FUTURE	LCD Reference Article	Billing and Coding Article

Article - Billing and Coding: MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (A57892)

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Future Effective

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
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Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID
A57892

Article Title
Billing and Coding: MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies

Article Type
Billing and Coding

Original Effective Date
05/17/2020

Revision Effective Date
10/01/2024

Revision Ending Date
N/A

Retirement Date
N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.1 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance.

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, §10 Reporting ICD Diagnosis and Procedure Codes

Article Guidance

Article Text

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MolDX: Next Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies L38125.

Relevant Article: Billing and Coding: MolDX: Testing of Multiple Genes A58121:

To report a Next Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies service, please submit the following claim information:

- Select the appropriate CPT® code
- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code® identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
  - Loop 2400 or SV101-7 for the 5010A1 837P
  - Item 19 for paper claim
- Enter the appropriate DEX Z-Code® identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
  - Line SV202-7 for 837I electronic claim
  - Block 80 for the UB04 claim form
- Select the appropriate ICD-10-CM code

NOTE: When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (3 Codes)

CODE	DESCRIPTION
81450	HEMATOLYMPHOID NEOPLASM OR DISORDER, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS
81451	HEMATOLYMPHOID NEOPLASM OR DISORDER, GENOMIC SEQUENCE ANALYSIS PANEL, 5-50 GENES, INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; RNA ANALYSIS
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes: (88 Codes)

CODE	DESCRIPTION
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission

CODE	DESCRIPTION
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z2	Other monocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.92	Monocytic leukemia, unspecified in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.21	Acute megakaryoblastic leukemia, in remission
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not elsewhere classified
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1

CODE	DESCRIPTION
D46.22	Refractory anemia with excess of blasts 2
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.4	Refractory anemia, unspecified
D46.Z	Other myelodysplastic syndromes
D46.9	Myelodysplastic syndrome, unspecified
D47.02	Systemic mastocytosis
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.4	Osteomyelofibrosis
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D61.03	Fanconi anemia
D61.09	Other constitutional aplastic anemia
D61.3	Idiopathic aplastic anemia
D61.818	Other pancytopenia
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified
D64.9	Anemia, unspecified
D69.49	Other primary thrombocytopenia
D69.59	Other secondary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D69.8	Other specified hemorrhagic conditions
D70.4	Cyclic neutropenia
D70.8	Other neutropenia
D72.818	Other decreased white blood cell count
D72.820	Lymphocytosis (symptomatic)
D72.821	Monocytosis (symptomatic)
D72.829	Elevated white blood cell count, unspecified
D75.1	Secondary polycythemia
D75.81	Myelofibrosis

CODE	DESCRIPTION
D75.838	Other thrombocytosis
D75.89	Other specified diseases of blood and blood-forming organs
Q82.2	Congenital cutaneous mastocytosis
R16.1	Splenomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-PCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

CODE	DESCRIPTION
0x	TBD

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report

this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE
N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2024	R8	Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** added D61.03. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2024.
01/01/2024	R7	Under **CPT/HCPCS Codes Group 1: Codes** the description was revised for 81450 and 81451. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024. Under **CMS National Coverage Policy** updated section heading for 3rd regulation. Under Article Text revised 3rd and 6th bullets to remove "DEX Z-Code™" and replaced with "DEX Z-Code®". Added "**NOTE**: When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line". This revision is effective 1/1/2024.
01/01/2023	R6	Updated to indicate this article is an LCD Reference Article.
01/01/2023	R5	Under **CPT/HCPCS Codes Group 1: Codes** added 81451 and the description was revised for 81450. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		and is effective for dates of service on or after 1/1/2023.
10/01/2022	R4	Under ICD-10 Codes that Support Medical Necessity Group 1: Codes the description was revised for C94.6. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2022.
02/24/2022	R3	Under **ICD-10 Codes that Support Medical Necessity Group 1:** Codes added C92.90, C92.91, C92.92, C93.90, C93.92, D46.4, D46.9, D61.9, D64.9, and D69.6. The deletion of these codes in Revision 1 was done in error and is retroactive effective for dates of service on or after 7/8/2021.
10/01/2021	R2	Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added D75.838. This revision is due to the Annual ICD-10 Update and will become effective on 10/1/2021.
07/08/2021	R1	Under CMS National Coverage Policy removed regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15 §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests and §80.1.1 Certification Changes and §80.2 Clinical Laboratory Services. Added regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15 §80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories. Under Article Text added the verbiage, "Relevant Article: Billing and Coding: MolDX: Testing of Multiple Genes A57503" and added verbiage regarding instructions on how to submit claims information. Under ICD-10 Codes that Support Medical Necessity Group 1: Codes deleted C92.90, C92.91, C92.92, C93.90, C93.92, D46.4, D46.9 D47.9, D61.9, D64.9, D69.6, D72.819 and D75.9.

Associated Documents

Related Local Coverage Documents

Articles

A57909 - Response to Comments: MolDX: Next Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies

LCDs

DL38125 - MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (MCD Archive Site)

L38125 - MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

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Keywords

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