

# Local Coverage Article: MoIDX: *CHD7* Gene Analysis Billing and Coding Guidelines (A55085)

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## Contractor Information

<b>Contractor Name</b>	<b>Contract Type</b>	<b>Contract Number</b>	<b>Jurisdiction</b>	<b>State(s)</b>
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01111 - MAC A	J - E	California - Entire State
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01112 - MAC B	J - E	California - Northern
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01182 - MAC B	J - E	California - Southern American Samoa
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01211 - MAC A	J - E	Guam Hawaii Northern Mariana Islands American Samoa
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01212 - MAC B	J - E	Guam Hawaii Northern Mariana Islands
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01311 - MAC A	J - E	Nevada
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01312 - MAC B	J - E	Nevada American Samoa California - Entire State
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01911 - MAC A	J - E	Guam Hawaii Nevada Northern Mariana Islands

[Back to Top](#)

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## Article Information

### General Information

**Article ID**  
A55085

**Original Article Effective Date**  
10/10/2016

**Article Title**  
MoIDX: *CHD7* Gene Analysis Billing and Coding Guidelines

**Revision Effective Date**  
01/01/2018

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**Revision Ending Date**  
N/A

**Retirement Date**  
N/A

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## Article Guidance

### Article Text:

*CHD7* gene testing may be performed during the diagnosis of CHARGE Syndrome. Since clinical symptoms and diagnosis usually occur prior to Medicare eligibility and carrier testing is not a covered benefit, the MoIDX Contractor has determined *CHD7* gene testing is a statutorily excluded service. MoIDX will also deny tests that include one or more of *CHD7* tests reported with CPT code 81479 as statutorily excluded services.

To receive a *CHD7* analysis service denial, please submit the following claim information:

- Select appropriate CPT code
  - 81407 *CHD7*, full gene sequencing
  - 81479 all other *CHD7* testing
- 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 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 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

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,..."

[Back to Top](#)

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## 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:

Group 1 CPT/HCPCS Code	Group 1 CPT/HCPCS Code Description
81407	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8 (EG, ANALYSIS OF 26-50 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF >50 EXONS, SEQUENCE ANALYSIS OF MULTIPLE GENES ON ONE PLATFORM)
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

ICD-10 Codes that are Covered N/A

ICD-10 Codes that are Not Covered N/A

[Back to Top](#)

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## Revision History Information

Revision History Date	Revision History Number	Revision History Explanation
01/01/2018	R1	Added Part A claim filing instructions.

[Back to Top](#) 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 12/18/2017 with effective dates 01/01/2018 - N/A [Updated on 08/10/2016 with effective dates 10/10/2016 - N/A](#) [Back to Top](#)

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## Keywords

- MoIDX
- CHD7
- 81407
- 81479

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