### Contractor Information

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<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>J - E</td>
<td>California - Entire State</td>
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<td>American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands</td>
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</table>

### Article Information

#### General Information

**Article ID**

Created on 11/04/2019. Page 1 of 6
Article Title
Billing and Coding: Measurement of Salivary Hormones

Article Type
Billing and Coding

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CMS National Coverage Policy

Code of Federal Regulations:

42 CFR Sections 410.32(a) & 410.32(a)(3) require that clinical laboratory services be ordered and used promptly by the physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements)
who is treating the beneficiary.

42CFR411.15 excludes from coverage examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury with specific legislative enactments as the only exceptions.

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 6, §§20.4.4 and 20.4.5.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

If requested, chart documentation would show signs, symptoms, or clinical reasons why Cushing’s syndrome was being tested for.

No comments were received for this draft LCD for comment period ending 12/15/2016.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Because current CPT® codes do not specify or identify “salivary” hormone testing from serum or urine hormone testing, claims for salivary levels of hormone should be coded with NOS code 84999 and the words “salivary cortisol”. For other than cortisol use “salivary (name of other hormone)” which will generate a denial.

Group 1 Codes:

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>84999</td>
<td>UNLISTED CHEMISTRY PROCEDURE</td>
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CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A
Group 1 Codes:

<table>
<thead>
<tr>
<th>ICD-10 CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>E24.0</td>
<td>Pituitary-dependent Cushing's disease</td>
</tr>
<tr>
<td>E24.2</td>
<td>Drug-induced Cushing's syndrome</td>
</tr>
<tr>
<td>E24.3</td>
<td>Ectopic ACTH syndrome</td>
</tr>
<tr>
<td>E24.4</td>
<td>Alcohol-induced pseudo-Cushing's syndrome</td>
</tr>
<tr>
<td>E24.8</td>
<td>Other Cushing's syndrome</td>
</tr>
<tr>
<td>E24.9</td>
<td>Cushing's syndrome, unspecified</td>
</tr>
<tr>
<td>E27.0</td>
<td>Other adrenocortical overactivity</td>
</tr>
<tr>
<td>E27.8</td>
<td>Other specified disorders of adrenal gland</td>
</tr>
</tbody>
</table>

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

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.

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

LCD(s)
L36846 - Measurement of Salivary Hormones
DL36846
- (MCD Archive Site)

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 10/22/2019 with effective dates 11/01/2019 - N/A