## Contractor Information

<table>
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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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<tr>
<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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<tr>
<td>Noridian Healthcare Solutions, LLC</td>
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<td>American Samoa Guatemala Hawaii Northern Mariana Islands</td>
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Article Information

General Information

Original Effective Date
12/01/2019

Revision Effective Date
N/A

Revision Ending Date
N/A

Retirement Date
N/A

Article ID
A57516

Article Title
Billing and Coding: MolDX: Prometheus IBD sgi
Diagnostic Policy

Article Type
Billing and Coding

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Statement
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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be reasonable and necessary.

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

To receive a Prometheus IBD sgi Diagnostic denial, please submit the following claim information:

- Select the applicable CPT® code
- Enter 1 unit of service (UOS)
- 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
- If submitting a DEX Z-Code™ identifier, 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
- If submitting a DEX Z-Code™ identifier, 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 UB 04
Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:
N/A

Group 1 Codes:

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>81479</td>
<td>UNLISTED MOLECULAR PATHOLOGY PROCEDURE</td>
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<tr>
<td>82397</td>
<td>CHEMILUMINESCENT ASSAY</td>
</tr>
<tr>
<td>83520</td>
<td>IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS</td>
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<tr>
<td></td>
<td>AGENT ANTIGEN; QUANTITATIVE, NOT OTHERWISE SPECIFIED</td>
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<tr>
<td>86140</td>
<td>C-REACTIVE PROTEIN;</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>
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<th>ICD-10 CODE</th>
<th>DESCRIPTION</th>
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<tbody>
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<td>XX000</td>
<td>Not Applicable</td>
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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
N/A

Associated Documents

Related Local Coverage Document(s)
Article(s)
A55778 - Response to Comments: MolDX: Prometheus IBD sgi Diagnostic Policy
LCD(s)
L37299 - MolDX: Prometheus IBD sgi Diagnostic Policy
DL37299
- (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)
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