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

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Contractor Information

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<th>CONTRACT NUMBER</th>
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Article Information

General Information

Created on 12/09/2018. Page 1 of 5
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:

- CPT code 81479
- 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 identifier adjacent to the CPT code in the comment/narrative field for the following claim field/types:
  - Loop 2400 or SV101-7 for the 5010A1 837P
  - Box 19 for paper claim

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 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

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**
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**ICD-10 Codes that are Covered**

N/A

**ICD-10 Codes that are Not Covered**

N/A

**Revision History Information**

N/A

**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 08/12/2016 with effective dates 10/31/2016 - N/A

**Keywords**

- MolDX
- HAX1
- Congenital Neutropenia
- Kostmann
• 81479