ATTENTION:
Prior Authorization Update
Quantitative Drug Testing for Drugs of Abuse & Molecular Diagnostic Testing

Effective June 13, 2014, all of the codes listed below will require Prior Authorization

Magnolia Health requires prior authorization as a condition of payment for many services, including many that are categorized as **Quantitative Drug Testing for Drugs of Abuse** or **Molecular Diagnostic Testing**. This Notice contains information regarding such prior authorization requirements and is applicable to all products offered by Magnolia Health.

Laboratory providers have experienced a high number of claim denials for both Quantitative Drug Testing for Drugs of Abuse and Molecular Diagnostic Testing due to lack of authorization by the ordering provider. Magnolia Health requires laboratory providers to contact ordering providers to verify that authorization numbers have been obtained for these services.

It is the *ordering provider's responsibility* to request prior authorization for Quantitative Drug Testing for Drugs of Abuse and Molecular Diagnostic Testing services. Refer to the information below for guidance regarding how to obtain prior authorizations from Magnolia Health.

(ALL ORDERING, RENDERING AND PRESCRIBING PROVIDERS WILL BE REQUIRED TO HAVE A MISSISSIPPI MEDICAID ID NUMBER)

FREQUENTLY ASKED QUESTIONS:

How do I determine if a test is a Quantitative Drug Test for Drugs of Abuse or a Molecular Diagnostic Test?

- You may determine which specific codes require prior authorization by visiting our website at magnoliahealthplan.com and clicking on the Prior Auth Needed tab. The Prior Auth Needed tab will take you to our PreScreen Tool. Just enter the CPT code and the PreScreen Tool will advise you whether the service requires prior authorization.
- Additionally, enclosed is a spreadsheet which also lists the updated codes in these categories which require prior authorization.

How do I request a prior authorization for these services?

- You may submit the prior authorization request utilizing our Secure Web Portal at magnoliahealthplan.com. If your request approved, you will receive verification through the Secure Web Portal. If you are not currently registered on our Secure Web Portal, you may register through a quick and simple process.
- You may submit the prior authorization request by faxing an authorization 1-877-650-6943. The fax authorization form can be found on our website at magnoliahealthplan.com.
- You may call our Medical Management –Authorization department at 1-866-912-6285.

W***hat information will I be required to submit in connection with the prior authorization request?***

- CPT code
- Diagnosis Code
- Rendering laboratory provider's name, Tax ID number, and NPI number.

If you have any questions regarding this information, you may contact Provider Services at 1-866-912-6285 or contact your dedicated Provider Relations Specialist.

When the services below are Covered Services, the services require Prior Authorization.

Testing for Drugs of Abuse	
CPT CODE	**DESCRIPTION**
80154	DRUG SCREEN QUANTITATIVE BENZODIAZEPINES
80184	DRUG SCREEN QUANTITATIVE PHENOBARBITAL
82145	AMPHETAMINE OR METHAMPHETAMINE, CHEMICAL, QUANTITATIVE
82205	BARBITURATES; QUANTITATIVE
82520	COCAINE, QUANTITATIVE
82646	DIHYDROCODEINONE
82649	DIHYDROMORPHINONE, QUANTITATIVE
83805	MEPROBAMATE, BLOOD OR URINE
83840	METHADONE
83887	NICOTINE
83925	ASSAY OF OPIATES
83992	PHENCYCLIDINE (PCP)
G0431	Drug screen multiple class
G0434	Drug screen multiple drug class

When the services below are Covered Services, the services require Prior Authorization

GENETIC TESTING	
CPT CODE	**DESCRIPTION**
81161	DMD DUPLICATION/DELETION ANALYSIS
81200	ASPA GENE
81201	APC GENE ANALYSIS FULL GENE SEQUENCE
81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS
81205	BCKDHB GENE
81206	BCR/ABL1 GENE MAJOR BP
81207	BCR/ABL1 GENE MINOR BP
81208	BCR/ABL1 GENE OTHER BP
81209	BLM GENE
81210	BRAF GENE
81211	BRCA1&2 SEQ & COM DUP/DEL
81212	BRCA1&2 185&5385&6174 VAR
81213	BRCA1&2 UNCOM DUP/DEL VAR
81214	BRCA1 FULL SEQ & COM DUP/DEL
81215	BRCA1 GENE KNOWN FAM VARIANT
81216	BRCA2 GENE FULL SEQUENCE
81217	BRCA2 GENE KNOWN FAM VARIANT
81220	CFTR GENE COM VARIANTS

81221	CFTR GENE KNOWN FAM VARIANTS
81222	CFTR GENE DUP/DELET VARIANTS
81223	CFTR GENE FULL SEQUENCE
81224	CFTR GENE INTRON POLY T
81225	CYP2C19 GENE COM VARIANTS
81226	CYP2D6 GENE COM VARIANTS
81227	CYP2C9 GENE COM VARIANTS
81228	CYTOGEN MICRARRAY COPY NMBR
81229	CYTOGEN M ARRAY COPY NO&SNP
81235	EGFR GENE ANALYSIS COMMON VARIANTS
81240	F2 GENE
81241	F5 GENE
81242	FANCC GENE
81243	FMR1 GENE DETECTION
81244	FMR1 GENE CHARACTERIZATION
81245	FLT3 GENE
81250	G6PC GENE
81251	GBA GENE

GENETIC TESTING	
CPT CODE	**DESCRIPTION**
81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE
81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81254	GJB6 GENE ANALYSIS COMMON VARIANTS
81255	HEXA GENE
81256	HFE GENE
81257	HBA1/HBA2 GENE
81260	IKBKAP GENE
81261	IGH GENE REARRANGE AMP METH
81262	IGH GENE REARRANG DIR PROBE
81263	IGH VARI REGIONAL MUTATION
81264	IGK REARRANGEABN CLONAL POP
81265	STR MARKERS SPECIMEN ANAL
81266	STR MARKERS SPEC ANAL ADDL
81267	CHIMERISM ANAL NO CELL SELEC
81268	CHIMERISM ANAL W/CELL SELECT
81270	JAK2 GENE
81275	KRAS GENE
81280	LONG QT SYND GENE FULL SEQ
81281	LONG QT SYND KNOWN FAM VAR
81282	LONG QT SYN GENE DUP/DLT VAR
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis
81290	MCOLN1 GENE

81291	MTHFR GENE
81292	MLH1 GENE FULL SEQ
81293	MLH1 GENE KNOWN VARIANTS
81294	MLH1 GENE DUP/DELETE VARIANT
81295	MSH2 GENE FULL SEQ
81296	MSH2 GENE KNOWN VARIANTS
81297	MSH2 GENE DUP/DELETE VARIANT
81298	MSH6 GENE FULL SEQ
81299	MSH6 GENE KNOWN VARIANTS
81300	MSH6 GENE DUP/DELETE VARIANT
81301	MICROSATELLITE INSTABILITY
81302	MECP2 GENE FULL SEQ
81303	MECP2 GENE KNOWN VARIANT
81304	MECP2 GENE DUP/DELET VARIANT
81310	NPM1 GENE
81315	PML/RARALPHA COM BREAKPOINTS

GENETIC TESTING	
CPT CODE	**DESCRIPTION**
81316	PML/RARALPHA 1 BREAKPOINT
81317	PMS2 GENE FULL SEQ ANALYSIS
81318	PMS2 KNOWN FAMILIAL VARIANTS
81319	PMS2 GENE DUP/DELET VARIANTS
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS
81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT
81324	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS
81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT
81330	SMPD1 GENE COMMON VARIANTS
81331	SNRPN/UBE3A GENE
81332	SERPINA1 GENE
81340	TRB@ GENE REARRANGE AMPLIFY
81341	TRB@ GENE REARRANGE DIRPROBE
81342	TRG GENE REARRANGEMENT ANAL
81350	UGT1A1 GENE
81355	VKORC1 GENE
81370	HLA I & II TYPING LR
81371	HLA I & II TYPE VERIFY LR
81372	HLA I TYPING COMPLETE LR
81373	HLA I TYPING 1 LOCUS LR
81374	HLA I TYPING 1 ANTIGEN LR
81375	HLA II TYPING AG EQUIV LR
81376	HLA II TYPING 1 LOCUS LR

81377	HLA II TYPE 1 AG EQUIV LR
81378	HLA I & II TYPING HR
81379	HLA I TYPING COMPLETE HR
81380	HLA I TYPING 1 LOCUS HR
81381	HLA I TYPING 1 ALLELE HR
81382	HLA II TYPING 1 LOC HR
81383	HLA II TYPING 1 ALLELE HR
81400	MOPATH PROCEDURE LEVEL 1
81401	MOPATH PROCEDURE LEVEL 2
81402	MOPATH PROCEDURE LEVEL 3
81403	MOPATH PROCEDURE LEVEL 4
81404	MOPATH PROCEDURE LEVEL 5
81405	MOPATH PROCEDURE LEVEL 6
81406	MOPATH PROCEDURE LEVEL 7

GENETIC TESTING	
CPT CODE	**DESCRIPTION**
81407	MOPATH PROCEDURE LEVEL 8
81408	MOPATH PROCEDURE LEVEL 9
81479	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE
81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores
81506	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
81508	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS
81509	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS
81510	FETAL CONGENITAL ABNOR ASSAY THREE ANAL
81511	FETAL CONGENITAL ABNOR ASSAY FOUR ANAL
81512	FETAL CONGENITAL ABNOR ASSAY FIVE ANAL
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS
83890	MOLECULE ISOLATE
83891	MOLECULE ISOLATE NUCLEIC
83892	MOLECULAR DIAGNOSTICS
83893	MOLECULE DOT/SLOT/BLOT
83894	MOLECULE GEL ELECTROPHOR
83896	MOLECULAR DX; NUCLEIC ACID PROBE EA
83897	MOLECULE NUCLEIC TRANSFER
83898	MOLECULAR DX AMPLIFICATION TARGET EA SEQUENCE
83900	MOLECULAR DX AMP TARGET MULTIPLEX 1ST 2 SEQ
83901	MOLECULAR DX AMP TARGET MULTIPLEX EA ADDL SEQ
83902	MOLECULAR DX; REVERSE TRANSCRIPTION

83903	MOLEC DX; MUTATION SCAN BY PHYS PROP-1 SEGMT EA
83904	MOLEC DX; MUTATION ID-SEQUENCING-1 SGMT EA
83905	MOLEC DX; MUTATION ID-ALLELE SPEC TRANSCRIP-1-EA
83906	MOLEC DX; MUTATION ID-ALLELE SPEC TRANSLAT-1-EA
83907	LYSE CELLS FOR NUCLEIC EXT
83908	MOLECULAR DX AMPLIFICATION SIGNAL EA SEQUENCE
83909	NUCLEIC ACID HIGH RESOLUTE
83912	MOLECULAR DX; INTERPT & REPORT
83913	RNA STABILIZATION
83914	MUTATION ID ENZYMATIC LIG/PRIMER XTN 1 SGM EA
83915	NUCLEOTIDASE 5'-
86812	TISSUE TYPING; HLA TYPING, A, B, OR C (EG, A10, B7, B27), SINGLE ANTIGEN

GENETIC TESTING	
CPT CODE	**DESCRIPTION**
86813	TISSUE TYPING; HLA TYPING, A, B, AND/OR C (EG, A10, B7, B27), MULTIPLE A
86816	TISSUE TYPING; HLA TYPING, DR/DQ, SINGLE ANTIGEN
86817	TISSUE TYPING; HLA TYPING, DR/DQ, MULTIPLE ANTIGENS
86821	TISSUE TYPING; LYMPHOCYTE CULTURE, MIXED(MLC)
86822	TISSUE TYPING; LYMPHOCYTE CULTURE, PRIMED(PLC)
86825	HLA X-MATCH, NON-CYTOTOXIC
86826	HLA X-MATCH, NON-CYT ADD-ON
86828	HLA CLASS I&II ANTIBODY QUAL
86829	HLA CLASS I/II ANTIBODY QUAL
86830	HLA CLASS I PHENOTYPE QUAL
86831	HLA CLASS II PHENOTYPE QUAL
86832	HLA CLASS I HIGH DEFIN QUAL
86833	HLA CLASS II HIGH DEFIN QUAL
86834	HLA CLASS I SEMIQUANT PANEL
86835	HLA CLASS II SEMIQUANT PANEL
88230	TISS CULTURE NON-NEOPLAS DISORD; LYMPHOCYTE
88233	TISS CULTURE NON-NEOPLAS DISORD; SKIN/SOLID TISS
88235	TISS CULTURE NON-NEOPLAS DISORD; AMNIOTIC FLUID
88237	TISS CULTURE NEOPLAS DISORD; MARROW/BLD CELLS
88239	TISS CULTURE NEOPLAS DISORD; SOLID TUMOR
88240	CRYOPRESERV-FREEZE & STORE CELLS EA CELL LINE
88241	THAWING & EXPANSION FROZEN CELLS EA ALIQUOT
88245	CHROMOSOME ANALY BREAK SYNDROM; SCE 20-25 CELLS
88248	CHROMOSOME ANALY; BASELINE BREAKAGE
88249	CHROMOSOME ANALY BREAK SYNDROM; CLASTOGEN STRESS
88261	CHROMO ANALY; CT 5 CELLS 1 KARYOTYPE W/BANDING
88262	CHROMO ANALY; CT 15-20 CELLS 2 KARYOTYPES W/BAND
88263	CHROMO ANALY; CT 45 CEL MOSAICISM 2 KARYO W/BAND
88264	CHROMOSOME ANALY; ANALY 20-25 CELLS

88267	CHROMO ANALY AMNIO FLUID CT 15 CELLS 1 KARYOTYPE
88269	CHROMO ANALY AMNIO FLUID CELLS CT 6-12 COLONIES
88271	MOLEC CYTOGEN; DNA PROBE EA
88272	MOLEC CYTOGEN; CHROMOSOM IN SITU HYBRID 3-5 CELL
88273	MOLEC CYTOGEN; CHROMOSOM HYBRID 10-30 CELLS
88274	MOLEC CYTOGEN; INTERPHASE IN SITU HYBRID 25-99
88275	MOLEC CYTOGEN; INTERPHASE IN SITU HYBRID 100-300
88280	CHROMOSOME ANALY; ADD KARYOTYPES EA STUDY
88283	CHROMOSOME ANALY; ADD SPECIALIZED BANDING TECH
88285	CHROMOSOME ANALY; ADD CELLS COUNTED EA STUDY

GENETIC TESTING	
CPT CODE	**DESCRIPTION**
88289	CHROMOSOME ANALY; ADD HIGH RESOLUTION STUDY
88291	CYTOGEN & MOLEC CYTOGEN INTERPT & REPORT
88299	UNLISTED CYTOGENETIC STUDY
88384	RA-BASED EVAL MLT MOLEC PRBS 11 THRU 50 PRBS
88385	RA-BASED EVAL MLT MOLEC PRBS 51 THRU 250 PRBS
88386	RA-BASED EVAL MLT MOLEC PRBS 251 THRU 500 PRBS
S3713	KRAS MUTATION ANALYSIS
S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)
S3818	COMPLETE GENE SEQUENCE ANALYSIS
S3819	COMPLETE GENE SEQUENCE ANALYSIS
S3820	COMPLETED BRCA1 AND BRCA2 GENE SEQUENCE ANALYSIS FOR SUSCEP
S3822	SINGLE MUTATION ANALYSIS FOR SUSCE TO BREAST AND OVARION CANCER
S3823	3-MUTATION ANALYSIS FOR SUSCEP/BREAST &OVARION CANCER IN ASHKENAZI INDI
S3828	COMPLETE GENE SEQUENCE ANALYSIS, MLH1 GENE
S3829	COMPLETE GENE SEQUENCE ANALYSIS, MLH2 GENE
S3830	COMPLETE MLH1 AND MLH2 GENE SEQUENCE ANALYSIS
S3831	SINGLE MUTATION ANALYSIS
S3833	COMPLETE APC GENE SEQUENCE ANAL/SUSCEPTIBILITY TO (FAP)
S3834	SINGLE-MUTATION ANALYSIS /SUSCEPTIBILITY TO (FAP)&ATTENUATED FAP
S3835	COMPLETE GENE SEQUENCE ANALYSIS FOR CYSTIC FIBROSIS GENETIC TESTING
S3837	COMPLETE GENE SEQUENCE ANALYSIS FOR HEMOCHROMATOSIS GENETIC TESTING
S3840	DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PROTO-ONCOGENE
S3841	GENETIC TESTING FOR RETINOBLASTOMA
S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE
S3843	DNA ANALYSIS OF THE F5 GENE FOR SUSCEP TO FACTOR V LEIDEN THROMBOPHILIA
S3844	DNA ANLYSS/CONNEXIN 26 GENE (GJB2)/SUSCEP/CONGENITAL, PRFND DEAFNESS
S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA
S3846	GENETCI TESTING FOR HEMOGLOBIN E BETA-THALASSEMIA
S3847	GENETIC TESTING FOR TAY-SACHS DISEASE
S3848	GENETIC TESTING FOR GAUCHER DISEASE
S3849	GENETIC TESTING FOR NIEMANN-PICK DISEASE

S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA
S3851	GENETIC TESTING FOR CANAVAN DISEASE
S3852	DNA ANLYS/APOE EPILSON 4 ALLELE FOR SUSCEP ALZHEIMER'S DISEASE
S3853	GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY
S3854	GENE EXPRESSION PROFILING PANEL FOR US IN MGMT OF BREAST CANCER TRTMNT
S3855	GENETIC TESTING FOR DETECTION OF MUTATIONS IN THE PRESENILIN - 1 GENE
S3860	GENET TEST CARDIAC ION-COMP
S3861	GENETIC TEST BRUGADA

GENETIC TESTING	
CPT CODE	**DESCRIPTION**
S3862	GENET TEST CARDIAC ION-SPEC
S3865	COMP GENET TEST HYP CARDIOMY
S3866	SPEC GENE TEST HYP CARDIOMY
S3870	CGH TEST DEVELOPMENTAL DELAY
S3890	DNA ANALYSIS FECAL COLORECTAL CANCER SCREENING