Local Coverage Article:
Billing and Coding: MolDX: MGMT Promoter Methylation Analysis (A57432)

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### Contractor Information

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<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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<td>A and B MAC</td>
<td>01111 - MAC A</td>
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CONTRACTOR NAME | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATE(S)
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### Article Information

#### General Information

**Article ID**
A57432

**Article Title**
Billing and Coding: MolDX: MGMT Promoter Methylation Analysis

**Article Type**
Billing and Coding

**Original Effective Date**
11/01/2019

**Revision Effective Date**
N/A

**Revision Ending Date**
N/A

**Retirement Date**
N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for
items or 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.”

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary
documentation to process the claim.

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other
diagnostic tests: Conditions.

CMS Internet Online Manual Pub. 100-02 (Medicare Benefit Policy Manual), Chapter 15, Section 80, “Requirements
for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests”.

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”.

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 12, §30-Correct Coding Policy.

Article Guidance

Article Text:

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

To report a MGMT Promoter Methylation Analysis service, please submit the following claim information:

- Enter 1 unit of service (UOS)
- Enter the appropriate 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 the appropriate 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
- Select the appropriate ICD-10-CM code
Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:
N/A

Group 1 Codes:

<table>
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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>81287</td>
<td>MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) (EG, Glioblastoma Multiforme) Promoter Methylation Analysis</td>
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CPT/HCPCS Modifiers

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>
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<tbody>
<tr>
<td>C71.0</td>
<td>Malignant neoplasm of cerebrum, except lobes and ventricles</td>
</tr>
<tr>
<td>C71.1</td>
<td>Malignant neoplasm of frontal lobe</td>
</tr>
<tr>
<td>C71.2</td>
<td>Malignant neoplasm of temporal lobe</td>
</tr>
<tr>
<td>C71.3</td>
<td>Malignant neoplasm of parietal lobe</td>
</tr>
<tr>
<td>C71.4</td>
<td>Malignant neoplasm of occipital lobe</td>
</tr>
<tr>
<td>C71.5</td>
<td>Malignant neoplasm of cerebral ventricle</td>
</tr>
<tr>
<td>C71.6</td>
<td>Malignant neoplasm of cerebellum</td>
</tr>
<tr>
<td>C71.7</td>
<td>Malignant neoplasm of brain stem</td>
</tr>
<tr>
<td>C71.8</td>
<td>Malignant neoplasm of overlapping sites of brain</td>
</tr>
<tr>
<td>C71.9</td>
<td>Malignant neoplasm of brain, unspecified</td>
</tr>
</tbody>
</table>
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.

<table>
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<th>CODE</th>
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<tr>
<td>022x</td>
<td>Skilled Nursing - Inpatient (Medicare Part B only)</td>
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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

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)
A54895 - Response to Comments: MolDX: MGMT Promoter Methylation Analysis

LCD(s)
L36188 - MolDX: MGMT Promoter Methylation Analysis

DL36096
Keywords
N/A