Local Coverage Article:
MolDX: L1CAM Gene Sequencing Billing and Coding Guidelines
(A55277)

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Contractor Information

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<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>J - E California - Entire State</td>
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Article Information

General Information

Article ID
A55277

Original Article Effective Date
10/09/2017

Revision Effective Date
N/A

Revision Ending Date
N/A

Retirement Date
N/A

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Article Guidance

Article Text:

L1 syndrome refers to multiple disorders including X-linked hydrocephalus with aqueduct of Sylvius (HSAS) stenosis, MASA syndrome (Mental retardation, Aphasia, Spastic paraplegia, Adducted thumbs), SPG1 (X-linked complicated hereditary spastic paraplegia type 1), and X-linked complicated corpus callosum agenesis. Because there are many potential underlying causes for congenital hydrocephalus, including syndromic and nonsyndromic cases, recurrence risk and implications for family members is based upon underlying etiology. Genetic testing of the L1CAM gene is used to confirm a clinical diagnosis and provide recurrence risk. Therefore, the MolDX Contractor has determined L1CAM full gene sequencing is a statutorily excluded test.

To receive a L1CAM gene sequencing service denial, please submit the following claim information:

- CPT code 81407-L1CAM
  - 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
- An Advance Beneficiary Notice (ABN) is not required for statutorily excluded services
- 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
  - Box 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,...”
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.

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

<table>
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<td>81407</td>
<td>MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8 (EG, ANALYSIS OF 26-50 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF &gt;50 EXONS, SEQUENCE ANALYSIS OF MULTIPLE GENES ON ONE PLATFORM)</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

N/A 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 08/07/2017 with effective dates 10/09/2017 - N/A

Keywords

- MoIDX
- L1CAM Gene Sequencing
- X-linked
- hydrocephalus
- Sylvius
- HSAS
- MASA
- SPG1

Read the Article Disclaimer