## Contractor Information

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<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
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## Article Information

### General Information

- **Article ID**: A55113
- **Original Article Effective Date**: 10/17/2016
- **Article Title**: MolDX: BLM Gene Analysis Billing and Coding Guidelines
- **Revision Effective Date**: 10/17/2016
- **Revision Ending Date**: N/A
- **Retirement Date**: N/A

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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, MolDX 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
- 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 the 837I
  - Block 80 for UB04 claim form

Reference: Sec. 1862 (1)(A) Statutory Exclusion covers diagnostic testing “except for items and services that are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member,...”

Coding Information

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

CPT/HCPCS Codes
Group 1 Paragraph:
81209

Group 1 Codes: N/A
Group 1 CPT/HCPCS Code Group 1 CPT/HCPCS Code Description

ICD-10 Codes that are Covered N/A
ICD-10 Codes that are Not Covered N/A

Revision History Information

Revision History Date Revision History Number Revision History Explanation
10/17/2016 R1 Article is revised to add Part A claim filing information.

Related Local 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 12/28/2017 with effective dates 10/17/2016 - N/A Updated on 08/10/2016 with effective dates 10/17/2016 - N/A

Keywords

- BLM
- MolDX
- 81209

Read the Article Disclaimer