## Contractor Information

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<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
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<td>California - Entire State</td>
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<tr>
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## Article Information

### General Information

<table>
<thead>
<tr>
<th>Article ID</th>
<th>Original Effective Date</th>
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<tbody>
<tr>
<td></td>
<td>Created on 12/19/2019. Page 1 of 6</td>
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CMS National Coverage Policy

Section 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”.

10/09/2017

Revision Effective Date
12/01/2019

Revision Ending Date
N/A

Retirement Date
N/A
Article Guidance

Article Text:

Mutations found in sphingomyelin phosphodiesterase 1, (SMPD1) acid lysosomal, are associated with Niemann-Pick Disease, characterized by acid sphingomyelinase (ASM) deficiency. For infants and children, SMPD1 genetic testing is used to confirm the clinical findings from blood tests to diagnose ASM. Genetic testing for adults is used to screen the population for potential carriers of the mutation. Therefore, Noridian has determined that SMPD1 genetic testing is not a Medicare benefit and is a statutorily excluded service. In addition to single disease testing, Noridian will also deny panels of tests that include a SMPD1 gene test as a statutorily excluded service.

To receive a SMPD1 test 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 statutorily excluded service, append with a GY modifier
- 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
- Enter the 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

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

<table>
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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>81330</td>
<td>SMPD1 (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS (EG, R496L, L302P, FSP330)</td>
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Group 2 Paragraph:

CPT® codes that are also referenced in other articles

Group 2 Codes:
ASHKENAZI JEWISH ASSOCIATED DISORDERS (EG, BLOOM SYNDROME, CANAVAN DISEASE, CYSTIC FIBROSIS, FAMILIAL DYSAUTONOMIA, FANCONI ANEMIA GROUP C, GAUCHER DISEASE, TAY-SACHS DISEASE), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, AND SMPD1

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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</table>

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

<table>
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<th>REVISION HISTORY DATE</th>
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<th>REVISION HISTORY EXPLANATION</th>
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<tr>
<td>12/01/2019</td>
<td>R2</td>
<td>As required by CR 10901, article is converted to a formal billing and coding type article. There is no change in coverage. Under Article Title changed the title from “MoIDX: SMPD1 Genetic Testing Coding and Billing Guidelines” to “Billing and Coding: MoIDX: SMPD1 Genetic Testing”. Under Article Text removed the last paragraph. Under CPT/HCPCS Modifiers Group 1: Codes added modifiers GX, GY. References were added to the CMS National Coverage Policy Section. Under Article Text deleted the statement “Select the appropriate diagnosis for the patient”. Under CPT/HCPCS Codes Group 1: Codes deleted CPT® code 81412. Under CPT/HCPCS Codes Group 2: Paragraph added verbiage, “CPT® codes that are also referenced in other articles”. Under CPT/HCPCS Codes Group 2: Codes added CPT® code 81412. CPT® was inserted throughout the article where applicable.</td>
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<tr>
<td>10/09/2017</td>
<td>R1</td>
<td>Article is revised to add Part A claim filing information.</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

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