Local Coverage Article:
MolDX: HEXA Gene Analysis Billing and Coding Guidelines (A55255)

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>Jurisdiction</th>
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**Article Information**

**General Information**

**Article ID**
A55255

**Article Title**
MolDX: HEXA Gene Analysis Billing and Coding Guidelines

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**Original Article Effective Date**
10/31/2016

**Revision Effective Date**
10/31/2016

**Revision Ending Date**
N/A

**Retirement Date**
N/A

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Article Guidance

Article Text:
The clinical diagnosis of Hexosaminidase A deficiency, a disorder also known as Tay-Sachs disease characterized by progressive weakness, loss of motor skills, and increased startle reflex in infants, relies on blood tests that result in absent or near absent beta-hexosaminidase A (HEX A) enzymatic activity. Molecular genetic testing identifies HEXA gene mutation carriers at risk for conceiving offspring with the disease. Therefore, HEXA genetic testing is not a Medicare benefit and is a statutorily excluded service. In addition to single gene testing, the MolDX Contractor will also deny panels of tests that include the HEXA gene as a statutorily excluded service.

To receive a HEXA gene test service denial, please submit the following claim information:

- Select the appropriate CPT code based on type of 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 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 DEX Z-Code™ 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
  - 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 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,...”

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

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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:

<table>
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<th>Group 1 CPT/HCPCS Code</th>
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<tr>
<td>81255</td>
<td>HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, 1278INSTATC, 1421+1G&gt;C, G269S)</td>
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<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>
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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 |
----------------------|--------------------------|-----------------------------|
10/31/2016            | R1                       | Article is revised to add Part A billing instructions. |

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 12/05/2017 with effective dates 10/31/2016 - N/A Updated on 08/12/2016 with effective dates 10/31/2016 - N/A

Keywords

- MoIDX
- HEXA
- Hexosaminidase A

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