

Local Coverage Article: MoIDX: TP53 Gene Test Coding and Billing Guidelines (A53591)

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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

A53591

Original Effective Date

10/01/2015

Article Title

MoIDX: TP53 Gene Test Coding and Billing Guidelines

Revision Effective Date

05/02/2019

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Revision Ending Date

N/A

Retirement Date

N/A

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Article Guidance

Article Text:

Effective for dates of service on and after June 24, 2013

TP53 gene testing may be performed during the diagnosis of Li-Fraumeni syndrome (LFS), a cancer predisposition syndrome associated with the development of specific tumors. Clinical symptoms and diagnosis usually occur prior to Medicare eligibility and carrier testing is not a covered benefit.

To receive a TP53 gene sequencing service denial, please submit the following claim information:

- Appropriate CPT code according to exons tested
 - Code 81404 – TP53, targeted sequence analysis of 2-5exons
 - Code 81405 – TP53, full gene sequence or targeted analysis of greater than 5 exons
- An Advance Beneficiary Notice (ABN) is not required for statutorily excluded
 - For a voluntary issued ABN, append with GX modifier
 - To indicate a valid ABN is on file for a known statutorily excluded service, append with a GY modifier services.
- Select the appropriate diagnosis for the patient
- 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 clai
- 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

N/A

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
05/02/2019	R6	Made revisions to the first paragraph to remove the statutorily excluded service.
02/26/2018	R5	The Jurisdiction "J" Part A and Part B Contracts for Alabama (10111/10112), Georgia (10211/10212) and Tennessee (10311/10312) are now being serviced by Palmetto GBA. Effective 02/26/18, these 6 contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 6 Part A and B contract numbers) have been completed in this revision.
11/23/2017	R4	Corrected bulleting issues. Removed "MoIDX will also deny panels of tests that include the TP53 gene." from the article.
12/24/2015	R3	Annual review. updated with part a clm submission info and new trademark for McKesson z-code ID.
12/31/2015	R2	Completed annual review, reverted back to SV101-7 and removed MoIDX ID (MID) field
11/19/2015	R1	Replace Palmetto reference with MoIDX and replaced SV101-7 with MoIDX ID (MID) field

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 04/22/2019 with effective dates 05/02/2019 - N/A

Updated on 01/31/2018 with effective dates 02/26/2018 - N/A

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Keywords

N/A