

Local Coverage Article: **MoldX: CYP2C9 and/or VKORC1 Gene Testing for Warfarin Response Billing and Coding Guidelines (A55179)**

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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

A55179

Original Article Effective Date

10/24/2016

Article Title

MoIDX: CYP2C9 and/or VKORC1 Gene Testing for Warfarin Response Billing and Coding Guidelines

Revision Effective Date

N/A

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Revision Ending Date

N/A

Retirement Date

N/A

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Article Guidance**Article Text:**

Based on NCD 90.1 - Pharmacogenomic Testing for Warfarin Response, gene testing on CYP2C9 and/or VKORC1 will only be covered through coverage with evidence development (CED). Testing will be limited to once in a lifetime per beneficiary. MoIDX will reimburse ONLY genetic testing services for beneficiaries who meet the NCD criteria and are enrolled in a clinical trial.

Lab providers that perform services on eligible beneficiaries and described by CPT codes 81227 and 81355 must submit the following claim items:

- HCPCS code: G9143- warfarin responsiveness testing
- ICD-10-CM code: Z00.6-Encounter for examination for normal comparison and control in clinical research program
- HCPCS modifier QO - Investigational clinical service provided in a clinical research study that is in an approved clinical research study
- Enter the appropriate identifier adjacent to G9143 in the comment/narrative field for the following claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Box 19 for paper claim

Note:

1. Report only G9143 and 1 UOS. Do NOT report 81227 and/or 81355 on the claim
2. Report only 1 ID on the claim
3. To facilitate payment, please add the voluntarily reported 8-digit clinical trial number

References: Pub 100-04 Medicare Claims Processing, CR#6715 and 7806 NCD 90.1 - Pharmacogenomic Testing for Warfarin Response

Coding Information

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

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
G9143	WARFARIN RESPONSIVENESS TESTING BY GENETIC TECHNIQUE USING ANY METHOD, ANY NUMBER OF SPECIMEN(S)

ICD-10 Codes that are Covered**Group 1 Paragraph:**

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
Z00.6	Encounter for examination for normal comparison and control in clinical research program

ICD-10 Codes that are Not Covered

N/A

Revision History Information

N/A

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)

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CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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