

## Local Coverage Article: Billing and Coding: MoIDX: MDS FISH (A57661)

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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 Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii 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 California - Entire State Guam Hawaii Nevada Northern Mariana Islands

### Article Information

#### General Information

Article ID

Original Effective Date

A57661

11/01/2019

**Article Title**

Billing and Coding: MoIDX: MDS FISH

**Revision Effective Date**

11/01/2019

**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**

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS On-Line Manual, Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, §§80.0, 80.1.1, 80.2. Clinical

Laboratory services.

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 information in this article contains billing, coding, or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: MDS FISH L37620.

### Coding for FISH Testing

There are two sets of codes that describe in situ hybridization (ISH). Although the laboratory methods are similar, one distinguishes between the two sets of codes based on whether the ISH test is an adjunct to a surgical or cytopathology case, versus whether it is part of a clinical, chromosomal analysis. Specifically, the CPT® codes 88271-88291 should be used when the laboratory performs ISH as an ancillary analysis to cytogenetic studies for oncologic or inherited disorders.

When a pathologist performs ISH techniques as an adjunct to a surgical pathology or cytopathology case, CPT® codes 88365-88377 should be used to distinguish qualitative versus quantitative analysis (computer assisted versus manual). These codes must never be used by a pathologist when ISH is performed as an ancillary analysis to cytogenetic studies.

To report an MDS FISH service, please submit the following claim information:

- Select the appropriate CPT® code
- Enter 1 unit of service (UOS)
- Select the appropriate ICD-10-CM code

A DEX Z-Code™ identifier is not required for FISH testing. If submitting a DEX Z-Code™ identifier, please submit following the below instructions:

- 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 837
  - Box 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

# Coding Information

## CPT/HCPCS Codes

### Group 1 Paragraph:

N/A

### Group 1 Codes:

CODE	DESCRIPTION
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)
88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS (EG, FOR MICRODELETIONS)
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT

## CPT/HCPCS Modifiers

### Group 1 Paragraph:

N/A

### Group 1 Codes:

N/A

## ICD-10 Codes that Support Medical Necessity

### Group 1 Paragraph:

N/A

### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C94.6	Myelodysplastic disease, not classified
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

ICD-10 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

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:**

N/A

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

**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 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**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/01/2019	R1	<p>11/01/2019: This article is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles.</p> <p>Regulations regarding billing and coding were removed from the <b>CMS National Coverage Policy</b> section of the related MoIDX: MDS FISH L37620 LCD and placed in this article.</p>

## Associated Documents

**Related Local Coverage Document(s)**

Article(s)

A56446 - Response to Comments: MoIDX: MDS FISH

LCD(s)

DL37620 - MoIDX: MDS FISH

L37620 - MoIDX: MDS FISH

**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)**

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**Keywords**

N/A