Article Information

General Information

Article ID
A55289

Original Article Effective Date
04/15/2017

Revision Effective Date
04/15/2017

Article Title
MolDX: MMACHC Test Billing and Coding Guidelines

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Revision Ending Date
N/A

Retirement Date
N/A
Article Guidance

Article Text:

Methylmalonic aciduria (cobalamin deficiency) cbIC type, with homocystinuria (MMACHC) is associated with the most common error of vitamin B12 metabolism. Although considered a disease of infancy or childhood, some individuals develop symptoms in adulthood. However to date, the exact function of the protein encoded by this gene is not known. Therefore, MMACHC testing does not meet the clinical utility requirements for a Medicare Benefit and is considered a statutorily excluded service. MolDX and Noridian will also deny panels of tests that include the MMACHC gene.

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

- CPT code 81404-MMACHC, fgs
- 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,...”
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.

<table>
<thead>
<tr>
<th>Bill Type Code</th>
<th>Bill Type Description</th>
</tr>
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<tbody>
<tr>
<td>999x</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>Group 1 CPT/HCPCS Code</th>
<th>Group 1 CPT/HCPCS Code Description</th>
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<tbody>
<tr>
<td>81404</td>
<td>MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-5 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 6-10 EXONS, OR CHARACTERIZATION OF A DYNAMIC MUTATION DISORDER/TRIPLET REPEAT BY SOUTHERN BLOT ANALYSIS)</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

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
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<tbody>
<tr>
<td>04/15/2017</td>
<td>R2</td>
<td>Removed TOB 11X, which was entered in error.</td>
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<tr>
<td>01/26/2017</td>
<td>R1</td>
<td>Updated instructions for Part A &amp; B claim submission.</td>
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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 03/23/2017 with effective dates 04/15/2017 - N/A Updated on 03/14/2017 with effective dates 04/15/2017 - N/A

Keywords

Printed on 4/18/2018. Page 3 of 4
• MoIDX
• MMACHC
• Methylmalonic aciduria
• cbIC
• homocystinuria
• B12
• 81404

Read the Article Disclaimer Back to Top