

# Local Coverage Article: Billing and Coding: MolDX: *CHD7* Gene Analysis (A55086)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	02101 - MAC A	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	02102 - MAC B	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	02201 - MAC A	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	02202 - MAC B	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	02301 - MAC A	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	02302 - MAC B	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	02401 - MAC A	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	02402 - MAC B	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	03101 - MAC A	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	03102 - MAC B	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	03201 - MAC A	03201 - MAC A	J - F	Montana

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	03202 - MAC B	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	03301 - MAC A	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	03302 - MAC B	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	03401 - MAC A	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	03402 - MAC B	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	03501 - MAC A	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	03502 - MAC B	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	03601 - MAC A	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	03602 - MAC B	03602 - MAC B	J - F	Wyoming

## Article Information

### General Information

**Article ID**

A55086

**Original Effective Date**

10/10/2016

**Article Title**

Billing and Coding: MolDX: *CHD7* Gene Analysis

**Revision Effective Date**

12/01/2019

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

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

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**Retirement Date**

N/A

**CMS National Coverage Policy**

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,…”

**Article Guidance**

**Article Text:**

CHD7 gene testing may be performed during the diagnosis of CHARGE Syndrome. Since clinical symptoms and diagnosis usually occur prior to Medicare eligibility and carrier testing is not a covered benefit, the MoIDX Contractor has determined CHD7 gene testing is a statutorily excluded service. MoIDX will also deny tests that include one or more of CHD7 tests reported with CPT code 81479 as statutorily excluded services.

To receive a CHD7 analysis service denial, please submit the following claim information:

- Select appropriate CPT® code
  - 81407 CHD7, full gene sequencing
  - 81479 all other CHD7 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 known 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 B claim field/types:
  - Loop 2400 or SV101-7 for the 5010A1 837P
  - Item 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

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## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
81407	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8 (EG, ANALYSIS OF 26-50 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF >50 EXONS, SEQUENCE ANALYSIS OF MULTIPLE GENES ON ONE PLATFORM) APOB (APOLIPOPROTEIN B) (EG, FAMILIAL HYPERCHOLESTEROLEMIA TYPE B) FULL GENE SEQUENCE
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

### CPT/HCPCS Modifiers

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
GX	NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT

#### 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 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

#### Other Coding Information

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
12/01/2019	R2	As required by CR 10901, article is converted to a formal billing and

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		coding type article. There is no change in coverage. References were added to the CMS National Coverage Policy Section.
01/01/2018	R1	Added Part A claim filing instructions.

## 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 12/18/17 with effective dates 01/01/2018 - N/A](#)

[Updated on 08/10/16 with effective dates 10/10/2016 - N/A](#)

## Keywords

- MoIDX
- CHD7
- 81407
- 81479