

Local Coverage Article: Billing and Coding: MolDX: 9p21 Genotype Test (A55092)

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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

Original Effective Date

A55092

10/10/2016

Article Title

Billing and Coding: MolDX: 9p21 Genotype Test

Revision Effective Date

12/01/2019

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A) statutory exclusion covers diagnostic testing "except for items and services that are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member".

Article Guidance

Article Text:

The MoIDX Team has completed a review on the 9p21 Genotype test. To date, there is insufficient evidence to support the required clinical utility for the established Medicare benefit category. Therefore, the 9p21 test is a statutorily excluded test.

To receive a 9p21 service denial, please submit the following claim information:

- An Advance Beneficiary Notice (ABN) is not required for statutorily excluded services
 - For a voluntary issued ABN, append with GX modifier
 - To indicate a statutorily excluded service, append with a GY modifier
- Select the appropriate diagnosis for the patient
- Enter DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim
- Enter DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

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

CODE	DESCRIPTION
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT

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
12/01/2019	R1	<p>As required by CR 10901, article is converted to a formal billing and coding type article. There is no change in coverage.</p> <p>Under Article Title changed the title from "MoIDX: 9p21 Genotype Test Coding and Billing Guideline" to "Billing and Coding: MoIDX: 9p21 Genotype Test". Title XVIII of the Social Security Act, §1862(a)(1)(A) has been added to the CMS National Coverage Policy section and removed from the Article Text section. Under Article Text deleted the bullet point "Select the appropriate diagnosis for the patient". Under CPT/HCPCS Codes Group 1: Codes added 81479. Under CPT/HCPCS Modifiers Group 1: Codes added modifiers GX and GY. CPT[®] was inserted throughout the article where applicable.</p>

Associated Documents

Related Local Coverage Document(s)

N/A

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 12/11/2019 with effective dates 12/01/2019 - N/A

Updated on 08/10/2016 with effective dates 10/10/2016 - N/A

Keywords

- MoIDX
- 9p21
- 81479