Local Coverage Article:

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

---

**Contractor Information**

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>California - Entire State</td>
<td></td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01112 - MAC B</td>
<td>California - Northern</td>
<td></td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01182 - MAC B</td>
<td>California - Southern</td>
<td></td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01211 - MAC A</td>
<td>American Samoa</td>
<td>Guam, Hawaii, Northern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01212 - MAC B</td>
<td>Mariana Islands</td>
<td></td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01311 - MAC A</td>
<td>Nevada</td>
<td></td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01312 - MAC B</td>
<td>Nevada</td>
<td></td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01911 - MAC A</td>
<td>American Samoa, California, Guam,</td>
<td></td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td></td>
<td></td>
<td>Hawaii, Northern Mariana Islands</td>
<td></td>
</tr>
</tbody>
</table>

---

**Article Information**

**General Information**

**Article ID**  
A55480

**Article Title**  
MolDX: STAT3 Gene Testing Billing and Coding Guidelines

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

CPT only copyright 2002-2018 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

---

Printed on 3/1/2018. Page 1 of 4
The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association (“AHA”), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA.” Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

Article Guidance

Article Text:

STAT3 gene testing may be performed during the diagnosis of Autosomal Dominant Hyper IgE Syndrome (AD-HIES). Since management is not determined by the presence or absence of a STAT3 mutation in patients with a probable clinical diagnosis, the MolDX Contractor has determined STAT3 analysis is a statutorily excluded test.

To receive a STAT3 analysis service denial, please submit the following claim information:

- CPT code 81405 – STAT3, targeted sequence analysis
- 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 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

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:

Printed on 3/1/2018. Page 2 of 4
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 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: | 81405 |

| Group 1 Codes: | N/A |

| Group 1 CPT/HCPCS Code Group | 1 CPT/HCPCS Code Description |

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

N/A

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

N/A

---

**Revision History Information**

N/A Back to Top 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 03/30/2017 with effective dates 05/22/2017 - N/A Back to Top

**Keywords**

- STAT3
- 81405
- AD-HIES
- Autosomal
- Dominant
- Hyper
- IgE
- Syndrome
- Autosomal Dominant Hyper IgE Syndrome

Printed on 3/1/2018. Page 3 of 4