

# Local Coverage Article: Billing and Coding: MolDX: BLM Gene Analysis (A55113)

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## Contractor Information

| CONTRACTOR NAME                    | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATE(S)  |
|------------------------------------|---------------|-----------------|--------------|---|
| Noridian Healthcare Solutions, LLC | A and B MAC   | 01111 - MAC A   | J - E        | California - Entire State   |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 01112 - MAC B   | J - E        | California - Northern   |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 01182 - MAC B   | J - E        | California - Southern   |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 01211 - MAC A   | J - E        | American Samoa<br>Guam<br>Hawaii<br>Northern Mariana Islands  |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 01212 - MAC B   | J - E        | American Samoa<br>Guam<br>Hawaii<br>Northern Mariana Islands  |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 01311 - MAC A   | J - E        | Nevada  |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 01312 - MAC B   | J - E        | Nevada  |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 01911 - MAC A   | J - E        | American Samoa<br>California - Entire State<br>Guam<br>Hawaii<br>Nevada<br>Northern Mariana Islands |

## Article Information

### General Information

Article ID

Original Effective Date

A55113

10/17/2016

**Article Title**

Billing and Coding: MoIDX: BLM Gene Analysis

**Revision Effective Date**

12/01/2019

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

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

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**Retirement Date**

N/A

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**CMS National Coverage Policy**

N/A

**Article Guidance**

**Article Text:**

The clinical diagnosis of Bloom (BLM syndrome, BSyn), characterized by severe pre and postnatal growth deficiency, highly characteristic sparseness of subcutaneous fat tissue in infants and children, is confirmed through cytogenetic testing. Molecular genetic testing identifies BLM gene mutation carriers at risk for conceiving offspring with the disease. Therefore, BLM genetic testing is not a Medicare benefit and is a statutorily excluded service. In addition to single gene testing, MoIDX will also deny panels of tests that include the BLM gene as a statutorily excluded service.

To receive a BLM gene test service denial, please submit the following:

- An Advance Beneficiary Notice (ABN) is not required for statutorily excluded services
  - For a voluntary issued ABN, append with GX modifier
  - To indicate a statutorily excluded service, append with a GY modifier
- Enter the 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 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 the 837I
  - Block 80 for UB04 claim form

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

#### Group 1 Codes:

| CODE  | DESCRIPTION   |
|-------|---|
| 81209 | BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT |

#### Group 2 Paragraph:

CPT® codes that are also referenced in other articles.

#### Group 2 Codes:

| CODE  | DESCRIPTION  |
|-------|--|
| 81443 | GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI JEWISH-ASSOCIATED DISORDERS [EG, BLOOM SYNDROME, CANAVAN DISEASE, FANCONI ANEMIA TYPE C, MUCOLIPIDOSIS TYPE VI, GAUCHER DISEASE, |

| CODE | DESCRIPTION  |
|------|--|
|      | TAY-SACHS DISEASE], BETA HEMOGLOBINOPATHIES, PHENYLKETONURIA, GALACTOSEMIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES (EG, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH) |

**CPT/HCPCS Modifiers**

**Group 1 Paragraph:**  
N/A

**Group 1 Codes:**

| CODE | DESCRIPTION   |
|------|---|
| GX   | NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY  |
| GY   | ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT |

**ICD-10 Codes that Support Medical Necessity**

N/A

**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.

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 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

## Revision History Information

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION   |
|-----------------------|-------------------------|--|
| 12/01/2019            | R2                      | As required by CR 10901, article is converted to a formal billing and coding type article. There is no change in coverage. |
| 10/17/2016            | R1                      | Article is revised to add Part A claim filing information.   |

## Associated Documents

#### Related Local Coverage Document(s)

N/A

#### 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 12/09/2019 with effective dates 12/01/2019 - N/A

Updated on 12/28/2017 with effective dates 10/17/2016 - N/A

Updated on 08/10/2016 with effective dates 10/17/2016 - N/A

# Keywords

- BLM
- MoIDX
- 81209
- 81443