Local Coverage Article:
Billing and Coding: MolDX: Pharmacogenomics Testing (A57384)

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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**

A57384	08/17/2020
Article Title Billing and Coding: MolDX: Pharmacogenomics Testing	**Revision Effective Date** 08/17/2020
Article Type Billing and Coding	**Revision Ending Date** N/A
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CMS National Coverage Policy

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

Article Guidance

Article Text:

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

Relevant National Coverage Determinations (NCDs):

- NCD 90.1: Testing for CYP2C9 and VKORC1 for Warfarin dosage must adhere to the requirements set forth in this NCD.

Relevant Articles:

- Billing and Coding: MolDX: Testing of Multiple Genes A58120
- Billing and Coding: MolDX: Repeat Germline Testing A57331

Additional documentation requirements for coverage and billing:

Performing providers are required to acquire and retain records of the drugs under consideration for use or in use by the ordering physician that necessitate the use of ordered test.

MolDX may make available specific forms to assist with test Technical Assessments (TAs). Please follow the instructions on the MolDX website to assist with this process. If such forms are available that pertain to the test type in question, these forms are required for successful coverage determinations.

Billing instructions:

To report a pharmacogenomics testing service, please submit the following claim information:

- Select the appropriate CPT code
- 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

For part B claims, the drug or drugs in consideration for use that require the use of the pharmacogenomics (PGx) test must be submitted in the applicable detail line 2400 loop.

Only one test may be performed per date of service; the test should be the most likely to identify the necessary alleles/variants for the drug/drugs in question. This applies to both single gene tests and multigene panels. Multigene panels can be performed when (as defined in the policy):

1. More than one gene is reasonable and necessary for the safe use of the drug being considered or in use; or
2. More than one drug is in consideration or use that is associated with a gene-drug interaction

A multigene panel must include all relevant genes and variants for its intended use to be reasonable and necessary.

If, after the initial test is completed and additional testing is warranted and is reasonable and necessary as stated in the associated policy and as defined in the Repeat Germline Testing policy, an additional test may be subsequently performed. The medical necessity for the additional testing and the clinical decision making for the additional testing must be documented in the medical record. The CPT code set relevant to this policy is listed in the table below. If no CPT code is available for the gene being tested, the NOC code 81479 may be used. The identification of the proper recommended billing code is established as part of the test application process.

Gene/CPT coding/Drug information

The following 2 tables represent relevant gene/drug associations. Table 1 is from CPIC and Table 2 is from FDA sources.

Gene/Test	CPT code	Intended use for Drug	Brand Name
CFTR	81220	ivacaftor	Kalydeco
CYP2B6	N/A	efavirenz	Sustiva
CYP2C19	81225	clopidogrel, voriconazole	Plavix, Vfend
CYP2C19	81225	PPIs (class): omeprazole, lansoprazole, pantoprazole, dexlansoprazole	Prilosec, Prevacid, Protonix, Dexilant
CYP2C19	81225	SSRIs (class): citalopram, escitalopram, fluvoxamine, paroxetine, sertraline	Celexa, Lexapro, Luvox, Paxil, Zoloft
CYP2C19	81225	Tricyclic antidepressants (class): amitriptyline, clomipramine, desipramine, doxepin, imipramine, nortriptyline, trimipramine	Anafranil, Norpramin, Silenor, Pamelor, Surmontil
CYP2C8	N/A	NSAIDs (class): aspirin, diclofenac, celecoxib, flurbiprofen, aceclofenac, ibuprofen, indomethacin, lornoxicam, lumiracoxib, meloxicam, metamizole, nabumetone, naproxen,	Voltaren, Celebrex, Ocufen, Tivorbex, Chlortenoxicam, Mobic, Dipyrone, Relafen, Feldene, Mobiflex

		piroxicam, tenoxicam	
CYP2C9	81227	phenytoin	Dilantin
CYP2C9	81227	warfarin	Jantoven, Coumadin
CYP2C9	81227	NSAIDs (class): aspirin, diclofenac, celecoxib, flurbiprofen, aceclofenac, ibuprofen, indomethacin, lornoxicam, lumiracoxib, meloxicam, metamizole, nabumetone, naproxen, piroxicam, tenoxicam	Voltaren, Celebrex, Ocufen, Tivorbex, Chlortenoxicam, Mobic, dipyrone, Relafen, Feldene, Mobiflex
HLA-B	81381, 81374	abacavir, allopurinol, oxcarbazepine, phenytoin	Ziagen, Zyloprim, Aloprim, Trileptal, Oxtellar, Dilantin
CYP4F2	N/A	warfarin	Jantoven, Coumadin
VKORC1	81355	warfarin	Jantoven, Coumadin
CYP2D6	81226, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U	atomoxetine, codeine, ondansetron, tropisetron, tamoxifen	Strattera, Zofran, Soltamox
CYP2D6	81226, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U	SSRIs (class): citalopram, escitalopram, fluvoxamine, paroxetine, sertraline	Celexa, Lexapro, Luvox, Paxil, Zoloft
CYP2D6	81226, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U	Tricyclic antidepressants (class): amitriptyline, clomipramine, desipramine, doxepin, imipramine, nortriptyline, trimipramine	Anafranil, Norpramin, Silenor, Pamelor, Surmontil
CYP3A5	81231	tacrolimus	Prograf, Protopic
DPYD	81232	Fluoropyrimidines (class): fluorouracil, capecitabine, tegafur	Adrucil, Xeloda
G6PD	81247	rasburicase	Elitek
HLA-A	81381, 81374	carbamazepine	Tegretol

IFNL3	81283	ribavirin, peginterferon alfa-2a, peginterferon alfa-2b	Copegus,Pegasys, Pegintron, Sylatron
RYR1	81406	Volatile anesthetics (class): desflurane, enflurane, halothane, isoflurane, methoxyflurane, sevoflurane, succinylcholine	Suprane, Ethrane, Fluothane, Forane, Penthrox, Ultane, Anectine, Quelicin
CACNA1S	N/A	Volatile anesthetics (class): desflurane, enflurane, halothane, isoflurane, methoxyflurane, sevoflurane, succinylcholine	Suprane, Ethrane, Fluothane, Forane, Penthrox, Ultane, Anectine, Quelicin
SLCO1B1	81328	simvastatin	Zocor, FloLipid
NUDT15	81306	Thiopurines (class): mercaptopurine, azathioprine, thioguanine	Purixan, Azasan, Tabloid
TPMT	81335	Thiopurines (class): mercaptopurine, azathioprine, thioguanine	Purixan, Azasan, Tabloid
UGT1A1	81350	atazanavir	Reyataz
Panel	0030U	warfarin	Jantoven, Coumadin

Table 1. Current CPIC guidelines as of July 15, 2020.

Gene	**CPT code**	**Drug**	**Brand Name**	**Affected Subgroups+**
BCHE	N/A	mivacurium	Mivacurium chloride	intermediate or poor metabolizers
BCHE	N/A	succinylcholine	Anectine	intermediate or poor metabolizers
CYP2B6	N/A	efavirenz	Sustiva	poor metabolizers
CYP2C19	81225	brivaracetam	Briviact	intermediate or poor metabolizers
CYP2C19	81225	citalopram	Celexa	poor metabolizers
CYP2C19	81225	clobazam	Onfi	intermediate or poor

				metabolizers
CYP2C19	81225	clopidogrel	Plavix	intermediate or poor metabolizers
CYP2C19	81225	flibanserin	Addyi	poor metabolizers
CYP2C19	81225	pantoprazole	Protonix	poor metabolizers
CYP2C9	81227	celecoxib	Celebrex	poor metabolizers
CYP2C9	81227	dronabinol	Marinol	intermediate or poor metabolizers
CYP2C9	81227	erdafitinib	Balversa	*3/*3 (poor metabolizers)
CYP2C9	81227	flurbiprofen	Ansaid	poor metabolizers
CYP2C9	81227	piroxicam	Feldene	intermediate or poor metabolizers
CYP2C9	81227	siponimod	Mayzent	intermediate or poor metabolizers
CYP2C9	81227	warfarin	Coumadin	intermediate or poor metabolizers
CYP2D6	81226	amphetamine	Adderall	poor metabolizers
CYP2D6	81226	aripiprazole	Abilify	poor metabolizers
CYP2D6	81226	aripiprazole lauroxil	Aristada	poor metabolizers
CYP2D6	81226	atomoxetine	Strattera	poor metabolizers
CYP2D6	81226	brexpiprazole	Rexulti	poor metabolizers
CYP2D6	81226	clozapine	Clozaril, FazaClo, Versacloz	poor metabolizers
CYP2D6	81226	codeine		ultrarapid metabolizers
CYP2D6	81226	deutetrabenazine	Austedo	poor metabolizers

CYP2D6	81226	eliglustat	Cerdelga	ultrarapid, normal, intermediate, or poor metabolizers
CYP2D6	81226	gefitinib	Iressa	poor metabolizers
CYP2D6	81226	Iloperidone	Fanapt	poor metabolizers
CYP2D6	81226	lofexidine	Lucemyra	poor metabolizers
CYP2D6	81226	meclizine	Antivert	ultrarapid, intermediate, or poor metabolizers
CYP2D6	81226	metoclopramide	Reglan	poor metabolizers
CYP2D6	81226	pimozide	Orap	poor metabolizers
CYP2D6	81226	propafenone	Rythmol	poor metabolizers
CYP2D6	81226	tetrabenazine	Xenazine	poor metabolizers
CYP2D6	81226	thioridazine	Mellaril	poor metabolizers
CYP2D6	81226	tramadol	Ultram	Ultrarapid metabolizers3
CYP2D6	81226	valbenazine	Ingrezza	poor metabolizers
CYP2D6	81226	venlafaxine	Effexor	poor metabolizers
CYP2D6	81226	vortioxetine	Trintellix	poor metabolizers
CYP2D6	81226	carvedilol	Coreg	poor metabolizers
CYP2D6	81226	cevimeline	Evoxac	poor metabolizers
CYP2D6	81226	codeine		poor metabolizers
CYP2D6	81226	perphenazine	Trilafon	poor metabolizers
CYP2D6	81226	tolterodine	Detrol	poor metabolizers
CYP3A5	81231	tacrolimus	Prograf	intermediate or normal metabolizers

CYP4F2	N/A	warfarin	Coumadin	V433M variant carriers
DPYD	81232	capecitabine	Xeloda	intermediate or poor metabolizers
DPYD	81232	fluorouracil	Fluoroplex, Tolak, Efudex	intermediate or poor metabolizer
HLA-A	81381, 81374	carbamazepine	Tegretol	*31:01 allele positive
HLA-B	81381, 81374	abacavir	Ziagen	*57:01 allele positive
HLA-B	81381, 81374	carbamazepine	Tegretol	*15:02 allele positive
HLA-B	81381, 81374	allopurinol	Zyloprim, Aloprim	*58:01 allele positive
HLA-B	81381, 81374	oxcarbazepine	Trileptal, Oxtellar	*15:02 allele positive
HLA-B	81381, 81374	pazopanib	Votrient	*57:01 allele positive
HLA-DQA1	81383, 81377	lapatinib	Tykerb	*02:01 allele positive
HLA-DRB1	81383, 81377	lapatinib	Tykerb	*07:01 allele positive
NAT2	N/A	amifampridine	Firdapse, Ruzurgi	poor metabolizers
NAT2	N/A	amifampridine phosphate		poor metabolizers
Nonspecific (NAT)	N/A	isoniazid		poor metabolizers
Nonspecific (NAT)	N/A	procainamide	Pronestyl, Procan	poor metabolizers
Nonspecific (NAT)	N/A	sulfamethoxazole and trimethoprim	Sulfatrim, Bactrim	poor metabolizers
Nonspecific (NAT)	N/A	sulfasalazine	Azulfidine	poor metabolizers
SLCO1B1	81328	simvastatin	FloLipid, Zocor	521 TC or 521 CC (intermediate or poor function transporters)

TPMT and/or NUDT15	81306, 81335	azathioprine	Imuran, Azasan	intermediate or poor metabolizers
TPMT and/or NUDT15	81306, 81335	mercaptopurine	Purixan, Purinethol	intermediate or poor metabolizers
TPMT and/or NUDT15	81306, 81335	thioguanine	Tabloid	intermediate or poor metabolizers
UGT1A1	81350	belinostat	Beleodaq	*28/*28 (poor metabolizers)
UGT1A1	81350	irinotecan	Camptosar	*28/*28 (poor metabolizers)
UGT1A1	81350	nilotinib	Tasigna	*28/*28 (poor metabolizers)
UGT1A1	81350	pazopanib	Votrient	*28/*28 (poor metabolizers)
VKORC1	81355	warfarin	Coumadin	-1639G>A variant carriers

Table 2. Table of pharmacogenomic associations from the FDA for which the data support therapeutic recommendations or a potential impact on safety or response (last updated February 2020).

Covered multigene panels

Test name	**Company**	**Intended Use**
Genesight	Assurex health	Neuropsychiatric
NeuroIDgenetix	AltheaDx	Neuropsychiatric

Table 3. Multigene panel tests that have successfully completed a TA. These tests must fulfil all the criteria above and may be further limited to specific indications listed by ICD-10 codes, when applicable.

ICD-10 codes associated with intended uses

Intended Use	**ICD-10 Codes**	**Description**

Neuropsychiatric	F32.1	Major depressive disorder, single episode, moderate
Neuropsychiatric	F32.2	Major depressive disorder, single episode, severe without psychotic features
Neuropsychiatric	F32.3	Major depressive disorder, single episode, severe with psychotic features
Neuropsychiatric	F32.4	Major depressive disorder, single episode, in partial remission
Neuropsychiatric	F32.9	Major depressive disorder, single episode, unspecified
Neuropsychiatric	F33.1	Major depressive disorder, recurrent, moderate
Neuropsychiatric	F33.2	Major depressive disorder, recurrent severe without psychotic features
Neuropsychiatric	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
Neuropsychiatric	F33.40	Major depressive disorder, recurrent, in remission, unspecified
Neuropsychiatric	F33.41	Major depressive disorder, recurrent, in partial remission
Neuropsychiatric	F33.9	Major depressive disorder, recurrent, unspecified

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELINES)
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *8, *17)
81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *5, *6)
81231	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *7)
81232	DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (EG, 5-FLUOROURACIL/5-FU AND CAPECITABINE DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2A, *4, *5, *6)
81247	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; COMMON VARIANT(S) (EG, A, A-)

CODE	DESCRIPTION
81283	IFNL3 (INTERFERON, LAMBDA 3) (EG, DRUG RESPONSE), GENE ANALYSIS, RS12979860 VARIANT
81306	NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *3, *4, *5, *6)
81328	SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVERSE DRUG REACTION), GENE ANALYSIS, COMMON VARIANT(S) (EG, *5)
81335	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3)
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, DRUG METABOLISM, HEREDITARY UNCONJUGATED HYPERBILIRUBINEMIA [GILBERT SYNDROME]) GENE ANALYSIS, COMMON VARIANTS (EG, *28, *36, *37)
81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, -1639G>A, C.173+1000C>T)
81374	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT (EG, B*27), EACH
81377	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT, EACH
81381	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, B*57:01P), EACH
81383	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, HLA-DQB1*06:02P), EACH
81406	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7 (EG, ANALYSIS OF 11-25 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 26-50 EXONS, CYTOGENOMIC ARRAY ANALYSIS FOR NEOPLASIA)
0030U	DRUG METABOLISM (WARFARIN DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP2C9, CYP4F2, VKORC1, RS12777823)
0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON AND SELECT RARE VARIANTS (IE, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *XN)
0071U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, FULL GENE SEQUENCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0072U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D6-2D7 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

CODE	DESCRIPTION
0073U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D7-2D6 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0074U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, NON-DUPLICATED GENE WHEN DUPLICATION/MULTIPLICATION IS TRANS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0075U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 5' GENE DUPLICATION/MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0076U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 3' GENE DUPLICATION/ MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The following codes are for reference use only and are not to imply medical necessity or lack of medical necessity.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.9	Major depressive disorder, single episode, unspecified
F33.1	Major depressive disorder, recurrent, moderate

ICD-10 CODE	DESCRIPTION
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.9	Major depressive disorder, recurrent, unspecified

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.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
08/17/2020	R1	Under **Article Text** added the following verbiage that reads: "Relevant National Coverage Determinations (NCDs): • NCD 90:1: Testing for CYP2C9 and VKORC1 for Warfarin dosage must adhere to the requirements set forth in this NCD." Discrepancies within the tables have been corrected and a column has been added listing brand name medications in tables 1 and 2. The link below table 2 has been revised. Under **CPT/HCPCS Codes – Group 1: Codes** added codes 81247, 81328, 81374, 81377, 81381, 81383, and deleted codes 81371, 81373 and 81379.

Associated Documents

Related Local Coverage Document(s)

LCD(s)
L38335 - MolDX: Pharmacogenomics Testing

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)

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