

Article - Billing and Coding: MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (A57422)

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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 |
| 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 |

Article Information

General Information

Article ID
A57422

Article Title

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Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease

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Article Type

Billing and Coding

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Original Effective Date

11/01/2019

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Revision Effective Date

10/01/2022

Revision Ending Date

N/A

Retirement Date

N/A

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, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance.

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

CMS Internet-Only Manual, Publication 100-04 Medicare Claims Processing Manual, Chapter 12, §30 Correct Coding Policy.

Article Guidance

Article Text

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease L36186. For single genes performed by NGS, these tests must demonstrate compliance with L38125 MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies and its accompanying billing and coding article, A56518 Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer.

To report Genetic Testing for BCR-ABL Negative Myeloproliferative Disease service, please submit the following claim information:

- Select 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

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (12 Codes)

| CODE | DESCRIPTION |
|-------|---|
| 81206 | BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE |
| 81207 | BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE |
| 81208 | BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE |
| 81219 | CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9 |
| 81270 | JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT |
| 81279 | JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (EG, EXONS 12 AND 13) |
| 81338 | MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R) |
| 81339 | MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10 |
| 81450 | TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 |

| CODE | DESCRIPTION |
|-------|---|
| | GENES (EG, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED |
| 81479 | UNLISTED MOLECULAR PATHOLOGY PROCEDURE |
| 0027U | JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS EXONS 12-15 |
| 0040U | BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT, QUANTITATIVE |

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: (34 Codes)

| CODE | DESCRIPTION |
|--------|--|
| C88.8 | Other malignant immunoproliferative diseases |
| C91.00 | Acute lymphoblastic leukemia not having achieved remission |
| C91.01 | Acute lymphoblastic leukemia, in remission |
| C91.02 | Acute lymphoblastic 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 |

| CODE | DESCRIPTION |
|---------|---|
| C93.10 | Chronic myelomonocytic leukemia not having achieved 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 |
| D46.21 | Refractory anemia with excess of blasts 1 |
| 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.Z | Other myelodysplastic syndromes |
| 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 |
| D72.821 | Monocytosis (symptomatic) |
| D75.1 | Secondary polycythemia |
| D75.81 | Myelofibrosis |
| D75.838 | Other thrombocytosis |
| D75.89 | Other specified diseases of blood and blood-forming organs |

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.

N/A

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:

N/A

Revision History Information

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION |
|-----------------------|-------------------------|---|
| 10/01/2022 | R7 | 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. |
| 03/17/2022 | R6 | Under Article Text added verbiage, "For single genes performed by NGS, these tests must demonstrate compliance with L38125 MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies and its accompanying billing and coding article, A56518 Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer." This revision is effective on 03/17/2022. |
| 10/01/2021 | R5 | Under ICD-10-CM 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 10/1/21. |
| 07/01/2021 | R4 | Under CPT/HCPCS Codes Group 1: Code added 0040U. This revision is due to the code being previously omitted in error and is retroactive effective for date of service on or after 01/13/2020. |
| 07/01/2021 | R3 | Under CMS National Coverage Policy moved 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 to the related LCD. Under ICD-10 Codes that Support Medical Necessity Group 1: Codes deleted D46.20, D46.4, D46.9, D47.9, D72.829, and D75.9. |
| 01/01/2021 | R2 | Under CPT/HCPCS Codes Group 1: Codes added 0027U and deleted 81402. Deleted CPT/HCPCS Codes Group 2 Paragraph and CPT/HCPCS Codes Group 2: Codes including 81403, 81445, 81455. Due to the deletion of CPT/HCPCS Codes Group 2: Codes 81450 was moved to CPT/HCPCS Codes Group 1: Codes. Under ICD-10 Codes that Support Medical Necessity Group 1: Paragraph deleted the verbiage, "Group 1 CPT codes and Group 2 CPT codes apply to Group 1 ICD-10 Codes". This revision is retroactive effective for dates of service on or after 1/1/2021. Under CPT/HCPCS Codes Group 1: Codes added 81279, 81338 and 81339. This revision is due to the Q1 2021 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 1/1/2021 |
| 11/07/2019 | R1 | Article is revised to add CMS references. |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION |
|-----------------------|-------------------------|--|
| | | Under CPT/HCPCS Codes Group 1: Codes deleted CPT [®] codes 81403, 81445, 81450, and 81455. Under CPT/HCPCS Codes Group 2: Paragraph added verbiage, "CPT [®] codes that are also referenced in other articles". Under CPT/HCPCS Group 2: Codes added CPT [®] codes 81403, 81445, 81450, and 81455. |

Associated Documents

Related Local Coverage Documents

LCDs

[L36186 - MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease](#)

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

| UPDATED ON | EFFECTIVE DATES | STATUS |
|------------|-------------------------|------------------------------------|
| 09/02/2022 | 10/01/2022 - N/A | Currently in Effect (This Version) |
| 04/01/2022 | 03/17/2022 - 09/30/2022 | Superseded |
| 08/26/2021 | 10/01/2021 - 03/16/2022 | Superseded |
| 08/19/2021 | 07/01/2021 - 09/30/2021 | Superseded |
| 06/22/2021 | 07/01/2021 - N/A | Superseded |

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Keywords

N/A