

# Local Coverage Article: Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT) (A57526)

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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**

A57526

**Original Effective Date**

11/01/2019

**Article Title**

Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)

**Revision Effective Date**

01/01/2020

**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 (SSA) §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

## Article Guidance

### Article Text:

The information in this article contains billing, coding, or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Molecular Diagnostic Tests (MDT).

To report a Molecular Diagnostic Test service, please submit the following claim information:

- Select appropriate CPT<sup>®</sup> code
- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code<sup>™</sup> identifier adjacent to the CPT<sup>®</sup> 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<sup>™</sup> identifier adjacent to the CPT<sup>®</sup> 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

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## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
81105	Hpa-1 genotyping
81106	Hpa-2 genotyping
81107	Hpa-3 genotyping
81108	Hpa-4 genotyping
81109	Hpa-5 genotyping

CODE	DESCRIPTION
81110	Hpa-6 genotyping
81111	Hpa-9 genotyping
81112	Hpa-15 genotyping
81120	Idh1 common variants
81121	Idh2 common variants
81161 - 81364	Dmd dup/delet analysis - Hbb full gene sequence
81400	Mopath procedure level 1
81402	Mopath procedure level 3
81404	Mopath procedure level 5
81405	Mopath procedure level 6
81408	Mopath procedure level 9
81410	Aortic dysfunction/dilation
81411	Aortic dysfunction/dilation
81413 - 81595	Car ion chnlnpath inc 10 gns - Cardiology hrt trnspl mrna
81599	Unlisted maaa
84999	Clinical chemistry test
85999	Hematology procedure
86152	Cell enumeration & id
86153	Cell enumeration phys interp
86849	Immunology procedure
87999	Microbiology procedure
0004M	Scoliosis dna alys
0006M	Onc hep gene risk classifier
0007M	Onc gastro 51 gene nomogram
0011M	Onc prst8 ca mrna 12 gen alg
0012M	Onc mrna 5 gen rsk urthl ca
0013M	Onc mrna 5 gen recr urthl ca
0001U	Rbc dna hea 35 ag 11 bld grp
0003U	Onc ovar 5 prtn ser alg scor
0005U	Onco prst8 3 gene ur alg
0009U	Onc brst ca erbb2 amp/nonamp
0012U	Germln do gene reargmt detcj

CODE	DESCRIPTION
0013U	Onc sld org neo gene reargmt
0014U	Hem hmtlmf neo gene reargmt
0016U	Onc hmtlmf neo rna bcr/abl1
0017U	Onc hmtlmf neo jak2 mut dna
0018U	Onc thyr 10 microrna seq alg
0019U	Onc rna tiss predict alg
0021U	Onc prst8 detcj 8 autoantb
0022U	Trgt gen seq dna&rna 23 gene
0023U	Onc aml dna detcj/nondetcj
0024U	Glyca nuc mr spectrsc quan
0026U	Onc thyr dna&mrna 112 genes
0027U	Jak2 gene trgt seq alys
0029U	Rx metab advrs trgt seq alys
0030U	Rx metab warf trgt seq alys
0031U	Cyp1a2 gene
0032U	Comt gene
0033U	Htr2a htr2c genes
0034U	Tpmt nudt15 genes
0036U	Xome tum & nml spec seq alys
0037U	Trgt gen seq dna 324 genes
0039U	Dna antb 2strand hi avidity
0040U	Bcr/abl1 gene major bp quan
0045U - 0050U	Onc brst dux carc is 12 gene - Trgt gen seq dna 194 genes
0053U - 0060U	Onc prst8 ca fish alys 4 gen - Twn zyg gen seq alys chrms2
0062U	Ai sle igg&igm alys 80 bmrk
0067U	Onc brst imhchem prfl 4 bmrk
0068U	Candida species pnl amp prb
0070U - 0076U	Cyp2d6 gen com&slct rar vrnt - Cyp2d6 3' gene dup/mlt
0078U - 0080U	Pain mgt opi use gnotyp pnl - Onc lng 5 clin rsk factr alg
0083U	Onc rspse chemo cntrst tomog
0084U	Rbc dna gnotyp 10 bld groups
0087U - 0092U	Crd hrt trnspl mrna 1283 gen - Onc lng 3 prtn bmrk plsm alg

CODE	DESCRIPTION
0094U	Genome rapid sequence alys
0101U - 0103U	Hered colon ca do 15 genes - Hered ova ca pnl 24 genes
0105U	Neph ckd mult eclia tum nec
0107U	C diff tox ag detcj ia stool
0108U	Gi barrett esoph 9 prtn bmrk
0111U	Onc colon ca kras&nras alys
0113U	Onc prst8 pca3&tmprss2-erg
0114U	Gi barretts esoph vim&ccna1
0118U	Trnsply don-driv cll-fr dna
0120U	Onc b cll lymphm mrna 58 gen
0129U - 0132U	Hered brst ca rlted do panel - Hered ova ca rlted do pnl 17
0134U - 0138U	Hered pan ca mrna pnl 18 gen - Brca1 brca2 mrna seq alys
0153U - 0162U	Onc breast mrna 101 genes - Hered colon ca trgt mrna pnl

**Group 2 Paragraph:**

CPT® codes that are also referenced in other articles.

**Group 2 Codes:**

CODE	DESCRIPTION
81401	Mopath procedure level 2
81403	Mopath procedure level 4
81406	Mopath procedure level 7
81407	Mopath procedure level 8
81412	Ashkenazi jewish assoc dis

**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
XX000	Not Applicable

**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
01/01/2020	R2	<p>Under <b>CPT/HCPCS Codes Group 1:</b> Codes added CPT® codes 87999, 0045U-0050U, 0053U-0060U, 0062U, 0067U, 0068U, 0070U-0076U, 0078U-0080U, 0083U, 0105U, 0107U, 0108U, 0111U, 0113U, 0114U, 0118U, 0120U, 0129U-0132U, and 0134U-0138U. CPT® codes 81370-81383, 81596, 88120, 88121, 0002M, 0003M, 0002U, 0006U-0008U, 0010U, 0011U, 0025U, 0035U, 0038U, 0041U-0044U, 0086U, 0093U, 0095U-0100U were deleted. CPT code range 0084U-0103U was revised to add/delete applicable codes above. This addition and deletion is due to coding that is applicable to the MolDX program.</p> <p>Under <b>CPT/HCPCS Codes Group 1:</b> Codes CPT® code range 81161-81400 was revised to 81161-81364 including the addition of 81277, 81307, 81308, 81309, 81522, 81542, 81552, and added code range 0153U-0162U. CPT® codes 0009M and 0085U were deleted. The code descriptions were revised for CPT® codes 81350, 0101U, 0102U, and 0103U. This revision is due to the Annual CPT®/HCPCS Code Update and becomes effective on 1/1/2020.</p> <p>Typographical errors were corrected in CMS National Coverage Policy.</p>
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. Regulations regarding billing and coding were removed from the <b>CMS National Coverage Policy</b> section of the related MolDX: Molecular Diagnostic Tests (MDT) L35160 LCD and placed in this article.</p> <p>Under <b>CPT/HCPCS Codes Group 1: Codes</b> deleted CPT® codes 81401, 81403, 81406, 81407, and 81412. Under <b>CPT/HCPCS Codes Group 2: Paragraph</b> added verbiage CPT® codes that are also referenced in other articles. Under <b>CPT/HCPCS Codes Group 2: Codes</b> added CPT® codes 81401, 81403, 81406, 81407, and 81412.</p> <p>The above revisions will become effective on 11/01/19.</p> <p>Under <b>CPT/HCPCS Codes Group 1: Codes:</b> CPT code 0104U was deleted. Under</p>



REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p><b>CPT/HCPCS Codes Group 1: Codes:</b> CPT codes 0008U and 81404 descriptions were changed. Under <b>CPT/HCPCS Codes Group 2: Codes:</b> CPT code 81407 description was changed. These revisions are due to the Q4 CPT®/HCPCS Code Updates and are retroactive effective for dates of service on or after 11/1/19.</p>

## Associated Documents

### Related Local Coverage Document(s)

Article(s)

- A55881 - Billing and Coding: MoIDX: ThermoFisher Oncomine Dx Target Test For Non-Small Cell Lung Cancer
- A55711 - Billing and Coding: MoIDX: Abbott RealTime IDH1 and IDH2 testing for Acute Myeloid Leukemia (AML)
- A54356 - Billing and Coding: MoIDX: Afirma™ Assay by Veracyte
- A54364 - Billing and Coding: MoIDX: AlloMap
- A54376 - Billing and Coding: MoIDX: Avise PG Assay
- A54386 - Billing and Coding: MoIDX: bioTheranostics Cancer TYPE ID®
- A54418 - Billing and Coding: MoIDX: FDA-Approved BRAF Tests
- A54422 - Billing and Coding: MoIDX: FDA-Approved EGFR Tests
- A54498 - Billing and Coding: MoIDX: FDA-Approved KRAS Tests
- A54437 - Billing and Coding: MoIDX: HERmark® Assay by Monogram
- A54445 - Billing and Coding: MoIDX: MammaPrint
- A55294 - Billing and Coding: MoIDX: Myriad's BRACAnalysis CDx™
- A54480 - Billing and Coding: MoIDX: Oncotype DX® Breast Cancer Assay
- A54484 - Billing and Coding: MoIDX: Oncotype DX® Colon Cancer
- A54489 - Billing and Coding: MoIDX: Progensa® PCA3 Assay
- A54494 - Billing and Coding: MoIDX: ResponseDX Tissue of Origin®
- A54503 - Billing and Coding: MoIDX: Vectra™ DA
- A54552 - Response to Comments: MoIDX: Molecular Diagnostic Tests (MDT)
- A54429
- (MCD Archive Site)A54509
- (MCD Archive Site)A55185
- (MCD Archive Site)LCD(s)
- L35160 - MoIDX: Molecular Diagnostic Tests (MDT)

### 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 05/27/2020 with effective dates 01/01/2020 - N/A

Updated on 12/04/2019 with effective dates 11/01/2019 - N/A

Updated on 10/28/2019 with effective dates 11/01/2019 - N/A

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**Keywords**

N/A