BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

Genetic Testing Program Precertification List

Effective Date: January 1, 2027

Precertification is required for services, including outpatient hospital benefits, physician benefits and other covered services. Below is the list of specific services that require precertification. This list will be updated no more than twice a calendar year. Check this list prior to obtaining any outpatient hospital services, physician services or other covered services. For the next step in obtaining a precertification, please call Customer Service at the number on the back of your member ID card.

CPT/HCPCS Codes	CPT/HCPCS Codes	CPT/HCPCS Codes	CPT/HCPCS Codes	CPT/HCPCS Codes	CPT/HCPCS Codes	CPT/HCPCS Codes
81120	81203	81245	81291	81330	81407	81458
81121	81204	81246	81292	81331	81408	81459
81161	81205	81247	81293	81332	81409	81460
81162	81206	81248	81294	81333	81410	81462
81163	81207	81249	81295	81334	81411	81463
81164	81208	81250	81296	81335	81412	81464
81165	81209	81251	81297	81336	81413	81465
81166	81210	81252	81298	81337	81414	81470
81167	81212	81253	81299	81338	81415	81471
81168	81215	81254	81300	81339	81416	81479
81170	81216	81255	81301	81340	81417	81493
81171	81217	81256	81302	81341	81418	81504
81172	81218	81257	81303	81342	81419	81507
81173	81219	81258	81304	81343	81420	81518
81174	81220	81259	81305	81344	81422	81519
81175	81221	81260	81306	81345	81423	81520
81176	81222	81261	81307	81346	81424	81521
81177	81223	81262	81308	81347	81425	81522
81178	81224	81263	81309	81348	81426	81523
81179	81225	81264	81310	81349	81427	81524
81180	81226	81269	81311	81350	81430	81525
81181	81227	81270	81312	81351	81431	81529
81182	81228	81271	81313	81352	81432	81540
81183	81229	81272	81314	81353	81434	81541
81184	81230	81273	81315	81354	81435	81542
81185	81231	81274	81316	81355	81437	81546
81186	81232	81275	81317	81357	81439	81551
81187	81233	81276	81318	81360	81440	81552
81188	81234	81277	81319	81361	81441	81554
81189	81235	81278	81320	81362	81442	81558
81190	81236	81279	81321	81363	81443	81595
81191	81237	81283	81322	81364	81445	0004M
81192	81238	81284	81323	81400	81448	0006M
81193	81239	81285	81324	81401	81449	0011M
81194	81240	81286	81325	81402	81450	0012M
81195	81241	81287	81326	81403	81451	0013M
81200	81242	81288	81327	81404	81455	0016M
81201	81243	81289	81328	81405	81456	0017M
81202	81244	81290	81329	81406	81457	0020M

CPT/HCPCS Codes
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CPT/HCPCS Codes
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CPT/HCPCS Codes
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CPT/HCPCS Codes
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0702U
0706U
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G9840
G9841
S3800
S3840
S3841
S3842
S3844
S3845
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S3870

Code Additions

Effective April 1, 2026:

- 0628U
- 0630U

Code Additions

Effective July 1, 2026:

- 0631U
- 0632U
- 0633U
- 0634U
- 0635U
- 0641U
- 0642U
- 0643U
- 0644U
- 0645U
- 0646U
- 0647U
- 0648U
- 0649U
- 0650U
- 0651U
- 0652U
- 0653U
- 0657U
- 0658U
- 0659U

Code Deletions

Effective July 1, 2026:

- 0029U
- 0031U
- 0423U

Code Additions

Effective October 1, 2026:

- 0660U
- 0661U
- 0662U
- 0663U
- 0664U
- 0668U
- 0670U
- 0671U
- 0672U
- 0673U
- 0674U
- 0675U
- 0676U
- 0677U
- 0678U
- 0679U
- 0686U
- 0688U
- 0689U
- 0690U
- 0691U
- 0693U
- 0696U

Code Deletions

Effective September 19, 2026:

- 81265
- 81266

Code Deletions

Effective September 30, 2026:

- 0585U

Code Additions

Effective January 1, 2027:

- 81409
- 81423
- 81424
- 0699U
- 0701U
- 0702U
- 0706U
- 0711U
- 0712U
- 0713U
- 0714U

Code Deletions

Effective January 1, 2027:

- 0007M
- 0314U
- 0534U
- 0552U
- 0641U
- 0642U

Please see the Medical Necessity and Precertification section of your benefit booklet to determine what services require precertification under your plan.

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