Local Coverage Article:
MoIDX: CDH1 Genetic Testing Billing and Coding Guidelines (A55970)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>J - E</td>
<td>California - Entire State</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01112 - MAC B</td>
<td>J - E</td>
<td>California - Northern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01182 - MAC B</td>
<td>J - E</td>
<td>California - Southern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01211 - MAC A</td>
<td>J - E</td>
<td>American Samoa</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01212 - MAC B</td>
<td>J - E</td>
<td>Guam</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01311 - MAC A</td>
<td>J - E</td>
<td>Northern Mariana Islands</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01312 - MAC B</td>
<td>J - E</td>
<td>American Samoa</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01911 - MAC A</td>
<td>J - E</td>
<td>California - Entire State</td>
</tr>
</tbody>
</table>

Back to Top

Article Information

General Information

Original Article Effective Date
07/15/2018

Revision Effective Date
07/15/2018

Printed on 6/28/2018. Page 1 of 4
Article Guidance

Article Text:

CDH1 testing is utilized in patients with specified cancers as an adjunctive test. CDH1 testing has also been recommended as a screening test for other cancers. However, screening for individuals at risk for cancer is not a Medicare benefit and is statutorily excluded.

To receive a CDH1 test denial, please submit the following claim information:

• An Advance Beneficiary Notice (ABN) is not required for statutorily excluded services.
  ◦ For a voluntary issued ABN, append with GX modifier
  ◦ To indicate a valid ABN is on file for a known statutorily excluded service, append with a GY modifier
• Select the appropriate diagnosis for the patient
• 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 837P
  ◦ Item 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

In rare cases in which HDGC is suspected in a Medicare beneficiary, MolDX will review the documentation on a case-by-case basis.
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: N/A

Group 1 Codes: N/A

<table>
<thead>
<tr>
<th>Group 1 CPT/HCPCS Code</th>
<th>Group 1 CPT/HCPCS Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81406</td>
<td>MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7 (EG, ANALYSIS OF 11-25 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 26-50 EXONS, CYTOGENOMIC ARRAY ANALYSIS FOR NEOPLASIA)</td>
</tr>
</tbody>
</table>

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

Revision History Information

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/15/2018</td>
<td>R1</td>
<td>Article is revised to reword the entire first paragraph.</td>
</tr>
</tbody>
</table>

Related Local Coverage Document(s): N/A

Related National Coverage Document(s): N/A

Printed on 6/28/2018. Page 3 of 4
Keywords

- 81406, CDH1, MolDX, gene, gastric