

# Local Coverage Article: Billing and Coding: MolDX: Molecular RBC Phenotyping (A57445)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
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
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
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

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## Article Information

# General Information

**Article ID**

A57445

**Article Title**

Billing and Coding: MoIDX: Molecular RBC Phenotyping

**Article Type**

Billing and Coding

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**Original Effective Date**

11/01/2019

**Revision Effective Date**

N/A

**Revision Ending Date**

N/A

**Retirement Date**

N/A

## CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

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

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS Internet Online Manual Pub. 100-02 (Medicare Benefit Policy Manual), Chapter 15, Section 80, “Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests”

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) “Reporting ICD Diagnosis and Procedure Codes”.

## Article Guidance

### Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

To report a Molecular RBC Phenotyping service, please submit the following claim information:

- 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

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## Coding Information

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

CODE	DESCRIPTION
0001U	RED BLOOD CELL ANTIGEN TYPING, DNA, HUMAN ERYTHROCYTE ANTIGEN GENE ANALYSIS OF 35 ANTIGENS FROM 11 BLOOD GROUPS, UTILIZING WHOLE BLOOD, COMMON RBC ALLELES REPORTED

**CPT/HCPCS Modifiers**

N/A

**ICD-10 Codes that Support Medical Necessity****Group 1 Paragraph:**

N/A

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D53.9	Nutritional anemia, unspecified
D55.0	Anemia due to glucose-6-phosphate dehydrogenase [G6PD] deficiency
D55.1	Anemia due to other disorders of glutathione metabolism
D55.2	Anemia due to disorders of glycolytic enzymes
D55.3	Anemia due to disorders of nucleotide metabolism
D55.8	Other anemias due to enzyme disorders
D55.9	Anemia due to enzyme disorder, unspecified
D56.0	Alpha thalassemia
D56.1	Beta thalassemia
D56.2	Delta-beta thalassemia
D56.3	Thalassemia minor
D56.5	Hemoglobin E-beta thalassemia
D56.8	Other thalassemias

ICD-10 CODE	DESCRIPTION
D56.9	Thalassemia, unspecified
D57.00	Hb-SS disease with crisis, unspecified
D57.01	Hb-SS disease with acute chest syndrome
D57.02	Hb-SS disease with splenic sequestration
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.3	Sickle-cell trait
D57.40	Sickle-cell thalassemia without crisis
D57.411	Sickle-cell thalassemia with acute chest syndrome
D57.412	Sickle-cell thalassemia with splenic sequestration
D57.419	Sickle-cell thalassemia with crisis, unspecified
D57.80	Other sickle-cell disorders without crisis
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.819	Other sickle-cell disorders with crisis, unspecified
D58.0	Hereditary spherocytosis
D58.1	Hereditary elliptocytosis
D58.9	Hereditary hemolytic anemia, unspecified
D59.0	Drug-induced autoimmune hemolytic anemia
D59.1	Other autoimmune hemolytic anemias
D59.9	Acquired hemolytic anemia, unspecified
D60.0	Chronic acquired pure red cell aplasia
D60.1	Transient acquired pure red cell aplasia
D60.8	Other acquired pure red cell aplasias
D60.9	Acquired pure red cell aplasia, unspecified
D61.01	Constitutional (pure) red blood cell aplasia
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents

ICD-10 CODE	DESCRIPTION
D61.3	Idiopathic aplastic anemia
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D64.4	Congenital dyserythropoietic anemia
D64.89	Other specified anemias

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

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 policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
013x	Hospital Outpatient

**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 policy, 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 policy should be assumed to apply equally to all Revenue Codes.

N/A

## Other Coding Information

N/A

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## Revision History Information

N/A

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## Associated Documents

### Related Local Coverage Document(s)

Article(s)

A54866 - Response to Comments: MoIDX: Molecular RBC Phenotyping

LCD(s)

L36171 - MoIDX: Molecular RBC Phenotyping

DL36169

- (MCD Archive Site)DL36171

- (MCD Archive Site)

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 10/08/2019 with effective dates 11/01/2019 - N/A

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## Keywords

N/A