

JAI MEDICAL SYSTEMS MANAGED CARE ORGANIZATION, INC.
LAB SERVICES REQUIRING PRIOR AUTHORIZATION

Jai Medical Systems Managed Care Organization, Inc. (JMSMCO) requires prior authorization for the lab services listed below. All requests must go through the PCP office for approval before being reviewed by the UM department. If you do not see the lab service listed below for which you are seeking approval, or if you are unsure if a lab service requires prior authorization, please contact our Utilization Management Department at 1-888-JAI-1999.

CPT	CATEGORY	DESCRIPTION
81202	MOLECULAR PATHOLOGY	APC GENE KNOWN FAM VARIANTS
81211	MOLECULAR PATHOLOGY	BRCA 1&2 SEQ & COM DUP/DEL
81212	MOLECULAR PATHOLOGY	BRCA 1&2 185&5385&6174 VAR
81213	MOLECULAR PATHOLOGY	BRCA 1&2 UNCOM DUP/DEL VAR
81215	MOLECULAR PATHOLOGY	BRCA 1 GENE KNOWN FAM VARIANT
81217	MOLECULAR PATHOLOGY	BRCA 2 GENE KNOWN FAM VARIANT
81220	MOLECULAR PATHOLOGY	CFTR GENE COM VARIANTS
81223	MOLECULAR PATHOLOGY	CFTR GENE FULL SEQUENCE
81226	MOLECULAR PATHOLOGY	CYP2D6 GENE COM VARIANTS
81257	MOLECULAR PATHOLOGY	HBA1/HBA2 GENE
81292	MOLECULAR PATHOLOGY	MLH1 GENE FULL SEQ
81295	MOLECULAR PATHOLOGY	MSH2 GENE FULL SEQ
81298	MOLECULAR PATHOLOGY	MSH6 GENE FULL SEQ
81302	MOLECULAR PATHOLOGY	MECP2 GENE DUP/DELET VARIANT
81317	MOLECULAR PATHOLOGY	PMS2 GENE FULL SEQ ANALYSIS
81372	MOLECULAR PATHOLOGY	HLA I TYPING COMPLETE LR
81373	MOLECULAR PATHOLOGY	HLA I TYPING 1 LOCUS LR
81406	MOLECULAR PATHOLOGY	MOPATH PROCEDURE LEVEL 7
81407	MOLECULAR PATHOLOGY	MOPATH PROCEDURE LEVEL 8
81408	MOLECULAR PATHOLOGY	MOPATH PROCEDURE LEVEL 9
81415	MOLECULAR PATHOLOGY	EXOMEREVEAL PROBAND
81420	MOLECULAR PATHOLOGY	INFORMASEQ – FETAL CHRMOML ANEUPLOIDY
81445	MOLECULAR PATHOLOGY	TARGETED GENOMIC SEQ ANALYSIS
87902	INFECTIOUS AGENT	HEPITITIS C VIRUS GENOTYPING
008M/S3854	MOLECULAR PATHOLOGY	PROSIGNA