

# Local Coverage Article: Billing and Coding: MoIDX: BCR-ABL (A53531)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

## Article Information

### General Information

**Article ID**

A53531

**Original Effective Date**

10/01/2015

**Article Title**

Billing and Coding: MoIDX: BCR-ABL

**Revision Effective Date**

11/07/2019

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

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

CPT codes, descriptions and other data only are

**Retirement Date**

N/A

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## **CMS National Coverage Policy**

N/A

## **Article Guidance**

### **Article Text:**

Effective for dates of service on and after 4/15/13

Breakpoint testing for BCR-ABL1 is commonly performed as a combination or panel of tests (major, minor and other breakpoints). To report multiple tests assigned a single ID, submit CPT<sup>®</sup> code 81479. This guideline includes the following CPT<sup>®</sup> code combinations:

- 81206 and 81207
- 81206, 81207, and 81208

CPT<sup>®</sup> codes 81206, 81207, and 81208 may only be reported when performed as a single test.

Laboratories performing BCR-ABL translocation analysis by NGS must obtain a DEX Z-code to differentiate NGS testing from non-NGS methods. To submit a claim for BCR-ABL translocation analysis by NGS, use CPT<sup>®</sup> 81479 and one (1) UOS with the assigned DEX Z-code.

Reimbursement is based on the number of reported gene(s) in small NGS panels. Tier 1 and/or Tier 2 individual biomarker CPT<sup>®</sup> codes should not be used for a single gene or any combination of genes when testing is performed as part of a NGS or other multiplexing technology panel.

To report the FDA-approved MRDx BCR-ABL Test use the CPT<sup>®</sup> code 0040U.

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE
81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE
81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE
0040U	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT, QUANTITATIVE

### CPT/HCPCS Modifiers

N/A

### 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

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/07/2019	R9	This article is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual. Under <b>Article Title</b> changed title from "MoIDX: BCR-ABL Coding and Billing Guidelines" to "Billing and Coding: MoIDX: BCR-ABL". CPT <sup>®</sup> was inserted throughout the article where applicable.
02/26/2018	R8	Added 0040U to the article. Added 81479, 81206, 81207m 81208, 0040U to HCPCS/CPT Code Group 1. Change is due to the 2019 HCPCS/CPT Annual Update and is effective 1/1/19.
02/26/2018	R7	The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this article begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.
01/29/2018	R6	The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this article begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.
10/26/2017	R5	Edited article to add DEX Z-Code requirements.
07/20/2017	R4	Added Part A contractor numbers and corrected formatting issue.
10/29/2015	R3	Annual review completed. Replaced reference of Palmetto to carrier
10/29/2015	R2	Annual review completed, no changes needed.
10/01/2015	R1	Added Annual Review Date.

## Associated Documents

### Related Local Coverage Document(s)

LCD(s)

L36044 - MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease

### 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 10/29/2019 with effective dates 11/07/2019 - N/A

Updated on 12/21/2018 with effective dates 02/26/2018 - N/A

Updated on 12/14/2017 with effective dates 02/26/2018 - N/A

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## **Keywords**

N/A