

# Local Coverage Article: Billing and Coding: MoIDX: Cystatin C Measurement (A56948)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

## Article Information

### General Information

**Article ID**

A56948

**Original Effective Date**

08/29/2019

**Article Title**

Billing and Coding: MoIDX: Cystatin C Measurement

**Revision Effective Date**

10/29/2020

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

CPT codes, descriptions and other data only are

**Retirement Date**

N/A

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## **CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2 Travel Allowance

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, §10 Reporting ICD

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, §80.1.1 Certification Changes, §80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories

## Article Guidance

### Article Text:

The information in this article contains billing, coding, or, other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Cystatin C Measurement L37581.

### Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.
5. The laboratory or billing provider must have on file the physician requisition which sets forth the diagnosis or condition (ICD-10-CM code) that warrants the test(s).
6. Examples of documentation requirements of the ordering physician/non-physician practitioner (NPP) include, but are not limited to, history and physical or exam findings that support the decision making, problems/diagnoses, relevant data (e.g., lab testing).
7. Medical record documentation must support cystatin C test was performed on an adult patient with creatinine based eGFR 45–59 ml/min/1.73 m<sup>2</sup> who does not have markers of kidney damage.
8. Medical record documentation must clearly indicate the rationale which supports the medical necessity for performing eGFR by measurement of cystatin C (i.e. support GFR estimates based on serum creatinine are thought to be inaccurate and what decisions depend on more accurate knowledge of the GFR) and must reflect how the test result were used in the patient's plan of care.

To report a Cystatin C service, please submit the following claim information:

- Select CPT<sup>®</sup> code 82610
- Enter 1 unit of service (UOS)
- Select the appropriate ICD-10-CM code

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT<sup>®</sup>/HCPCS codes included in this article. Providers are reminded that not all CPT<sup>®</sup>/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT<sup>®</sup>/HCPCS codes are required to be billed with specific Bill Type and Revenue

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
82610	CYSTATIN C

### CPT/HCPCS Modifiers

N/A

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b
T50.904A	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter
T50.904D	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, subsequent encounter
T50.904S	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, sequela
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.905D	Adverse effect of unspecified drugs, medicaments and biological substances, subsequent encounter
T50.905S	Adverse effect of unspecified drugs, medicaments and biological substances, sequela

ICD-10 CODE	DESCRIPTION
T50.994A	Poisoning by other drugs, medicaments and biological substances, undetermined, initial encounter
T50.994D	Poisoning by other drugs, medicaments and biological substances, undetermined, subsequent encounter
T50.994S	Poisoning by other drugs, medicaments and biological substances, undetermined, sequela
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T50.995D	Adverse effect of other drugs, medicaments and biological substances, subsequent encounter
T50.995S	Adverse effect of other drugs, medicaments and biological substances, sequela
T65.94XA	Toxic effect of unspecified substance, undetermined, initial encounter
T65.94XD	Toxic effect of unspecified substance, undetermined, subsequent encounter
T65.94XS	Toxic effect of unspecified substance, undetermined, sequela
Z52.4	Kidney donor

#### 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.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health

CODE	DESCRIPTION
072x	Clinic - Hospital Based or Independent Renal Dialysis Center
075x	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

**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.

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.

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT<sup>®</sup>/HCPCS codes included in this LCD. Providers are reminded that not all CPT<sup>®</sup>/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT<sup>®</sup>/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, Claims Processing Manual, for further guidance.

CODE	DESCRIPTION
030X	Laboratory - General Classification
031X	Laboratory Pathology - General Classification

**Other Coding Information**

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/29/2020	R4	Under <b>CMS National Coverage Policy</b> added regulation CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.0, §80.1.1, and §80.1.2. Under <b>Article Text</b> added <b>Documentation Requirements</b> section and corresponding verbiage. Acronyms were inserted where appropriate throughout the article. Formatting, punctuation and typographical errors were corrected throughout the article.
10/01/2020	R3	Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> added N18.30, N18.31, and N18.32 and deleted N18.3. This revision is due to the Annual ICD-10 Code Update and is effective on 10/1/20.
11/07/2019	R2	This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the <b>CMS National Coverage Policy</b> section of the related MoIDX: Cystatin C Measurement L37581 LCD and placed in this article.
08/29/2019	R1	All coding located in the <b>Coding Information</b> section has been removed from the related MoIDX: Cystatin C Measurement L37581 LCD and added to this article.

## Associated Documents

### Related Local Coverage Document(s)

LCD(s)

L37581 - MoIDX: Cystatin C Measurement

### 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)

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## **Keywords**

N/A