

# Local Coverage Article: Billing and Coding: MoIDX: Envisia, Veracyte, Idiopathic Pulmonary Fibrosis Diagnostic Test (A56898)

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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**

A56898

**Original Effective Date**

08/22/2019

**Article Title**

Billing and Coding: MoIDX: Envisia, Veracyte, Idiopathic  
Pulmonary Fibrosis Diagnostic Test

**Revision Effective Date**

10/17/2019

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright  
Statement****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 lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, §§80.0, 80.1.1, 80.2. Clinical Laboratory services

CMS Internet-Only Manual, Publication 100-04, Medicare Claims Processing Manual, Ch. 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 Section 10 "Reporting ICD Diagnosis and Procedure Codes"

## **Article Guidance**

### **Article Text:**

The information in this article contains billing, coding, or other guidelines that complement the Local Coverage Determination (LCD) for MolDX: Envisia, Veracyte, Idiopathic Pulmonary Fibrosis Diagnostic Test L37857.

To report an Envisia Genomic Classifier service, please submit the following claim information:

- Select CPT® code 81479
- Enter 1 unit of service (UOS)
- Enter the appropriate 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
  - Box 19 for paper claim
- Enter the appropriate 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
- Select the appropriate ICD-10-CM code

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

### CPT/HCPCS Modifiers

N/A

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
D86.0	Sarcoidosis of lung
J60	Coalworker's pneumoconiosis
J67.0	Farmer's lung

ICD-10 CODE	DESCRIPTION
J67.1	Bagassosis
J67.2	Bird fancier's lung
J67.3	Suberosis
J67.4	Maltworker's lung
J67.5	Mushroom-worker's lung
J67.6	Maple-bark-stripper's lung
J67.7	Air conditioner and humidifier lung
J67.8	Hypersensitivity pneumonitis due to other organic dusts
J67.9	Hypersensitivity pneumonitis due to unspecified organic dust
J84.09	Other alveolar and parieto-alveolar conditions
J84.10	Pulmonary fibrosis, unspecified
J84.111	Idiopathic interstitial pneumonia, not otherwise specified
J84.112	Idiopathic pulmonary fibrosis
J84.113	Idiopathic non-specific interstitial pneumonitis
J84.114	Acute interstitial pneumonitis
J84.115	Respiratory bronchiolitis interstitial lung disease
J84.116	Cryptogenic organizing pneumonia
J84.117	Desquamative interstitial pneumonia
J84.2	Lymphoid interstitial pneumonia
J84.89	Other specified interstitial pulmonary diseases
J84.9	Interstitial pulmonary disease, unspecified

**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.

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

**Other Coding Information**

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/17/2019	R2	<p>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: Envisia, Veracyte, Idiopathic Pulmonary Fibrosis Diagnostic Test L37857 LCD and placed in this article. The above revisions will become effective on 10/17/19.</p> <p>Under <b>ICD-10 Codes that Support Medical Necessity</b> added ICD-10 codes J84.117, J84.2, J84.89, and J84.9. The additions of these codes are retroactive effective for dates of services on or after 4/1/19.</p>
08/22/2019	R1	<p>All coding located in the <b>Coding Information</b> section has been removed from the related MoIDX: Envisia, Veracyte, Idiopathic Pulmonary Fibrosis Diagnostic Test L37857 LCD and added to this article.</p>

## Associated Documents

**Related Local Coverage Document(s)**

LCD(s)

L37857 - MoIDX: Envisia, Veracyte, Idiopathic Pulmonary Fibrosis Diagnostic Test

**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