

November 2023



Client Communication

Medicare Local Coverage Determination Policy: Noridian Coverage Policy

L38288 - MoIDX: Repeat Germline Testing

CPT: 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81171, 81172, 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81212, 81215, 81216, 81217, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81269, 81271, 81274, 81283, 81284, 81285, 81286, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81302, 81303, 81304, 81306, 81312, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81328, 81329, 81330, 81331, 81332, 81333, 81335, 81336, 81337, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81448, 81460, 81465, 81470, 81471, 81479

Revision Effective Date: 12/07/2023

Coverage Indications, Limitations, and/or Medical Necessity

This Medicare contractor herein identifies general limitations to coverage of deoxyribonucleic acid (DNA) and ribonucleic acid (RNA)-based testing of germline genetic material of the Medicare beneficiary.

This contractor does not consider any laboratory test that investigates the same germline genetic content, for the same genetic information, that has already been tested in the same Medicare beneficiary to be reasonable and necessary as it is duplicative.

Germline testing, including using gene panels that contain some genetic content that has already been tested in the same Medicare beneficiary may be considered reasonable and necessary provided that there is established clinical

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Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with the patient's medical record. Sonic Healthcare does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff.

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utility present in the remaining, non-duplicative genetic components of the test. Unit of Service (UOS) for any one specific germline DNA or RNA-based test is limited to one per lifetime. Examples of germline tests include (but are not limited to) single gene and gene panel tests for: hereditary cancer syndromes or cancer predisposition, inherited disorders, and pharmacogenomics/cytochrome P450 testing.

Providers should take reasonable measures to be aware of what if any germline testing a beneficiary has had prior to billing for germline testing so as to avoid billing Medicare for services that are not reasonable and necessary. Clinicians who order germline testing may wish to be aware of whether the test that they are ordering is covered under Medicare and may wish to verify that they are not ordering repeat germline testing.

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Code	Description
I10	Essential (primary) hypertension
Z79.899	Other long term (current) drug therapy
R53.83	Other Fatigue
E55.9	Vitamin D deficiency, unspecified
E78.2	Mixed Hyperlipidemia
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
Z79.52	Long term (current) use of systemic steroids
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
E78.5	Hyperlipidemia, Unspecified
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
I82.401	Acute embolism and thrombosis of unspecified deep veins of right lower extremity
I26.99	Other pulmonary embolism without acute cor pulmonale
E11.9	Type 2 Diabetes Mellitus without complications
D64.9	Anemia, Unspecified
E83.52	Hypercalcemia

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Z86.718	Personal history of other venous thrombosis and embolism
G45.9	Transient cerebral ischaemic attack, unspecified
I73.9	Peripheral vascular disease, unspecified
M25.50	Pain in the Unspecified Joint
K74.60	Unspecified cirrhosis of liver
M54.9	Dorsalgia, unspecified
T50.905D	Adverse effect of unspecified drugs, medicaments and biological substances, subsequent encounter
R41.3	Other amnesia
E34.9	Endocrine disorder, unspecified
Z83.2	Family history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
M81.0	Age-Related Osteoporosis without Current Pathological Fracture
D50.9	Iron deficiency anaemia, unspecified
R53.82	Chronic fatigue, unspecified
G62.9	Polyneuropathy, unspecified
Z36.9	Antenatal screening, unspecified
D68.2	Hereditary deficiency of other clotting factors
M54.2	Cervicalgia
I48.91	Unspecified atrial fibrillation
M79.7	Fibromyalgia
D68.59	Other primary thrombophilia
R04.0	Epistaxis
K76.0	Fatty (change of) liver, not elsewhere classified
R42	Dizziness and Giddiness
L40.59	Other psoriatic arthropathy

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