Z34.00</b> thru <b>Z34.03</b> , <b>Z34.80</b> thru <b>Z34.83</b> , <b>Z34.90</b> thru <b>Z34.93</b>	Once-in-a-lifetime
<b>81329</b> SMN1 (survival of motor neuron 1, telomeric) gene analysis; dosage/deletion analysis, includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	NO	One of the following ICD-10-CM diagnosis codes is required on the claim (except with valid TAR):  <b>O09.00</b> thru <b>O09.93</b> , <b>Z31.430</b> , <b>Z31.440</b> , <b>Z31.5</b> , <b>Z34.00</b> thru <b>Z34.03</b> , <b>Z34.80</b> thru <b>Z34.83</b> , <b>Z34.90</b> thru <b>Z34.93</b>	Once-in-a-lifetime except with valid TAR override

TAR- treatment authorization request

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The Genetic Counseling and Screening section of the Medi-Cal policy also states that the following conditions apply to cystic fibrosis screening:

- Fetal testing is reimbursable using the recipient's Medi-Cal identification number if "fetal specimen" and medical justification are documented.
- Cystic fibrosis screening is reimbursable for the father only if he is a Medi-Cal recipient. Providers must document on the claim "patient screen positive/partner sample," his recipient number, and ICD-10-CM code Z31.440, or the claim will be denied.
- CPT-4 code 81220 (CTFR) is reimbursable for Presumptive Eligibility recipients with aid code 7G.

Cystic fibrosis screening is a once-in-a-lifetime procedure which cannot be overridden with a treatment authorization request (TAR).

SMA screening is also a once-in-a-lifetime procedure except with a valid TAR.

For additional information on the above policies, please refer to the Genetic Counseling and Screening section, the Molecular Pathology section of the General Medicine provider manual available at [medi-cal.ca.gov/publications](https://www.medi-cal.ca.gov/publications).

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

The above information serves as a reference tool for laboratory 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.

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.

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