

# Provider Notice

April 29, 2025

## Prior Authorization (PA) Change effective 4/1/25

CountyCare Health Plan is committed to providing an efficient and consistent Utilization Management (UM) experience for our members and providers. We have reviewed our requirements for genetic testing prior authorization and have removed prior authorization for following genetic testing codes:

Procedure Code	Procedure Description
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
81370	HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB
81317	PMS2 GENE ANALYSIS FULL SEQUENCE
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES
81373	HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH
81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
81380	HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT
81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS
81372	HLA CLASS I TYPING LOW RESOLUTION COMPLETE
81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE
81331	SNRPN/UBE3A METHYLATION ANALYSIS
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis
81335	TPMT GENE ANALYSIS COMMON VARIANTS
81375	HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1

# Provider Notice

April 29, 2025

81265	COMPARATIVE ANAL STR MARKERS PATIENT & COMP SPEC
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2
81371	HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1
81200	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence
81361	HBB COMMON VARIANTS
81302	MECP2 GENE ANALYSIS FULL SEQUENCE
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence
81259	HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE
81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS
81304	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2
81364	HBB FULL GENE SEQUENCE
81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS
81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81379	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE
81189	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT
81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS
81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS



# Provider Notice

April 29, 2025

A complete list of procedure codes/services and prior authorization requirements can be found here:

[Prior Authorization – CountyCare Health Plan](#)

The new genetic testing policy can be found here [Clinical Criteria for Prior Authorizations – CountyCare Health Plan](#) under Clinical Policies and Procedures.

## Reminder

There are multiple ways to request Prior Authorization and notification:

- **In-network providers only: (Preferred method)** may submit requests via the [CountyCare Health Plan Portal](#) for a quicker response. Visit CountyCare Provider Portal for details on how to sign up. **You can find the portal link [here](#).**
- Submit via phone by calling 312-864-8200, option 5, or 1-855-444-1661, option 5.
- Submit via fax by visiting [www.countycare.com](http://www.countycare.com) for fax numbers and details.

This notice is intended to provide guidance for In-Network facilities. However, all Out of Network requests are subject to prior authorization. Out of Network requests may be redirected to an In-network provider whenever possible and will be subject to physician review.

Please contact CountyCare Provider Services at **312-864-8200, Option 6**. You can also use our Interactive Voice Response (IVR) system to verify eligibility. The Provider Services Representatives can assist you with eligibility and claim status. They can also connect you with your assigned PR Representative.

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact CountyCare Provider Services at [countycareproviderservices@cookcountyhhs.org](mailto:countycareproviderservices@cookcountyhhs.org) or your assigned Provider Relations Representative.