Noridian Healthcare Solutions, LLC
A and B MAC
02101 - MAC A
J - F
Alaska
Noridian Healthcare Solutions, LLC
A and B MAC
02102 - MAC B
J - F
Alaska
Noridian Healthcare Solutions, LLC
A and B MAC
02201 - MAC A
J - F
Idaho
Noridian Healthcare Solutions, LLC
A and B MAC
02202 - MAC B
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Idaho
Noridian Healthcare Solutions, LLC
A and B MAC
02301 - MAC A
J - F
Oregon
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A and B MAC
02302 - MAC B
J - F
Oregon
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02401 - MAC A
J - F
Washington
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A and B MAC
02402 - MAC B
J - F
Washington
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A and B MAC
03101 - MAC A
J - F
Arizona
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A and B MAC
03102 - MAC B
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Montana
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A and B MAC
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Montana
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North Dakota
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North Dakota
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South Dakota
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A and B MAC
03402 - MAC B
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South Dakota
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Utah
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A and B MAC
03502 - MAC B
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Utah
Noridian Healthcare Solutions, LLC
A and B MAC
03601 - MAC A
J - F
Wyoming
Noridian Healthcare Solutions, LLC
A and B MAC
03602 - MAC B
J - F
Wyoming

Article Information

General Information

Article ID
A55614

Original Article Effective Date
10/01/2017

Article Title

Revision Effective Date
10/01/2017

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Revision Ending Date
N/A

Retirement Date
N/A
Article Guidance

Article Text:

RPS19 gene sequencing, deletion/duplication and known familial mutation analysis may be performed during the diagnosis of Diamond-Blackfan Anemia (DBA). Since clinical symptoms and diagnosis usually occur prior to Medicare eligibility and carrier testing is not a covered benefit, the MolDX Team has determined RPS19 analysis is a statutorily excluded test. MolDX will also deny tests that include one or more of RPS19 analysis reported with CPT code 81479 as statutorily excluded services.

To receive a RPS19 analysis service denial, please submit the following claim information:

- Select appropriate CPT code according to genetic material tested
  - Code 81403 for known familial variant, not otherwise specified
  - Code 81405 for gene sequencing
  - Code 81479 for combinations of RPS19 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 known statutorily excluded service, append with a GY modifier
- Select the appropriate diagnosis for the patient
- 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
- Enter the 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:

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.

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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: Group 1 CPT/HCPCS Code Description

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tr>
<td>81403</td>
<td>MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA SEQUENCE ANALYSIS, ANALYSIS OF &gt;10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT REACTIONS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 2-5 EXONS)</td>
</tr>
<tr>
<td>81405</td>
<td>MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6 (EG, ANALYSIS OF 6-10 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 11-25 EXONS, REGIONALLY TARGETED CYTOGENOMIC ARRAY ANALYSIS)</td>
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<tr>
<td>81479</td>
<td>UNLISTED MOLECULAR PATHOLOGY PROCEDURE</td>
</tr>
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ICD-10 Codes that are Covered N/A
ICD-10 Codes that are Not Covered N/A

Revision History Information

Revision History Date Revision History Number Revision History Explanation
10/01/2017 R1 Article is revised to add Part A claim filing information.

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 12/20/2017 with effective dates 10/01/2017 - N/A Updated on 08/01/2017 with effective dates 10/01/2017 - N/A Back to Top

Keywords

- MoIDX
- RPS19
- Diamond-Blackfan