

Local Coverage Article: Billing and Coding: MoIDX: TERC Gene Tests (A55611)

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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

A55611

10/01/2017

Article Title

Billing and Coding: MoIDX: TERC Gene Tests

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

Section 1862(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:

Since the associated conditions associated with telomerase RNA component (TERC) gene testing is limited to reproductive risk assessment, the MoIDX team has determined TERC gene testing is a statutorily excluded service. MoIDX will also deny tests that include one or more of TERC analysis reported with CPT® code 81479 as a statutorily excluded service.

To receive a TERC analysis 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 known statutorily excluded service, append with a GY modifier
- Select the appropriate diagnosis for the patient
- Enter the 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 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 the 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 | R2 | <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: TERC Gene Tests Coding and Billing Guidelines" to "Billing and Coding: MoIDX: TERC Gene Tests". Under Article Text removed the last paragraph. Under CPT/HCPCS Codes Group 1: Codes added 81479. Under CPT/HCPCS Modifiers Group 1: Codes added modifiers GX and GY References were added to the CMS National Coverage Policy Section.</p> |
| 10/01/2017 | R1 | Article is revised to add Part A claim filing information. |

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 12/29/2017 with effective dates 10/01/2017 - N/A

Updated on 08/03/2017 with effective dates 10/01/2017 - N/A

Keywords

- MoIDX
- TERC
- Telomerase RNA
- 81479