Local Coverage Article:
Billing and Coding: MolDX: HAX1 Gene Sequencing (A55249)

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

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**Contractor Information**

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<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
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**Article Information**

**General Information**

*Article ID*  
*Original Effective Date*  

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Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or 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.”
Article Guidance

Article Text:

HAX1 gene sequencing may be performed during the diagnosis of HAX1-related Congenital Neutropenia (CN) and Kostmann disease. A HAX1 mutation will only provide reproductive risk stratification for CN. In individuals with Kostmann syndrome, a HAX1 mutation will not change the medical management. Therefore, the MolDX Contractor has determined HAX1 gene sequencing is a statutorily excluded test. In addition to single gene testing, MolDX will also deny panels of tests that include the HAX1 gene.

To receive a HAX1 gene sequencing service 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
- For CPT® non-NOC codes, Labs may either use the SV101-7 or SV202-7 (preferred) or the NTE field to submit this required information.
  - 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
    - Box 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

Coding Information

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<th>CPT/HCPCS Codes</th>
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<td>Group 1 Paragraph:</td>
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CPT/HCPCS Modifiers
Group 1 Paragraph:
N/A

Group 1 Codes:

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<tr>
<td>GX</td>
<td>NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY</td>
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<td>GY</td>
<td>ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT</td>
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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

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<th>REVISION HISTORY EXPLANATION</th>
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<td>12/01/2019</td>
<td>R1</td>
<td>As required by CR 10901, article is converted to a formal billing and coding type article. There is no change in coverage. References were added to the CMS National Coverage Policy Section.</td>
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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 12/10/2019 with effective dates 12/01/2019 - N/A
  Updated on 08/12/2016 with effective dates 10/31/2016 - N/A

Keywords

- MolDX
- HAX1
- Congenital Neutropenia
- Kostmann
- 81479