

Medical necessity for Medicare beneficiaries

Noridian local coverage determination (LCD): MoIDX®: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (L38123 & A57891)

Applicable tests

Neo Comprehensive™ - Myeloid Disorders
NeoTYPE® AML Prognostic Profile
NeoTYPE® JMML Profile
NeoTYPE® MDS/CMML Profile
NeoTYPE® Myeloid Disorders Profile

Applicable CPT codes

81450	81479	81451
-------	-------	-------



To learn more, call NeoGenomics Client Services at 1.866.776.5907

Follow us

[in](#) [Twitter](#) [f](#)

Criteria for coverage

The following must be present for coverage eligibility

- For tests that are specifically indicated in patients who are known to have a myeloid malignancy at the time of testing, NCD 90.2 applies.
- The patient has a diagnosis of AML, MDS, or MPN. AML, MDS and MPN are herein classified as refractory and/or metastatic cancers and fulfill the NCD 90.2 criteria.
- The test has satisfactorily completed a TA by MoIDX for the stated indications of the test.
- The assay performed includes at least the minimum genes and positions indicated for its intended use, as described in an associated coverage Article or found in the TA forms.
- For patients that do not have a diagnosis of a myeloid malignancy, where one is suspected, the patient must have an undefined cytopenia for greater than 4 months, other possible causes have been reasonably excluded.
- Testing is performed on bone marrow biopsies, bone marrow aspirates, bone marrow clots, peripheral blood samples or extramedullary sites suspected of harboring a myeloid malignancy.

Situations in which Test should not be used or coverage is denied

The test in question will be non-covered if:

- A technical assessment has not been satisfactorily completed by MoIDX. For tests that are currently covered but a TA submission has not been made, providers must submit complete TA materials by February 10th, 2020 or coverage will be denied.
- Another NGS test was performed on the same surgical specimen/blood draw (specimen obtained on the same date of service).
- Testing falls within scope of NCD 90.2 and has been tested with the same test for the same genetic content.



Medical necessity for Medicare beneficiaries

Noridian local coverage determination (LCD): MoIDX®: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (L38123 & A57891)

ICD-10 codes supporting medical necessity numerical listing, Noridian LCA (L38123)

ICD-10 code	Description
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic 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
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission

ICD-10 code	Description
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z2	Other monocytic leukemia, in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.21	Acute megakaryoblastic leukemia, in remission



Medical necessity for Medicare beneficiaries

Noridian local coverage determination (LCD): MoIDX®: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (L38123 & A57891)

ICD-10 codes supporting medical necessity numerical listing, Noridian LCA (L38123)

ICD-10 code	Description
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
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
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
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.Z	Other myelodysplastic syndromes
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

ICD-10 code	Description
D61.09	Other constitutional aplastic anemia
D61.3	Idiopathic aplastic anemia
D61.818	Other pancytopenia
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified
D64.9	Anemia, unspecified
D69.49	Other primary thrombocytopenia
D69.59	Other secondary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D69.8	Other specified hemorrhagic conditions
D70.4	Cyclic neutropenia
D70.8	Other neutropenia
D72.818	Other decreased white blood cell count
D72.820	Lymphocytosis (symptomatic)
D72.821	Monocytosis (symptomatic)
D72.829	Elevated white blood cell count, unspecified
D75.1	Secondary polycythemia
D75.81	Myelofibrosis
D75.838	Other thrombocytosis
D75.89	Other specified diseases of blood and blood-forming organs
Q82.2	Congenital cutaneous mastocytosis
R16.1	Splenomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified

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 **April 1, 2023**.

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.



Medical necessity for Medicare beneficiaries

Noridian local coverage determination (LCD): MoIDX®: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (L38123 & A57891)

ICD-10 codes supporting medical necessity alphabetical listing, Noridian LCA (L38123)

ICD-10 code	Description
C94.02	Acute erythroid leukemia, in relapse
C94.01	Acute erythroid leukemia, in remission
C94.00	Acute erythroid leukemia, not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.01	Acute myeloblastic leukemia, in remission
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.51	Acute myelomonocytic leukemia, in remission
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse

ICD-10 code	Description
C94.41	Acute panmyelosis with myelofibrosis, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.41	Acute promyelocytic leukemia, in remission
C92.40	Acute promyelocytic leukemia, not having achieved 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 myelomonocytic leukemia not having achieved remission
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.12	Chronic myelomonocytic leukemia, in relapse
D47.1	Chronic myeloproliferative disease
Q82.2	Congenital cutaneous mastocytosis
D70.4	Cyclic neutropenia
D72.829	Elevated white blood cell count, unspecified
D47.3	Essential (hemorrhagic) thrombocythemia
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
D61.3	Idiopathic aplastic anemia



Medical necessity for Medicare beneficiaries

Noridian local coverage determination (LCD): MoIDX®: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (L38123 & A57891)

ICD-10 codes supporting medical necessity alphabetical listing, Noridian LCA (L38123)

ICD-10 code	Description
D72.820	Lymphocytosis (symptomatic)
D72.821	Monocytosis (symptomatic)
C94.6	Myelodysplastic disease, not classified
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D75.81	Myelofibrosis
C92.32	Myeloid sarcoma, in relapse
C92.31	Myeloid sarcoma, in remission
C92.30	Myeloid sarcoma, not having achieved remission
D47.4	Osteomyelofibrosis
D61.09	Other constitutional aplastic anemia
D72.818	Other decreased white blood cell count
C93.Z2	Other monocytic leukemia, in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
D46.Z	Other myelodysplastic syndromes
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z2	Other myeloid leukemia, in relapse
C92.Z1	Other myeloid leukemia, in remission
D70.8	Other neutropenia
D61.818	Other pancytopenia

ICD-10 code	Description
D69.49	Other primary thrombocytopenia
D69.59	Other secondary thrombocytopenia
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D75.89	Other specified diseases of blood and blood-forming organs
D69.8	Other specified hemorrhagic conditions
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D75.838	Other thrombocytosis
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.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D75.1	Secondary polycythemia
R16.1	Splenomegaly, not elsewhere classified
D47.02	Systemic mastocytosis

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 **April 1, 2023**.

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.



9490 NeoGenomics Way
 Fort Myers, FL 33912
 Phone: 866.776.5907 | Fax: 239.690.4237
www.neogenomics.com