TRICARE guidelines for Laboratory Developed Tests (LDT)

Codes listed are taken from TRICARE Operations Manual Chapter 18; Section 3. Please be aware codes are only as current as the date of this document. Updated 2/2024.

LDT	Codes	Covered for the following
Afirma Thyroid FNA Analysis	81546	• To aid in thyroid nodule diagnosis by reducing unnecessary surgeries in patients with indeterminate thyroid nodules. • As of January 1, 2021, Afirma has discontinued the use of the Afirma GEC and code 81545 has been deleted from AMA CPT. Afirma is now providing the second generation test Afirma Gene Sequencing Classifier (GSC) in place of the GEC, as it provides increased sensitivity and results. The new test is billed under 81546.
ALK	88271 88291	• To determine response to Tyrosine Kinase Inhibitor (TKI) therapy in patients with adenocarcinoma of the lung or mixed lung cancer with adenocarcinoma component of the lung.
ATXN1	81401 81178	• Diagnosis of Spinocerebellar Ataxia Type 1 (SCA1) in patients with cerebellar ataxia of unknown etiology, along with extracerebellar symptoms associated with SCA1 and/or a family history consistent with autosomal dominant inheritance. • Diagnosis of SCA1 in symptomatic family members of known SCA1 patients.
ATXN2	81401 81179	• Diagnosis of Spinocerebellar Ataxia Type 2 (SCA2) in patients with cerebellar ataxia of unknown etiology, along with extracerebellar symptoms associated with SCA2 and/or a family history consistent with autosomal dominant inheritance. • Diagnosis of SCA2 in symptomatic family members of known SCA2 patients.
ATXN3	81401 81180	• Diagnosis of Spinocerebellar Ataxia Type 3 (SCA3) in patients with cerebellar ataxia of unknown etiology, along with extracerebellar symptoms associated with SCA3 and/or a family history consistent with autosomal dominant inheritance. • Diagnosis of SCA3 in symptomatic family members of known SCA3 patients.
ATXN7	81401 81181	• Diagnosis of Spinocerebellar Ataxia Type 7 (SCA7) in patients with cerebellar ataxia and visual disturbance. • Diagnosis of SCA7 in symptomatic family members of known SCA7 patients.
ATXN8OS GEN DETC ABNOR ALLEL	81182	• Diagnosis of Spinocerebellar Ataxia Type 8.
ATXN10	81401 81183	• Diagnosis of Spinocerebellar Ataxia Type 10 (SCA10) in ataxia patients whose ancestry is of American Indian origin, and whose family history is consistent with autosomal dominant inheritance. • Diagnosis of SCA10 in symptomatic family members of known SCA10 patients.
Ashkenazi Jewish descent multi-gene panel	81412 81443	• Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2 for genetic conditions related to Ashkenazi Jewish descent.
ASPA (Canavan Dx)	81200	• Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2 for genetic conditions related to Ashkenazi Jewish descent.

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LDT	Codes	Covered for the following
BCKDHB (Maple syrup urine disease)	81205	• Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2 for genetic conditions related to Ashkenazi Jewish descent.
BCR/ABL1	81206 81207 81208 81170	• Diagnostic assessment of beneficiaries with suspected Chronic Myelogenous Leukemia (CML) by quantitative RT-PCR (RQ-PCR). • Diagnostic assessment of beneficiaries with suspected CML by qualitative RT- PCR. • Monitoring response to TKI therapy, such as imatinib, in beneficiaries with CML by RQ-PCR. • Testing for the presence of the BCR/ABL1 p.Thr315Ile variant in CML beneficiaries to guide treatment selection following resistance to first-line imatinib therapy. • Testing for the presence of BCR/ABL1 variants other than p.Thr315Ile in CML beneficiaries to guide treatment selection following resistance to first-line imatinib therapy.
BLM (Bloom syndrome)	81209	• Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2 for genetic conditions related to Ashkenazi Jewish descent.
BMPR1A	81479	• To clarify the diagnosis of beneficiaries with Juvenile Polyposis Syndrome (JPS). • If a known SMAD4 mutation is in the family, genetic testing should be performed in the first six months of life due to hereditary hemorrhagic telangiectasia risk.
BRAF	81210 81406	• To predict response to vemurafenib therapy in patients with a positive cobas 4800 BRAF mutation test result. • To predict response to trametinib monotherapy in advanced melanoma patients with a positive BRAF p.Val600Glu and/or p.Val600Lys test result. • To predict response to dabrafenib monotherapy in advanced melanoma patients with a positive BRAF p.Val600Glu test result. • To predict response to trametinib and dabrafenib combination therapy in advanced melanoma patients with a positive BRAF p.Val600Glu and/or p.Val600Lys test result. • For individuals with indeterminate thyroid Fine-Needle Aspiration (FNA) biopsy cytology for diagnosis of papillary thyroid carcinoma.
Biotheranostics Breast Cancer Index	81518	• Women with diagnosed early-stage hormone-receptor positive (HR+), lymph node-negative (LN-) breast cancer being treated with adjuvant endocrine therapy. • Women with diagnosed early-stage hormone-receptor positive (HR+), lymph node positive (LN+) (1-3 nodes) breast cancer being treated with adjuvant endocrine therapy.

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LDT	Codes	Covered for the following
BRCA Analysis BRCA1/BRCA 2	81211 81212 81213 (not covered as a stand alone test) 81214 81215 81216 81217 81162 81163 81164 81165 81166 81167	• BRCA1/BRCA2 gene testing is covered in accordance with the most current National Comprehensive Cancer Network (NCCN) Guidelines for Breast Cancer.
CACNA1A	81401 81184 81185 81186 0231U	• Diagnosis of Spinocerebellar Ataxia Type 6 (SCA6) in patients with cerebellar ataxia with dysarthria and/or nystagmus. • Diagnosis of SCA6 in symptomatic family members of known SCA6 patients.
CALM1, CASQ2, RYR2, and/or TRDN	81405 81408 81479	• To confirm a diagnosis of Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) in patients with clinically diagnosed or suspected CPVT.
CDH1	81406	• For large rearrangements in the CDH1 gene for the treatment of Hereditary Diffuse Gastric Cancer (HDGC).
CEBPA	81218	• To guide the treatment decisions for beneficiaries with Acute Myeloid Leukemia (AML).
Chromosome 22q11.2	88271 88291	• Confirmation of diagnosis in an individual suspected of chromosome 22q11.2 deletion syndrome based on clinical findings

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TRICARE guidelines for Laboratory Developed Tests (LDT)

LDT	Codes	Covered for the following
Cystic Fibrosis (CF) Testing	81220 81221 81222 81223 81224	• As part of a newborn screening panel included in well-child care (TPM Chapter 7, Sec 2.5) - handled under the authorization for the delivery. It does not require a separate authorization.
CFTR (Cystic Fibrosis)	81220 81221 81222 81223 81224	• Confirmation of diagnosis in beneficiaries showing clinical symptoms of Cystic Fibrosis (CF) or having a high sweat chloride level. • Identification of newborns who are affected with CF. • Identification of beneficiaries with the p.Gly551Asp variant who will respond to treatment with ivacaftor. • Male infertility testing and treatment. • Preconception and prenatal carrier screening in accordance with the most current ACOG guidelines **Note:** Effective December 27, 2021, CFTR gene testing as a preconception and prenatal carrier screening is no longer covered under the LDT demonstration and is covered as a TRICARE Basic benefit. See TPM, Chapter 6, Section 3.2. All other coverage guidelines for CFTR gene testing noted above remain under the LDT demonstration.
Chimerism Analysis	81265 81266 81267 81268	• For the management and treatment of stem cell transplant patients.
COL1A1/ COL1A2	81408	• For sequence variants in the COL1A1/COL1A2 genes for the diagnosis of Osteogenesis Imperfecta (OI) when clinical and radiological examination and family history provide inadequate information for diagnosis of OI.
COL3A1	81479	• To confirm or establish a diagnosis of Ehlers-Danlos Syndrome Type 4 (EDS IV), also known as vascular EDS, in patients with clinical symptoms or features of EDS IV.
CYP2C9	81227	• For the initiation and management of warfarin treatment
CYP2C19	81225	• To manage dosing of clopidogrel.

TRICARE guidelines for Laboratory Developed Tests (LDT)

LDT	Codes	Covered for the following	
Colaris® for Lynch Syndrome MLH1, MSH2, MSH6, MSI, PMS2, and EPCAM ONC LNCH SYN GEN DNA SEQ ALY	81288 81292 81293 81294 81295 81296 81297 81298 81299 81300 81301 81317 81318 81319 81403 0238U	• Genetic testing for Lynch Syndrome (LS) is covered in accordance with the most current NCCN Guidelines for Colon Cancer.	

Colaris AP® for detection mutations in the APC and MUTYH -MYH genes	81201
	81202
	81203
	81401
	81403
	81406
		• Colaris AP testing is not covered for prenatal diagnosis or Pre-implantation Genetic Diagnosis (PGD) in couples affected with, or at-risk for, FAP.
		• Other than prenatal diagnosis or PGD, testing is covered:
		  • For genetic testing for APC variants in beneficiaries with clinical symptoms consistent with FAP.
		  • For genetic testing for APC variants in beneficiaries with clinical symptoms consistent with AFAP.
		  • For genetic testing for APC variants in beneficiaries with clinical symptoms consistent with Turcot's or Gardner's syndromes.
		  • For testing beneficiaries with an APC-associated polyposis syndrome for the purpose of identifying a variant that may be used to screen at- risk relatives.
			• For the presymptomatic testing of at-risk relatives for a known familial variant.
			  • **Not covered** for prenatal testing or PGD in couples at risk for FAP.
			• MYH gene testing may be performed in beneficiaries with colorectal polyposis of unknown etiology, and in the siblings and offspring of known MYH- Associated Polyposis (MAP) beneficiaries:
			  • For the diagnosis of MAP in APC-negative polyposis beneficiaries, or in polyposis beneficiaries who have a family history consistent with autosomal recessive inheritance.
			  • For the diagnosis of MAP in asymptomatic siblings of beneficiaries with known MYH variants.
			  • For the testing of offspring or asymptomatic siblings of known MAP beneficiaries in order to provide an accurate recurrence risk to offspring.

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LDT	Codes	Covered for the following
Cytogenomic Constitutional Microarray Analysis (CCMA)	81228 81229 81406	• Diagnostic evaluation of beneficiaries suspected of having a genetic syndrome (i.e., have congenital anomalies, dysmorphic features, Developmental Delay (DD), and/or intellectual disability). • Diagnostic evaluation of beneficiaries with Autism Spectrum Disorder (ASD), including autism, Asperger syndrome, and pervasive developmental disorder.
DAZ/SRY	81408	• To detect submicroscopic deletions involving the Y chromosome in the evaluation of men with infertility secondary to azoospermia, oligozoospermia, or teratozoospermia.
DermTech Pigmented Lesion Assay	0089U	• Neoplasms of uncertain behavior of skin.
DMD	81161 81408	• For diagnostic DMD testing (deletion and duplication analysis with reflex to complete gene sequencing) in males or females exhibiting symptoms of Duchenne Muscular Dystrophy (DMD) or Becker Muscular Dystrophy (BMD).
DMPK	81401 81404 81234 81239	• Confirmation of a diagnosis of Myotonic Dystrophy Type 1 (DM1) or Type 2 (DM2) in symptomatic patients. • Diagnosis of DM1 or DM2 in asymptomatic adults who are at an increased risk of DM1 or DM2 through a positive family history
DSC2, DSG2, DSP, JUP, PKP2, RYR2, TGFB3, and/or TMEM43	81406 81408	• For sequence variants in the DSC2, DSG2, DSP, JUP, PKP2, RYR2, TGFB3, and TMEM43genes to confirm a diagnosis of Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) in probands. • For a known familial sequence variant in the DSC2, DSG2, DSP, PKP2, or TMEM43 gene for at-risk relatives of probands with International Task Force (ITF)-confirmed ARVD/C to confirm a diagnosis of ARVD/C in those whose symptoms meet the ITF diagnostic criteria.
DYT1/TOR1A	81400 81404	• For genetic testing for sequence variants of DYT1 for patients with primary dystonia with onset < 30 years of age. • For genetic testing for sequence variants of DYT1 for patients with primary dystonia with onset ≥ 30 years of age who have a relative who developed dystonia aged < 30 years.
EGFR	81235	• To help guide administration of Epidermal Growth Factor Receptor (EGFR) TKIs in the first-line treatment of non-small cell lung cancer.

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LDT	Codes	Covered for the following
F2	81240 81400	• Diagnostic evaluation of beneficiaries with a prior Venous Thromboembolism (VTE) during pregnancy or puerperium. • For beneficiaries with VTE with a personal or family history of recurrent VTE (more than two in the same person). • For beneficiaries with their first VTE before age 50 with no precipitating factors. • For venous thrombosis at unusual sites such as the cerebral, mesenteric, portal, or hepatic veins. • For VTE associated with the use of estrogen-containing oral contraceptives, Selective Estrogen Receptor Modulators (SERMs), or Hormone Replacement Therapy (HRT). • To diagnose an inherited thrombophilia in female family members of beneficiaries with an inherited thrombophilia if the female family member is pregnant or considering pregnancy or oral contraceptive use.
FANCC (Fanconi anemia)	81242	• Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2 for genetic conditions related to Ashkenazi Jewish descent.
FBN1	81408	• To facilitate the diagnosis of Marfan syndrome in patients who do not fulfill the Ghent diagnostic criteria, but have at least one major feature of the condition. • To facilitate the diagnosis of Marfan syndrome in the at-risk relatives of patients carrying known disease-causing variants.
FLCN	81479	• To confirm a diagnosis of Birt-Hogg-Dubé Syndrome (BHD) in patients with suspected BHD.
FLT3	81245 81246	• For diagnosis and prognosis in AML.
F5	81241 81240	• Diagnostic evaluation of beneficiaries with a prior VTE during pregnancy or puerperium. • For beneficiaries with VTE with a personal or family history of recurrent VTE (more than two in the same person). • For beneficiaries with their first VTE before age 50 with no precipitating factors. • For venous thrombosis at unusual sites such as the cerebral, mesenteric, portal, or hepatic veins. • For VTE associated with the use of estrogen-containing oral contraceptives, Selective Estrogen Receptor Modulators (SERMs), or Hormone Replacement Therapy (HRT). • To diagnose an inherited thrombophilia in female family members of beneficiaries with an inherited thrombophilia if the female family member is pregnant or considering pregnancy or oral contraceptive use.

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LDT	Codes	Covered for the following

FMR1 (Fragile X Syndrome)	81243
	81244
		• FMR1 gene testing is covered for the following indications:
		  • Testing for CGG repeat length for diagnosis of patients of either sex with intellectual disability, developmental delay, or autism.
		• FMR1 gene testing for Fragile X-Associated Tremor/Ataxia Syndrome is covered for the following individuals:
		  • Males and females older than age 50 years who have progressive cerebellar ataxia and intention tremor with or without a positive family history of FMR1-related disorders in whom other common causes of ataxia have been excluded.
		  • Women with unexplained Premature Ovarian Insufficiency (POI).
		• Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2.

Foundation One® Heme	81455	• Assessment of gene alterations in hematologic malignancies. • Assessment of gene alterations in sarcomas.
G6PC (von Gierke disease)	81250	• Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2 for genetic conditions related to Ashkenazi Jewish descent.
GBA (Gaucher disease)	81251	• Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2 for genetic conditions related to Ashkenazi Jewish descent.
GCK	81406	• Diagnosis of Maturity-Onset Diabetes of the Young Type 2 (MODY2) in patients with hyperglycemia or non-insulin-dependent diabetes who have a family history of abnormal glucose metabolism in at least two consecutive generations, with the patient or ≥ 1 family member(s) diagnosed before age 25.
GJB2	81252 81253	• Diagnosis of DFNB1 or DFNA3 in individuals with nonsyndromic hearing loss to aid in treatment.
GJB6	81254	• Diagnosis of DFNB1 or DFNA3 in individuals with nonsyndromic hearing loss to aid in treatment.
HBA1/HBA2 (Hemoglobinopathies)	81257 81258 81259 81269	• To confirm the diagnosis of alpha-thalassemia in a symptomatic bene. • To confirm the diagnosis in a pregnant woman with low hemoglobin when alpha-thalassemia is suspected. • Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2.
HEXA (Tay-Sachs)	81255	• As an adjunct to biochemical testing in beneficiaries with low hexosaminidase A levels in blood. When beneficiaries are identified with apparent deficiency of hexosaminidase A enzymatic activity, targeted mutation analysis can then be used to distinguish pseudodeficiency alleles from disease- causing alleles. • Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2.
HFE	81256	• Diagnosis of beneficiaries with or without symptoms of iron overload with a serum transferrin saturation >45% and/or elevated serum ferritin.

TRICARE guidelines for Laboratory Developed Tests (LDT)

LDT	Codes	Covered for the following
HFN1A	81405	• Diagnosis of Maturity-Onset Diabetes of the Young Type 3 (MODY3) in patients with hyperglycemia or non-insulin-dependent diabetes who have a family history of abnormal glucose metabolism in at least two consecutive generations, with the patient or ≥ 1 family member(s) diagnosed before age 25.
HNF1B	81404 81405	• Diagnosis of Maturity-Onset Diabetes of the Young Type 5 (MODY5) in patients with hyperglycemia or non-insulin-dependent diabetes who have a family history of abnormal glucose metabolism in at least two consecutive generations, with the patient or ≥ 1 family member(s) diagnosed before age 25, and who have structural or functional abnormalities of the kidneys.
HNF4A	81406 81479	• Diagnosis of Maturity-Onset Diabetes of the Young Type 1 (MODY1) in patients with hyperglycemia or non-insulin-dependent diabetes who have a family history of abnormal glucose metabolism in at least two consecutive generations, with the patient or ≥ 1 family member(s) diagnosed before age 25.
HLA	81370 81371 81372 81373 81374 81375 81376 81377 81378 81379 81380 81381 81382 81383	• To determine histocompatibility of tissue between organ and bone marrow donors and recipients prior to transplant. • For platelet transfusion for beneficiaries refractory to treatment due to alloimmunization. • Diagnosis of celiac disease in symptomatic beneficiaries with equivocal results on small bowel biopsy and serology, or in previously symptomatic beneficiaries who are asymptomatic while on a gluten-free diet. • Testing for the HLA-B*1502 allele prior to initiating treatment with carbamazepine in beneficiaries from high-risk ethnic groups. • Testing for the HLA-B*5701 allele for hypersensitivity reactions in beneficiaries prior to initiation or re-initiation with treatments containing abacavir. • Testing for the HLA-B*58:01 allele in beneficiaries prior to initiating treatment with allopurinol.
HTT	81401 81271 81274	• To test for CAG repeat length for diagnosis of Huntington Chorea/Disease (HD) inpatients suspected of having HD in the absence of a family history of HD.
IGH	81261 81262 81263	• For medical management of patients with Acute Lymphoblastic Leukemia (ALL) through analysis of rearrangements in the IGH gene to estimate Minimal Residual Disease (MRD) levels. • For diagnostic evaluation of rearrangements in the IGH gene in patients with suspected B-cell Non-Hodgkin's Lymphoma (NHL), but in whom clinical, immunophenotypic, and histologic evaluation have provided inconclusive results.

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TRICARE guidelines for Laboratory Developed Tests (LDT)

LDT	Codes	Covered for the following
IGK	81264	• For medical management of patients with ALL through analysis of rearrangements in the IGK gene to estimate MRD levels. • For diagnostic evaluation of rearrangements in the IGK gene in patients with suspected B-cell NHL, but in whom clinical, immunophenotypic, and histologic evaluation have provided inconclusive results.
IKBKAP (familial dysautonomia)	81260	• Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2 for genetic conditions related to Ashkenazi Jewish descent.
IL28B	81283	• For IL28B single nucleotide polymorphism (SNP) testing in patients with chronic Hepatitis C Virus (HCV) genotype 1 being considered for treatment with PegIFN/RBV dual therapy.
JAK2	81270 81403	• Diagnostic evaluation of beneficiaries presenting with clinical, laboratory, or pathological findings suggesting classic forms of myeloproliferative neoplasms (MPN), that is, Polycythemia Vera (PV), Essential Thrombocythemia (ET), or Primary Myelofibrosis (PMF). • Diagnostic evaluation of PV through JAK2 Exon 12 variant detection in JAK2 p.Val617Phe negative beneficiaries.
KCNQ1, KCNH2, SCN5A, KCNE1, and/or KCNE2	81413 81414	• For patients with suspected familial Long QT Syndrome for confirmation of diagnosis and treatment.
KIT	81272 81273	• To confirm a diagnosis of a gastrointestinal stromal tumor (GIST) in patients who are negative by immunostaining. • To determine primary resistance to treatment with TKIs in patients with an advanced metastatic or unresectable GIST. • To determine primary resistance to preoperative or postoperative treatment of a GIST with TKIs.
KMT2D and/or KDM6A	81479	• To confirm a diagnosis of Kabuki Syndrome (KS) in patients with symptoms compatible with KS.
KRAS	81275 81276	• To help guide administration of anti-EGFR monoclonal antibodies.
MCOLN1 (Mucolipidosis)	81290	• Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2 for genetic conditions related to Ashkenazi Jewish descent.
MDxHealth ConfirmMDx	81551	• Men with a previous diagnosis of prostate cancer that have undergone a previous prostate biopsy (within prior 24 months) and are being considered for a repeat prostate biopsy due to persistent cancer-risk factors. • Men with a previous diagnosis of prostate cancer that have undergone a previous prostate biopsy (within prior 24 months) and are being considered for a repeat prostate biopsy due to elevated cancer-risk factors.
MDxHealth SelectMDx	81479	• Men with previous diagnosis of prostate cancer that are suspected of harboring prostate cancer.

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LDT	Codes	Covered for the following
MECP2	81302 81303 81304 0234U	• Testing for MECP2 sequence variants in beneficiaries who meet established clinical diagnostic criteria for classic or variant Rett Syndrome (RS). • Testing for MECP2 sequence variants in beneficiaries who have symptoms of RS, but do not meet established clinical diagnostic criteria.
MEFV	81404	• In patients exhibiting symptoms of Familial Mediterranean Fever (FMF), including periodic episodes of fever in combination with peritonitis, pleuritic, arthritis, and erysipelas-like erythema. • In patients from ethnic groups considered at high risk for FMF who present with nephrotic syndrome or amyloidosis, but do not meet the diagnostic criteria for FMF.
MPL	81402 81403	• Diagnostic evaluation of Myeloproliferative Leukemia (MPL) variants to include Trp515Leu and Trp515Lys in JAK2 p.Val617Phe-negative beneficiaries showing symptoms.
Noninvasive Prenatal Screening for Trisomies 13, 18, 21, X & Y	81420 81507	• In singleton pregnancies with a high risk of fetal aneuploidy. (For dates of service March 5, 2015 - August 16, 2020) • In accordance with the most current American College of Obstetricians and Gynecologists (ACOG) guidelines (For dates of service August 17, 2020 to present) **Note:** Prior Authorization is not required for dates of service August 17, 2020 and forward.
NPM1	81310	• To guide treatment decisions for beneficiaries with AML.
NRAS	81311 81404	• For patients with metastatic colorectal cancer who are being considered for treatment with anti-EGFR monoclonal antibodies, and who have had negative KRAS gene testing.
Oncotype DX® Breast Cancer Assay (Oncotype DX®)	S3854 81479 81518 81519	• Estrogen Receptor (ER) positive (+), lymph node (LN) negative (-), human EGFR 2 negative (HER2-) breast cancer patients who are considering whether to use adjuvant chemotherapy in addition to standard hormone therapy. • ER+, HER2- breast cancer patients with 1-3 involved ipsilateral axillary lymph nodes who are considering whether to use adjuvant chemotherapy in addition to hormonal therapy.
PAX8	81401	• For beneficiaries with indeterminate thyroid FNA biopsy cytology for diagnosis of papillary thyroid carcinoma.
PDGFRA	81314	• To confirm a diagnosis of a GIST in patients who are negative by immunostaining. • To determine primary resistance to treatment with TKIs in patients with an advanced metastatic or unresectable GIST. • To determine primary resistance to preoperative or postoperative treatment of a GIST with TKIs.
PML/ RARalpha	81315 81316	• Diagnostic assessment of beneficiaries with suspected acute promyelocytic leukemia (APL) by quantitative RT-PCR (RQ-PCR). • Diagnostic assessment of beneficiaries with suspected APL by qualitative RT- PCR. • Monitoring response to treatment and disease progression in beneficiaries with APL by RQ-PCR.

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LDT	Codes	Covered for the following
PMP22	81324 81325 81326	• For the accurate diagnosis and classification of hereditary polyneuropathies.
PPP2R2B	81401 81343	• Diagnosis of Spinocerebellar Ataxia Type 12 (SCA12) in patients with action tremor of the upper extremities and signs of cerebellar and cortical dysfunction, in addition to Indian ancestry and a family history consistent with autosomal dominant inheritance. • Diagnosis of SCA12 in symptomatic family members of known SCA12 patients.

PRSS1	81401	• To confirm a diagnosis of hereditary pancreatitis in symptomatic patients with any of the following:
		  • A family history of pancreatitis in a first-degree (parent, sibling, child) or second- degree (aunt, uncle, grandparent) relative;
		  • An unexplained episode of documented pancreatitis occurring in a child that has required hospitalization, and where there is significant concern that hereditary pancreatitis should be excluded;
		  • Recurrent (two or more separate, documented episodes with hyper-amylasemia) attacks of acute pancreatitis for which there is no explanation (anatomical anomalies, ampullary or main pancreatic strictures, trauma, viral infection, gallstones, alcohol, drugs, hyperlipidemia, etc.); or
		  • Unexplained (idiopathic) chronic pancreatitis.

PTEN	81321 81322 81323 0235U	• For beneficiaries with ASDs and macrocephaly (Head circumference greater than 2 standard above the mean for age). • PTEN variant testing in beneficiaries suspected of being affected with Cowden Syndrome (CS) or Bannayan-Riley-Ruvalcaba Syndrome (BRRS).
RET	81404 81405	• Multiple endocrine neoplasia type 2 (MEN2) gene testing in beneficiaries with the clinical manifestations of MEN2A, MEN2B, or familial medullary thyroid carcinoma (FMTC), including those with apparently sporadic Medullary Thyroid Carcinoma (MTC) or pheochromocytoma. • MEN2 gene testing to confirm a diagnosis in the at-risk relatives of genetically confirmed MEN2 beneficiaries.
ROS1	88274	• For patients who have wild type (negative) EGFR or ALK gene testing, reflex testing to ROS1 should be ordered for the treatment of non-small cell lung carcinoma.
RYR1	81408	• To test clinically confirmed Malignant Hyperthermia Susceptibility (MHS) patients for variants in the RYR1 gene to facilitate diagnostic testing in at-risk relatives. • To diagnose MHS in at-risk relatives of patients with clinically confirmed MHS.

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LDT	Codes	Covered for the following
SDHA, SDHB, SDHC, SDHD, SDHAF2, MAX, and/or TMEM127	81404 81405 81406 81437 81438 81479	• To diagnose a hereditary paraganglioma (PGL) or pheochromocytoma (PCC) syndrome in patients with PGLs and/or PCCs.
SDHD	81404	• To diagnose a hereditary PGL or PCC syndrome in patients with PGLs and/or PCCs.
SERPINA1	81332	• For guidance in diagnosis of inconclusive cases of Alpha-1 Antitrypsin Deficiency(AATD) in individuals with Chronic Obstructive Pulmonary Disease (COPD), unexplained liver disease, family history of AATD, or environmental exposures leading to airflow obstruction after serum Alpha-1 Antitrypsin (AAT) protein levels and protein phenotyping has been completed.
SMAD4	81405 81406	• To clarify the diagnosis of beneficiaries with JPS. • If a known SMAD4 mutation is in the family, genetic testing should be performed in the first six months of life due to hereditary hemorrhagic telangiectasia risk.
SMN1/SMN2 (Spinal Muscular Atrophy)	81329 81336 81337 0236U	• Diagnosis of beneficiaries with hypotonia and muscle weakness who are suspected of having Spinal Muscular Atrophy (SMA). • Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2.
SMPD1 (Niemann-Pick disease)	81330	• Preconception and prenatal carrier screening in accordance with TPM Chapter 6, Section 3.2 for genetic conditions related to Ashkenazi Jewish descent.

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LDT	Codes	Covered for the following

SNRPN/UBE3A	81331	• When a clinical diagnosis of Prader-Willi Syndrome (PWS) is suspected, the following findings justify genetic testing:
		  • From birth to age two: Hypotonia with poor suck (neonatal period).
		  • From age two to age six: Hypotonia with history of poor suck, global developmental delay.
		  • From age six to age 12: Hypotonia with history of poor suck, global developmental delay, excessive eating with central obesity if uncontrolled.
		  • From age 13 years to adulthood: Cognitive impairment, usually mild intellectual disability; excessive eating with central obesity if uncontrolled, hypothalamic hypogonadism and/or typical behavior problems.
		• When a clinical diagnosis of Angelman Syndrome is suspected, the following findings justify genetic testing:
		  • As part of the evaluation of beneficiaries with developmental delay, regardless of age.
		  • As part of the evaluation of beneficiaries with a balance or movement disorder such as ataxia of gait. May not appear as frank ataxia but can be forward lurching, unsteadiness, clumsiness, or quick, jerky motions.
		  • As part of the evaluation of beneficiaries with uniqueness of behavior: any combination of frequent laughter/smiling; apparent happy demeanor; easily excitable personality, often with uplifted hand-flapping or waving movements; hypermotoric behavior.
		  • Speech impairment, none or minimal use of words; receptive and non-verbal communication skills higher than verbal ones.

STK11	81404 81405	• To confirm a diagnosis of Peutz-Jeghers Syndrome (PJS) in proband beneficiaries with a presumptive or probable diagnosis of PJS.
TBP	81401	• Diagnosis of Spinocerebellar Ataxia Type 17 (SCA17) in ataxia patients exhibiting variable combinations of cognitive decline, psychiatric disturbance, and movement disorders. • Diagnosis of SCA17 in symptomatic family members of known SCA17 patients. • Diagnosis of SCA17 in patients suspected of having Huntington Disease (HD) who have tested negative for a pathogenic variant in the HD gene.
TGFBR2	81410 81411 81344	• To facilitate the diagnosis of Marfan syndrome in patients testing negative for FBN1 gene variants.
TP53	81404 81405	• Diagnosis of beneficiaries satisfying the criteria for classic Li-Fraumeni Syndrome (LFS) or Li- Fraumeni-Like Syndrome (LFLS), or the Chompret criteria for TP53 gene testing.
TPMT	81401 81335	• TPMT genotyping or phenotyping in patients with Inflammatory Bowel Disease (IBD) prior to administration of thiopurines (azathioprine, 6-MP, and 6-TG).
TRG	81342	• Diagnosis and treatment of T-cell neoplasms.

Laboratories performing LDTs must have CLIA accreditation or certificate of compliance.

TRICARE guidelines for Laboratory Developed Tests (LDT)

LDT	Codes	Covered for the following
UPD	81402	• For neonates, infants, children or adults symptomatic for Beckwith-Wiedermann Syndrome (BWS) to diagnose Uniparental Disomy (UPD) for chromosome 11.
UGT1A1	81350	• Prior to irinotecan administration in patients with CRC to lower the starting dose of irinotecan in patients with the UGT1A1*28/ UGT1A1*28 genotype. • Prior to irinotecan administration in patients with CRC to increase the starting dose of irinotecan in patients with the UGT1A1*1/ UGT1A1*1 or UGT1A1*1/UGT1A1*28 genotypes.
VHL	81403 81404	• Diagnosis of Von Hippel-Lindau (VHL) syndrome in beneficiaries presenting with pheochromocytoma, paraganglioma, or central nervous system hemangioblastoma. • Confirmation of diagnosis in beneficiaries with symptoms consistent with VHL syndrome.
VKORC1	81355	• For the initiation and management of warfarin treatment.
Y Chromosome Microdeletion Analysis	81403	• For detecting submicroscopic deletions involving the Y chromosome in men with azoospermia, oligozoospermia, or teratozoospermia.

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