

Local Coverage Article: Billing and Coding: MoIDX: RPS19 Gene Tests (A55610)

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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

A55610

10/01/2017

Article Title

Billing and Coding: MoIDX: RPS19 Gene Tests

Revision Effective Date

12/01/2019

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

RPS19 gene sequencing, deletion/duplication and known familial mutation analysis may be performed during the diagnosis of Diamond-Blackfan Anemia (DBA). Since clinical symptoms and diagnosis usually occur prior to Medicare eligibility and carrier testing is not a covered benefit, the MoIDX Team has determined RPS19 analysis is a statutorily excluded test. MoIDX will also deny tests that include one or more of RPS19 analysis reported with CPT code 81479 as statutorily excluded services.

To receive a RPS19 analysis service denial, please submit the following claim information:

- Select appropriate CPT® code according to genetic material tested
- An Advance Beneficiary Notice (ABN) is not required for statutorily excluded services.
 - For a voluntary issued ABN, append with GX modifier
 - To indicate a known statutorily excluded service, append with a GY modifier
- Select the appropriate diagnosis for the patient
- 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 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
81405	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6 (EG, ANALYSIS OF 6-10 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 11-25 EXONS, REGIONALLY TARGETED CYTOGENOMIC ARRAY ANALYSIS)
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

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	R3	CMS references were removed. 81403 is deleted effective 1/1/2019 for consistency with the MoIDX Contractor. This deletion should have been noted prior to code migration required by CR 10901.
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. Under Article Title changed the title from "MoIDX: RPS19 Gene Tests Coding and Billing Guidelines" to "Billing and Coding: MoIDX: RPS19 Gene Tests". Under Article Text removed the last paragraph. Under CPT/HCPCS Modifiers Group 1: Codes added modifiers GX and GY.
10/01/2017	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 01/07/2020 with effective dates 12/01/2019 - N/A

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

Updated on 12/20/2017 with effective dates 10/01/2017 - N/A

Updated on 08/01/2017 with effective dates 10/01/2017 - N/A

Keywords

- MoIDX
- RPS19
- 81403
- 81405
- 81479