

# Local Coverage Article: Billing and Coding: Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases (A56793)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

## Article Information

### General Information

**Article ID**

A56793

**Original Effective Date**

08/15/2019

**Article Title**

Billing and Coding: Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases

**Revision Effective Date**

10/03/2019

**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

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## **CMS National Coverage Policy**

N/A

## **Article Guidance**

### **Article Text:**

This article contains coding and other guidelines that complement the Local Coverage Determination (LCD) for Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases.

### **Coding Information:**

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.

For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim.

A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.

The diagnosis code(s) must best describe the patient's condition for which the service was performed.

### **Specific Coding Guidelines:**

Regarding Acute Myelogenous Leukemia (AML), Myelodysplastic Syndromes (MDS), and Myeloproliferative Neoplasms (MPN), the following guidelines apply:

Targeted genomic sequence analysis panel, hematolymphoid neoplasm, DNA analysis, 5-50 genes (CPT 81450) is a useful representation of the aggregate of these gene tests, and may be used as long as the panel contains, at a minimum, 5 or more gene tests for molecular biomarkers determined to meet Medicare coverage criteria (for example, NCCN Biomarkers Compendium Evidence Category I or 2A and associated clinical utility). The specified coverage indications are in line with NCCN recommendations. Evaluation of other genes or genomic sequences not addressed by NCCN or other professional guidelines are not precluded, but their inclusion in panels recognized by this code should not be interpreted as endorsement of such testing by genomic sequencing procedures and laboratories and users of such testing are advised to adhere to traditional regulatory and institutional oversight mechanisms to assure their clinical validity and utility.

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

CPT code 81450 Targeted Genomic Sequence Analysis Panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes, may be used as long as the panel contains, at a minimum, 5 or more gene tests for molecular biomarkers determined to meet Medicare coverage criteria as listed above.

#### Group 1 Codes:

CODE	DESCRIPTION
81450	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED

### CPT/HCPCS Modifiers

N/A

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

The following ICD-10-CM diagnosis codes support medical necessity for Acute Myelogenous Leukemia (AML).

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z2	Other myeloid leukemia, in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.92	Myeloid leukemia, unspecified in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.02	Acute erythroid leukemia, in relapse
C94.80	Other specified leukemias not having achieved remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.92	Leukemia, unspecified, in relapse
R16.1	Splenomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified

**Group 2 Paragraph:**

The following ICD-10-CM diagnosis codes support medical necessity for Myelodysplastic Syndromes (MDS).

**Group 2 Codes:**

ICD-10 CODE	DESCRIPTION
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z2	Other monocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.92	Monocytic leukemia, unspecified in relapse
C94.6	Myelodysplastic disease, not classified
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.4	Refractory anemia, unspecified
D46.Z	Other myelodysplastic syndromes
D46.9	Myelodysplastic syndrome, unspecified
D61.818	Other pancytopenia
D69.49	Other primary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D69.8	Other specified hemorrhagic conditions
D69.9	Hemorrhagic condition, unspecified
D70.8	Other neutropenia
D70.9	Neutropenia, unspecified
D72.810	Lymphocytopenia
D72.818	Other decreased white blood cell count

ICD-10 CODE	DESCRIPTION
D72.819	Decreased white blood cell count, unspecified
D75.89	Other specified diseases of blood and blood-forming organs
D77	Other disorders of blood and blood-forming organs in diseases classified elsewhere
R16.1	Splenomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified

**Group 3 Paragraph:**

The following ICD-10-CM diagnosis codes support medical necessity for Myeloproliferative Neoplasms (MPN).

**Group 3 Codes:**

ICD-10 CODE	DESCRIPTION
C88.8	Other malignant immunoproliferative diseases
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z2	Other monocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.92	Monocytic leukemia, unspecified in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D45	Polycythemia vera
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.4	Osteomyelofibrosis
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue

ICD-10 CODE	DESCRIPTION
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D72.821	Monocytosis (symptomatic)
D72.828	Other elevated white blood cell count
D72.829	Elevated white blood cell count, unspecified
D72.89	Other specified disorders of white blood cells
D72.9	Disorder of white blood cells, unspecified
D75.81	Myelofibrosis
D75.89	Other specified diseases of blood and blood-forming organs
D75.9	Disease of blood and blood-forming organs, unspecified
D77	Other disorders of blood and blood-forming organs in diseases classified elsewhere
R16.1	Splenomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified

### ICD-10 Codes that DO NOT Support Medical Necessity

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

### 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
10/03/2019	R1	This article was converted to the new Billing and Coding Article format.

## Associated Documents

#### Related Local Coverage Document(s)

LCD(s)

L37606 - Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases

#### 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)

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