Local Coverage Article:


Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

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Article Information

General Information

Article ID

Original Article Effective Date

Created on 12/07/2018. Page 1 of 4
The MolDX Team has completed a review on the KIF6 genotype test. To date, there is insufficient evidence to support the required clinical utility for the established Medicare benefit category. Therefore, the KIF6 genotype test is a statutorily excluded test.

To receive a KIF6 service denial, please submit the following claim information:

Article Guidance

Article Text:
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

Select the appropriate diagnosis for the patient
• Enter 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 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 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 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:
<table>
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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<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**

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)**

N/A

**CMS Manual Explanations URL(s)**

N/A

**Other URL(s)**

N/A

**Public Version(s)**

Updated on 11/30/2018 with effective dates 01/22/2019 - N/A

**Keywords**

- MolDX
- KIF6
- Genotype
- 81479