

2018

**MEDICARE LOCAL COVERAGE DETERMINATION (LCD) - L35160**

PROCEDURE CODES: 81161-81599, 84999, 86849, 87999, 88199, 88399, 89398

**MOLDX: Molecular Diagnostic Tests**

For services performed on or after 10-1-2015

**DLS TEST CODE AND NAME**

41269	<b>FRAGILE X TEST (SYMPTOMATIC/FAMILY)</b> (Proc Code: 81243, 81244)
41279	<b>FRAGILE X CARRIER SCREEN - PCR</b> (Proc Code: 81243)
41289	<b>FRAGILE X CARRIER-SOUTHERN BLOT</b> (Proc Code: 81244)
45679	<b>FACTOR V</b> (Proc Code: 81241) - non covered, see CMS policy L36155
50478	<b>JAK2 V617F MUTATION ANALYSIS</b> (Proc Code: 81270) - see CMS policy L36180
51499	<b>CYSTIC FIBROSIS, CARRIER SCREEN</b> (Proc Code: 81220)
52749	<b>CYTOCHROME P450 2C19</b> (Proc Code: 81225) - see CMS policy L36310
52999	<b>BCR-ABL GENE REARRANGE, QNT. REFLEX</b> (Proc Code: 81206) - see CMS policy L36180
54289	<b>PROTHROMBIN G20210A MUTATION (FACTOR II)</b> (Proc Code: 81240) - non covered, see CMS policy L36155
54329	<b>P210 BCR-ABL1</b> (Proc Code: 81206) - see CMS policy L36180
54419	<b>P190 BCR-ABL1</b> (Proc Code: 81207) - see CMS policy L36180
55069	<b>THALASSEMIA, ALPHA GLOBIN DNA</b> (Proc Code: 81257)
56169	<b>PCA3 - PROSTATE CANCER BIOMARKER</b> (Proc Code: 81313) - see CMS policy A54489
56599	<b>HEMOCHROMATOSIS DNA ANALYSIS</b> (Proc Code: 81256)
58089	<b>HLA-B*5701 TYPING</b> (Proc Code: 81381) - see CMS policy L36145
61859	<b>MTHFR MUTATION</b> (Proc Code: 81291) - non covered, see CMS policy L36155
62069	<b>IGVH MUTATION</b> (Proc Code: 81263)
64429	<b>HGB ELECTROPHORESIS, BLOOD</b> (Proc Code: 81257, 81401, 81403) - see CMS policy L36145
66139	<b>JAK2, V617F MUTATION, QUAL W/ REFLEX EXON 12</b> (Proc Code: 81270) - see CMS policy L36180
66149	<b>JAK2 EXON 12 MUTATION ANALYSIS</b> (Proc Code: 81403) - see CMS policy L36180
71350	<b>HLA-DQ, RENAL</b> (Proc Code: 81376)
71360	<b>HLA-A,B,C,DR,DQ, RENAL</b> (Proc Code: 81370)
71409	<b>HLA A,B,C,DR,DQ TYPING (TRALI)</b> (Proc Code: 81370)

**Coverage Indications, Limitations, and/or Medical Necessity**

This coverage policy provides the following information:

- defines tests required to register for a unique identifier
- defines tests required to submit a complete technical assessment (TA) for coverage determination
- defines the payment rules applied to covered tests that are not reported with specific procedure codes
- lists some examples of specific covered tests that have completed the registration and TA process and meet Medicare's reasonable and necessary criteria for coverage. This listing is not inclusive.

**Payment Rules**

MoIDX will reimburse:

- approved tests covered for dates of service consistent with the effective date of the coverage determination.

**Covered Tests**

Please refer to the Noridian website for covered tests' specific coding and billing information.

Other tests/assays may be covered by a separate Noridian policy. In addition the procedure codes listed under Group 1 are covered. If a test is not listed, it may be covered under a separate Noridian policy or it has not been approved for coverage as it has either not been vetted by the MoIDx contractor or has been found to be considered statutorily excluded. A list of approved tests may be found on the Noridian website.

For additional MoIDX Program information, go to the Noridian Medicare home page at [noridianmedicare.com](http://noridianmedicare.com) and select MoIDX under the Policies Tab.

MoIDX expects laboratory providers to follow test indications published by the developer.