

Medical Necessity for Medicare Beneficiaries

Noridian Local Coverage Determination (LCD): MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (L36180)

Applicable Tests

NeoTYPE™ Myeloid Disorders Profile	NeoTYPE MDS/CMML Profile
NeoTYPE JMML Profile	CALR Mutation Analysis
NeoLAB™ Myeloid Disorders Profile - Liquid Biopsy	NeoLAB MDS/CMML Profile - Liquid Biopsy
NeoTYPE MPN Profile	MPL Mutation Analysis
NeoTYPE AML Prognostic Profile	MPN Standard Reflex Panel
JAK2, JAK2 exons 12-14, JAK2 V617F	MPN Extended Reflex Panel

Applicable CPT Codes

81206		
81207		
81208		
81219		
81270		
81402		

81403		
81445		
81450		
81455		
81479		

Limitations

For laboratories performing single gene technologies, a sequential genetic testing approach is expected. Once a positive result is obtained and the appropriate diagnosis is established, further testing should stop. Reflex testing to the next gene will be considered reasonable and necessary if the following sequence of genetic tests produce a negative result:

- 1. BCR-ABL negative test results, progress to #2
- 2. JAK2, cv negative test results, progress to #3 or #4
- 3. JAK2 exon 12 (JAK2 exon 12 is only done when PV is suspected)
- 4. CALR/MPL (CALR/MPL is only done when either ET or PMF is suspected; testing for CALR/MPL does NOT require a negative JAK2 exon 12, just a negative JAK2 V617F result)

ICD-10 Codes Supporting Medical Necessity Numerical Listing

C88.8	Other malignant immunoproliferative diseases
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission

C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, 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
C94.6	Myelodysplastic disease, not classified
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated



Medical Necessity for Medicare Beneficiaries

Noridian Local Coverage Determination (LCD): MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (L36180)

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
D47.02	Systemic mastocytosis
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.4	Osteomyelofibrosis
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified

D72.821	Monocytosis (symptomatic)
D72.829	Elevated white blood cell count, unspecified
D75.1	Secondary polycythemia
D75.81	Myelofibrosis
D75.89	Other specified diseases of blood and blood-forming organs
D75.9	Disease of blood and blood-forming organs, unspecified



Medical Necessity for Medicare Beneficiaries

Noridian Local Coverage Determination (LCD): MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (L36180)

Alphabetical Listing

-	
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.01	Acute lymphoblastic leukemia, in remission
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.41	Acute panmyelosis with myelofibrosis, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C93.10	Chronic myelomonocytic leukemia not having achieved remission
D47.1	Chronic myeloproliferative disease
D75.9	Disease of blood and blood-forming organs, unspecified
D72.829 Elevated white blood cell count, unspecified	Myelodysplastic syndrome, unspecified
D47.3	Essential (hemorrhagic) thrombocythemia

D72.821 Monocytosis (symptomatic)	Chronic myeloproliferative disease
C94.6	Myelodysplastic disease, not classified
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.9	Myelodysplastic syndrome, unspecified
D75.81	Myelofibrosis
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.4	Osteomyelofibrosis
C88.8	Other malignant immunoproliferative diseases
D46.Z	Other myelodysplastic syndromes
D75.89	Other specified diseases of blood and blood- forming organs
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D45	Polycythemia vera
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.20	Refractory anemia with excess of blasts, unspecified
D46.1	Refractory anemia with ring sideroblasts
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.4	Refractory anemia, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D75.1	Secondary polycythemia

The accuracy and relevance of this information should be verified by reference to the current version of the Coding Manual of the American Medical Association (AMA) or by visiting the Centers for Medicare and Medicaid Services (CMS) website at www.cms.hhs.gov/home/medicare.asp. This information is not intended to suggest reimbursement or provide direction for coding and was obtained online at www.cms.hhs.gov/home/medicare.asp. Codes listed are effective as of February 1, 2019.

Noridian Healthcare Solutions, LLC is the Medicare Administrative Contractor (MAC) for Jurisdiction E and processes Medicare Part A and Part B claims for California, Nevada, Hawaii, Guam, American Samoa, and Northern Mariana Islands

12701 Commonwealth Dr., Suite 9 Fort Myers, FL 33913

Phone: 866.776.5907/Fax: 239.690.4327

neogenomics.com

© 2019 NeoGenomics Laboratories, Inc. All Rights Reserved. All other trademarks are the property of their respective owners. Rev. 032519