

Article - Billing and Coding: MoIDX: BCR-ABL (A55600)

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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

A55600

Article Title

Billing and Coding: MoIDX: BCR-ABL

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Article Type

Billing and Coding

Original Effective Date

12/01/2017

Revision Effective Date

02/10/2022

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text

Breakpoint testing for BCR-ABL1 is commonly performed as a combination or panel of tests (major, minor and other breakpoints). To report multiple tests assigned a single ID, submit CPT[®] code 81479. This guideline includes the following CPT[®] code combinations:

- 81206 and 81207
- 81206, 81207, and 81208

CPT[®] codes 81206, 81207, and 81208 may only be reported when performed as a single test.

To submit a claim for BCR-ABL translocation analysis by NGS, use CPT[®] 81479 and one (1) UOS with the assigned DEX Z-code.

To report the FDA-approved MRDx BCR-ABL Test use the CPT[®] code 0040U.

Refer to [Billing and Coding: MolDX: Testing of Multiple Genes A58121](#) for additional information regarding single-gene and panel testing of genes.

Coding Information

CPT/HCPCS Codes**Group 1 Paragraph:**

N/A

Group 1 Codes: (5 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
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE
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:

N/A

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
02/10/2022	R3	<p>Under Article Text deleted the verbiage, "Laboratories performing BCR-ABL translocation analysis by NGS must obtain a DEX Z-code to differentiate NGS testing from non-NGS methods" and "Reimbursement is based on the number of reported gene(s) in small NGS panels. Tier 1 and/or Tier 2 individual biomarker CPT codes should not be used for a single gene or any combination of genes when testing is performed as part of a NGS or other multiplexing technology panel". The verbiage, "Refer to Billing and Coding: MoIDX: Testing of Multiple Genes A57503 for additional information regarding single-gene and panel testing of genes" was added at the end of the Article Text section.</p> <p>11/07/2019: This article is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual. Under Article Title changed title from "MoIDX: BCR-ABL Coding and Billing Guidelines" to "Billing and Coding: MoIDX: BCR-ABL". CPT[®] was inserted throughout the article where applicable.</p> <p>02/26/2018: Added 0040U to the article. Added 81479, 81206, 81207m 81208, 0040U to HCPCS/CPT Code Group 1. Change is due to the 2019 HCPCS/CPT Annual Update and is effective 1/1/19.</p> <p><i>Noridian has modified certain language in this article to mirror the language used presently by the MoIDX team at PalmettoGBA as part of an annual review. Revision history dates and language may not exactly match the MoIDX PGBA revision history. However, these revisions do not change coverage or guidance.</i></p>
11/01/2019	R2	<p>Added 0040U effective 1/1/19, per the 2019 CPT/HCPCS Annual Update and consistency with the MoIDX Contractor and converted article to Billing and Coding Article type.</p>
12/01/2017	R1	<p>Article is revised to provide updated billing instructions and reimbursement information.</p>

Associated Documents

Related Local Coverage Documents

LCDs

[L36186 - MoIDX: 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
02/10/2022	02/10/2022 - N/A	Currently in Effect (This Version)
10/09/2019	11/01/2019 - 02/09/2022	Superseded

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A