

## Medi-Cal Fragile X PCR Coverage Policy

According to the Molecular Pathology section of the Medi-Cal General Medicine provider manual, CPT-4 Code 81243 is reimbursable only when an appropriate diagnosis on the claim documents the medical necessity of the test. FMR1 (Fragile X mental retardation) is reimbursable by Medi-Cal only when billed in conjunction with one of the following ICD-10-CM codes documenting the medical necessity of the test.

ICD-10-CM- Codes	Description	ICD-10-CM Codes	Description
F70	Mild intellectual disabilities	F84.0	Autistic disorder
F71	Moderate intellectual disabilities	F84.2	Rett's syndrome
F72	Severe intellectual disabilities	F88	Other disorders of psychological development
F73	Profound intellectual disabilities	F89	Unspecified disorder of psychological development
F78	Other intellectual disabilities	H93.25	Central auditory processing disorder
F80.0	Phonological disorder	R48.2	Apraxia
F80.1	Expressive language disorder	R62.0	Delayed milestone in childhood
F80.2	Mixed receptive-expressive language disorder	R62.50	Unspecified lack of expected normal physiological development in childhood
F80.4	Speech and language development delay	R62.51	Failure to thrive (child)
F80.81	Childhood onset fluency disorder	R62.52	Short stature (child)
F80.89	Other developmental disorders of speech and language		
F80.9	Developmental disorder of speech and language		
F81.0	Specific reading disorder	R62.59	Other lack of expected normal physiological development in childhood
F81.2	Mathematics disorder		
F81.81	Disorder of written expression		
F81.89	Other developmental disorder of scholastic skills		
F81.9	Developmental disorder of scholastic skills, unspecified		
F82	Specific developmental disorder of motor function		

FMR1 screening is a once-in-a-lifetime procedure which cannot be overridden with a Treatment Authorization Request (TAR).

For additional information on the above policy, please refer to the Molecular Pathology section of the General Medicine provider manual available at [medi-cal.ca.gov/manual](http://medi-cal.ca.gov/manual).

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

The above information serves as a reference tool for Medi-Cal coverage policies for specific 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.

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.