

Local Coverage Article: MoIDX: RPS19 Gene Tests Coding and Billing Guidelines (A53587)

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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

A53587

Original Effective Date

10/01/2015

Article Title

MoIDX: RPS19 Gene Tests Coding and Billing Guidelines

Revision Effective Date

01/01/2019

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Revision Ending Date

N/A

Retirement Date

N/A

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Article Guidance

Article Text:

Effective for dates of service on and after June 25, 2013.

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 MoIDX Team has determined RPS19 analysis is a statutorily excluded test. MoIDX 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 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 valid ABN is on file for a known statutorily excluded service, append with a GY modifier
- Select the appropriate diagnosis for the patient

- 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
 - Box 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

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 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

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

| CODE | DESCRIPTION |
|-------|---|
| 81405 | 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) |

| CODE | DESCRIPTION |
|-------|--|
| 81479 | UNLISTED MOLECULAR PATHOLOGY PROCEDURE |

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 |
|-----------------------|-------------------------|---|
| 01/01/2019 | R5 | Deleted 81403 from the article. Added all CPT code: 81405 and 81479 to CPT/HCPCS Codes Group 1. These codes were previously in the article, but not in the CPT/HCPCS Codes Group 1 field. This change is due to the CPT/HCPCS 2019 Annual Update and is effective 1/1/19. |
| 02/26/2018 | R4 | The Jurisdiction "J" Part A and Part B Contracts for Alabama (10111/10112), Georgia (10211/10212) and Tennessee (10311/10312) are now being serviced by Palmetto GBA. Effective 02/26/18, these 6 contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 6 Part A and B contract numbers) have been completed in this revision. |
| 11/16/2017 | R3 | Added Part A contract numbers. Added DEX Z-Code identifier information. |
| 11/19/2015 | R2 | Changed "MoIDX ID (MID) field" back to read SV101-7 |
| 11/19/2015 | R1 | Replaced SV101-7 with MID, Removed Palmetto GBA reference and replaced with MoIDX. |

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 12/21/2018 with effective dates 01/01/2019 - N/A

Updated on 01/31/2018 with effective dates 02/26/2018 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A