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**Contractor Information**

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<th>Contractor Name</th>
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Back to Top

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**Article Information**

**General Information**

<table>
<thead>
<tr>
<th>Article ID</th>
<th>Original Article Effective Date</th>
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<tr>
<td>A55611</td>
<td>10/01/2017</td>
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**Article Title**


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**Revision Ending Date**

N/A

**Retirement Date**

N/A

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Printed on 1/4/2018. Page 1 of 3
Article Guidance

Article Text:

Since the associated conditions associated with telomerase RNA component (TERC) gene testing is limited to reproductive risk assessment, the MolDX team has determined TERC gene testing is a statutorily excluded service. MolDX 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

Reference: Sec. 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,...”

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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article 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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes
Group 1 Paragraph: N/A

Group 1 Codes:

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<td>81479</td>
<td>UNLISTED MOLECULAR PATHOLOGY PROCEDURE</td>
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ICD-10 Codes that are Covered N/A
ICD-10 Codes that are Not Covered N/A

Revision History Information

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<td>10/01/2017</td>
<td>R1</td>
<td>Article is revised to add Part A claim filing information.</td>
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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 12/29/2017 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

Read the Article Disclaimer