

# Local Coverage Article: Billing and Coding: MoIDX: UGT1A1 Gene Analysis (A53593)

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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**

A53593

**Original Effective Date**

10/01/2015

**Article Title**

Billing and Coding: MoIDX: UGT1A1 Gene Analysis

**Revision Effective Date**

01/01/2020

**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**

N/A

## **Article Guidance**

### **Article Text:**

The MoIDX Team has determined UGT1A1 gene analysis has insufficient evidence to support the required clinical utility for the established Medicare benefit category. Therefore, UGT1A1 gene analysis services are statutorily excluded tests.

To receive an UGT1A1 gene analysis service denial, please submit the following claim information:

- CPT code 81350-UGT1A1, common variants
- 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
  - Box 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

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, DRUG METABOLISM, HEREDITARY UNCONJUGATED HYPERBILIRUBINEMIA [GILBERT SYNDROME]) GENE ANALYSIS, COMMON VARIANTS (EG, *28, *36, *37)

### CPT/HCPCS Modifiers

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
GX	NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT

### ICD-10 Codes that Support Medical Necessity

N/A

### 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
01/01/2020	R7	Under <b>CPT/HCPCS Codes</b> the code description was revised for CPT <sup>®</sup> code 81350. This revision is being made due to the Annual CPT <sup>®</sup> /HCPCS update and becomes effective on 1/1/20.
10/31/2019	R6	This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual. Under <b>Article Title</b> changed the title from "MoIDX: UGT1A1 Gene Analysis Coding and Billing Guidelines" to "Billing and Coding: MoIDX: UGT1A1 Gene Analysis". Under <b>Article Text</b> removed the last paragraph. Under <b>CPT/HCPCS Codes Group 1: Codes</b> added 81350. Under <b>CPT/HCPCS Modifiers Group 1: Codes</b> added modifiers GX and GY.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
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	Completed annual validation. Corrected bulleting issues.
12/21/2016	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 12/10/2019 with effective dates 01/01/2020 - N/A

Updated on 10/21/2019 with effective dates 10/31/2019 - N/A

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# Keywords

N/A