# Contractor Information

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<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
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# General Information

**Article ID**
A55616

**Original Article Effective Date**
10/01/2017

**Article Title**

**Revision Effective Date**
10/01/2017

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**Revision Ending Date**
N/A

**Retirement Date**
N/A
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,...”
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:
Group 1 CPT/HCPCS Code Group 1 CPT/HCPCS Code Description
81479 UNLISTED MOLECULAR PATHOLOGY PROCEDURE

ICD-10 Codes that are Covered N/A
ICD-10 Codes that are Not Covered N/A

Revision History Information

Revision History Date Revision History Number Revision History Explanation
10/01/2017 R1 Article is revised to add Part A claim filing information.

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 12/29/2017 with effective dates 10/01/2017 - N/A Updated on 08/03/2017 with effective dates 10/01/2017 - N/A

Keywords

- MolDX
- TERC
- Telomerase RNA
- 81479

Read the Article Disclaimer

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