

Local Coverage Article: Reporting a Non-Covered Test Performed in Preparation for a Non-Covered Procedure (A55774)

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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 American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	Guam Hawaii Northern Mariana Islands American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	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 American Samoa California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	Guam Hawaii Nevada Northern Mariana Islands

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Article Information

General Information

Article ID
A55774

Original Article Effective Date
10/23/2017

Article Title
Reporting a Non-Covered Test Performed in Preparation for a Non-Covered Procedure

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:

When a diagnostic test is necessary for the performance of a non-covered service, that test typically may not be covered. For instance, when planning a cataract surgery using a non-covered, presbyopia and astigmatism correcting intraocular lens, it is often necessary to first perform a computerized corneal topography. Noridian wishes to remind providers to report this appropriately as a non-covered test by submitting the code 92025 with a -GY modifier.

Effective Immediately

Reference:

Internet Only Manual (IOM) *Medicare National Coverage Determinations (NCD) Manual*, Publication 100-03, Chapter 1, Part 1, Section 10.1; *IOM Medicare Claims Processing Manual*, Publication 100-04, Chapter 32, Section 120.

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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:

92025

-GY MODIFIER

Group 1 Codes: N/A

Group 1 CPT/HCPCS Code Group 1 CPT/HCPCS Code Description

ICD-10 Codes that are Covered N/A

ICD-10 Codes that are Not Covered N/A

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[Revision History Information](#)

N/A [Back to Top](#) **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

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[Keywords](#)

- Non-Covered Test
- Non-Covered Procedure
- 92025

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