

Local Coverage Article: Billing and Coding: Lab: Coenzyme Q10 (CoQ10) (A55769)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID

A55769

Article Title

Billing and Coding: Lab: Coenzyme Q10 (CoQ10)

Article Type

Billing and Coding

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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Original Effective Date

10/02/2017

Revision Effective Date

01/01/2020

Revision Ending Date

N/A

Retirement Date

N/A

or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS On-Line Manual, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §§80.0, 80.1.1, 80.2. Clinical Laboratory services.

CMS Internet-Only Manuals, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (*Medicare Claims Processing Manual*), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes."

Article Guidance

Article Text:

The following billing and coding guidance is to be used with its associated Local Coverage Determination.

To receive a Q10 service denial, please submit the following claim information:

- CPT® code 82542
- For a voluntary issued Advanced Beneficiary Notice (ABN), append with GX modifier

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
82542	COLUMN CHROMATOGRAPHY, INCLUDES MASS SPECTROMETRY, IF PERFORMED (EG, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), NON-DRUG ANALYTE(S) NOT ELSEWHERE SPECIFIED, QUALITATIVE OR QUANTITATIVE, EACH SPECIMEN

CPT/HCPCS Modifiers**Group 1 Paragraph:**

N/A

Group 1 Codes:

CODE	DESCRIPTION
GX	NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

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
01/01/2020	R2	<p>Removed CMS National Coverage Policy references related to coverage. These are listed in the related LCD.</p> <p>Under Article Text section: Added ® to CPT. Removed "Select the appropriate diagnosis for the patient" from the bullets.</p> <p>Added 82542 to the CPT/HCPCS Codes field.</p> <p>Added GX to the CPT/HCPCS Modifiers field.</p>
10/01/2019	R1	<p>This article was converted to a Billing and Coding Article type and is to be used with its associated Local Coverage Determination.</p> <p>The article title was changed from "Coenzyme Q10 (Q10) Coding and Billing Guideline" to "Billing and Coding: Lab: Coenzyme Q10 (CoQ10)" to match the LCD title.</p>

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L37066 - Lab: Coenzyme Q10 (CoQ10)

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 12/19/2019 with effective dates 01/01/2020 - N/A

Updated on 10/04/2019 with effective dates 10/01/2019 - N/A

Keywords

- Coenzyme
- CoQ10
- Q10
- ubiquinone
- ubidecarenone
- coenzyme Q
- Lab