

Local Coverage Article: Billing and Coding: MolDX: Biomarkers in Cardiovascular Risk Assessment (A57055)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

| CONTRACTOR NAME | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATE(S) |
|------------------------------------|---------------|-----------------|--------------|--------------|
| Noridian Healthcare Solutions, LLC | A and B MAC | 02101 - MAC A | J - F | Alaska |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02102 - MAC B | J - F | Alaska |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02201 - MAC A | J - F | Idaho |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02202 - MAC B | J - F | Idaho |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02301 - MAC A | J - F | Oregon |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02302 - MAC B | J - F | Oregon |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02401 - MAC A | J - F | Washington |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02402 - MAC B | J - F | Washington |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03101 - MAC A | J - F | Arizona |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03102 - MAC B | J - F | Arizona |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03201 - MAC A | J - F | Montana |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03202 - MAC B | J - F | Montana |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03301 - MAC A | J - F | North Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03302 - MAC B | J - F | North Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03401 - MAC A | J - F | South Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03402 - MAC B | J - F | South Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03501 - MAC A | J - F | Utah |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03502 - MAC B | J - F | Utah |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03601 - MAC A | J - F | Wyoming |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03602 - MAC B | J - F | Wyoming |

Article Information

General Information

Article ID

A57055

Original Effective Date

10/01/2019

Article Title

Billing and Coding: MoIDX: Biomarkers in Cardiovascular Risk Assessment

Revision Effective Date

10/01/2019

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 copyright 2020 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Retirement Date

N/A

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Current Dental Terminology © 2020 American Dental Association. All rights reserved.

Copyright © 2013 - 2020, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the American Hospital Association (AHA) copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@aha.org.

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 Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04, (Medicare Claims Processing Manual), Chapter 23 (§Section 10) "Reporting ICD Diagnosis and Procedure Codes"

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

To report a Biomarker in Cardiovascular Risk Assessment service, please submit the following claim information:

- Select the appropriate CPT[®] code
- 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
 - Box19 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:

The following CPT codes are covered:

Group 1 Codes:

| CODE | DESCRIPTION |
|-------|----------------------|
| 82172 | APOLIPOPROTEIN, EACH |
| 82610 | CYSTATIN C |

| CODE | DESCRIPTION |
|-------|---|
| 83090 | HOMOCYSTEINE |
| 83695 | LIPOPROTEIN (A) |
| 83698 | LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2 (LP-PLA2) |
| 83700 | LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION |
| 83701 | LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEIN SUBCLASSES WHEN PERFORMED (EG, ELECTROPHORESIS, ULTRACENTRIFUGATION) |
| 83704 | LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBER(S) (EG, BY NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY), INCLUDES LIPOPROTEIN PARTICLE SUBCLASS(ES), WHEN PERFORMED |
| 83719 | LIPOPROTEIN, DIRECT MEASUREMENT; VLDL CHOLESTEROL |
| 83721 | LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL |
| 86141 | C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP) |

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The following ICD-10 codes are covered:

Group 1 Codes:

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| E71.30 | Disorder of fatty-acid metabolism, unspecified |
| E75.21 | Fabry (-Anderson) disease |
| E75.22 | Gaucher disease |
| E75.240 | Niemann-Pick disease type A |
| E75.241 | Niemann-Pick disease type B |
| E75.242 | Niemann-Pick disease type C |
| E75.243 | Niemann-Pick disease type D |
| E75.248 | Other Niemann-Pick disease |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| E75.249 | Niemann-Pick disease, unspecified |
| E75.3 | Sphingolipidosis, unspecified |
| E75.5 | Other lipid storage disorders |
| E75.6 | Lipid storage disorder, unspecified |
| E77.0 | Defects in post-translational modification of lysosomal enzymes |
| E77.8 | Other disorders of glycoprotein metabolism |
| E77.9 | Disorder of glycoprotein metabolism, unspecified |
| E78.00 | Pure hypercholesterolemia, unspecified |
| E78.01 | Familial hypercholesterolemia |
| E78.1 | Pure hyperglyceridemia |
| E78.2 | Mixed hyperlipidemia |
| E78.3 | Hyperchylomicronemia |
| E78.41 | Elevated Lipoprotein(a) |
| E78.49 | Other hyperlipidemia |
| E78.5 | Hyperlipidemia, unspecified |
| E78.70 | Disorder of bile acid and cholesterol metabolism, unspecified |
| E78.79 | Other disorders of bile acid and cholesterol metabolism |
| E78.81 | Lipoid dermatoarthritis |
| E78.89 | Other lipoprotein metabolism disorders |
| E78.9 | Disorder of lipoprotein metabolism, unspecified |
| E88.1 | Lipodystrophy, not elsewhere classified |
| E88.2 | Lipomatosis, not elsewhere classified |
| E88.89 | Other specified metabolic disorders |
| I10 | Essential (primary) hypertension |
| I25.10 | Atherosclerotic heart disease of native coronary artery without angina pectoris |
| I42.0 | Dilated cardiomyopathy |
| I48.11 | Longstanding persistent atrial fibrillation |
| I48.19 | Other persistent atrial fibrillation |
| I48.20 | Chronic atrial fibrillation, unspecified |
| I48.21 | Permanent atrial fibrillation |
| I48.91 | Unspecified atrial fibrillation |
| I51.9 | Heart disease, unspecified |

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| I52 | Other heart disorders in diseases classified elsewhere |
| I63.00 | Cerebral infarction due to thrombosis of unspecified precerebral artery |
| I63.011 | Cerebral infarction due to thrombosis of right vertebral artery |
| I63.012 | Cerebral infarction due to thrombosis of left vertebral artery |
| I63.013 | Cerebral infarction due to thrombosis of bilateral vertebral arteries |
| I63.019 | Cerebral infarction due to thrombosis of unspecified vertebral artery |
| I63.02 | Cerebral infarction due to thrombosis of basilar artery |
| I63.031 | Cerebral infarction due to thrombosis of right carotid artery |
| I63.032 | Cerebral infarction due to thrombosis of left carotid artery |
| I63.033 | Cerebral infarction due to thrombosis of bilateral carotid arteries |
| I63.039 | Cerebral infarction due to thrombosis of unspecified carotid artery |
| I63.09 | Cerebral infarction due to thrombosis of other precerebral artery |
| I63.10 | Cerebral infarction due to embolism of unspecified precerebral artery |
| I63.111 | Cerebral infarction due to embolism of right vertebral artery |
| I63.112 | Cerebral infarction due to embolism of left vertebral artery |
| I63.113 | Cerebral infarction due to embolism of bilateral vertebral arteries |
| I63.119 | Cerebral infarction due to embolism of unspecified vertebral artery |
| I63.12 | Cerebral infarction due to embolism of basilar artery |
| I63.131 | Cerebral infarction due to embolism of right carotid artery |
| I63.132 | Cerebral infarction due to embolism of left carotid artery |
| I63.133 | Cerebral infarction due to embolism of bilateral carotid arteries |
| I63.139 | Cerebral infarction due to embolism of unspecified carotid artery |
| I63.19 | Cerebral infarction due to embolism of other precerebral artery |
| I63.20 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries |
| I63.211 | Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery |
| I63.212 | Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery |
| I63.213 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries |
| I63.219 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery |
| I63.22 | Cerebral infarction due to unspecified occlusion or stenosis of basilar artery |
| I63.231 | Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries |

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| I63.232 | Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries |
| I63.233 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries |
| I63.239 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery |
| I63.29 | Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries |
| I63.30 | Cerebral infarction due to thrombosis of unspecified cerebral artery |
| I63.311 | Cerebral infarction due to thrombosis of right middle cerebral artery |
| I63.312 | Cerebral infarction due to thrombosis of left middle cerebral artery |
| I63.313 | Cerebral infarction due to thrombosis of bilateral middle cerebral arteries |
| I63.319 | Cerebral infarction due to thrombosis of unspecified middle cerebral artery |
| I63.321 | Cerebral infarction due to thrombosis of right anterior cerebral artery |
| I63.322 | Cerebral infarction due to thrombosis of left anterior cerebral artery |
| I63.323 | Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries |
| I63.329 | Cerebral infarction due to thrombosis of unspecified anterior cerebral artery |
| I63.331 | Cerebral infarction due to thrombosis of right posterior cerebral artery |
| I63.332 | Cerebral infarction due to thrombosis of left posterior cerebral artery |
| I63.333 | Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries |
| I63.339 | Cerebral infarction due to thrombosis of unspecified posterior cerebral artery |
| I63.341 | Cerebral infarction due to thrombosis of right cerebellar artery |
| I63.342 | Cerebral infarction due to thrombosis of left cerebellar artery |
| I63.343 | Cerebral infarction due to thrombosis of bilateral cerebellar arteries |
| I63.349 | Cerebral infarction due to thrombosis of unspecified cerebellar artery |
| I63.39 | Cerebral infarction due to thrombosis of other cerebral artery |
| I63.40 | Cerebral infarction due to embolism of unspecified cerebral artery |
| I63.411 | Cerebral infarction due to embolism of right middle cerebral artery |
| I63.412 | Cerebral infarction due to embolism of left middle cerebral artery |
| I63.413 | Cerebral infarction due to embolism of bilateral middle cerebral arteries |
| I63.419 | Cerebral infarction due to embolism of unspecified middle cerebral artery |
| I63.421 | Cerebral infarction due to embolism of right anterior cerebral artery |
| I63.422 | Cerebral infarction due to embolism of left anterior cerebral artery |
| I63.423 | Cerebral infarction due to embolism of bilateral anterior cerebral arteries |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| I63.429 | Cerebral infarction due to embolism of unspecified anterior cerebral artery |
| ICD-10 CODE | DESCRIPTION |
| I63.431 | Cerebral infarction due to embolism of right posterior cerebral artery |
| I63.432 | Cerebral infarction due to embolism of left posterior cerebral artery |
| I63.433 | Cerebral infarction due to embolism of bilateral posterior cerebral arteries |
| I63.439 | Cerebral infarction due to embolism of unspecified posterior cerebral artery |
| I63.441 | Cerebral infarction due to embolism of right cerebellar artery |
| I63.442 | Cerebral infarction due to embolism of left cerebellar artery |
| I63.443 | Cerebral infarction due to embolism of bilateral cerebellar arteries |
| I63.449 | Cerebral infarction due to embolism of unspecified cerebellar artery |
| I63.49 | Cerebral infarction due to embolism of other cerebral artery |
| I63.50 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery |
| I63.511 | Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery |
| I63.512 | Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery |
| I63.513 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries |
| I63.519 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery |
| I63.521 | Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery |
| I63.522 | Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery |
| I63.523 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries |
| I63.529 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery |
| I63.531 | Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery |
| I63.532 | Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery |
| I63.533 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| I63.539 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery |
| I63.541 | Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery |
| I63.542 | Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery |
| I63.543 | Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries |
| I63.549 | Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery |
| I63.59 | Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery |
| I63.81 | Other cerebral infarction due to occlusion or stenosis of small artery |
| I63.89 | Other cerebral infarction |
| I63.9 | Cerebral infarction, unspecified |
| I67.858 | Other hereditary cerebrovascular disease |
| I70.0 | Atherosclerosis of aorta |
| I70.1 | Atherosclerosis of renal artery |
| I70.201 | Unspecified atherosclerosis of native arteries of extremities, right leg |
| I70.202 | Unspecified atherosclerosis of native arteries of extremities, left leg |
| I70.203 | Unspecified atherosclerosis of native arteries of extremities, bilateral legs |
| I70.208 | Unspecified atherosclerosis of native arteries of extremities, other extremity |
| I70.209 | Unspecified atherosclerosis of native arteries of extremities, unspecified extremity |
| I70.211 | Atherosclerosis of native arteries of extremities with intermittent claudication, right leg |
| I70.212 | Atherosclerosis of native arteries of extremities with intermittent claudication, left leg |
| I70.213 | Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs |
| I70.218 | Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity |
| I70.219 | Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity |
| I70.221 | Atherosclerosis of native arteries of extremities with rest pain, right leg |
| I70.222 | Atherosclerosis of native arteries of extremities with rest pain, left leg |
| I70.223 | Atherosclerosis of native arteries of extremities with rest pain, bilateral legs |
| I70.228 | Atherosclerosis of native arteries of extremities with rest pain, other extremity |

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| I70.229 | Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity |
| I70.231 | Atherosclerosis of native arteries of right leg with ulceration of thigh |
| I70.232 | Atherosclerosis of native arteries of right leg with ulceration of calf |
| I70.233 | Atherosclerosis of native arteries of right leg with ulceration of ankle |
| I70.234 | Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot |
| I70.235 | Atherosclerosis of native arteries of right leg with ulceration of other part of foot |
| I70.238 | Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg |
| I70.239 | Atherosclerosis of native arteries of right leg with ulceration of unspecified site |
| I70.241 | Atherosclerosis of native arteries of left leg with ulceration of thigh |
| I70.242 | Atherosclerosis of native arteries of left leg with ulceration of calf |
| I70.243 | Atherosclerosis of native arteries of left leg with ulceration of ankle |
| I70.244 | Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot |
| I70.245 | Atherosclerosis of native arteries of left leg with ulceration of other part of foot |
| I70.248 | Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg |
| I70.249 | Atherosclerosis of native arteries of left leg with ulceration of unspecified site |
| I70.25 | Atherosclerosis of native arteries of other extremities with ulceration |
| I70.261 | Atherosclerosis of native arteries of extremities with gangrene, right leg |
| I70.262 | Atherosclerosis of native arteries of extremities with gangrene, left leg |
| I70.263 | Atherosclerosis of native arteries of extremities with gangrene, bilateral legs |
| I70.268 | Atherosclerosis of native arteries of extremities with gangrene, other extremity |
| I70.269 | Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity |
| I70.291 | Other atherosclerosis of native arteries of extremities, right leg |
| I70.292 | Other atherosclerosis of native arteries of extremities, left leg |
| I70.293 | Other atherosclerosis of native arteries of extremities, bilateral legs |
| I70.298 | Other atherosclerosis of native arteries of extremities, other extremity |
| I70.299 | Other atherosclerosis of native arteries of extremities, unspecified extremity |
| I70.301 | Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg |
| I70.302 | Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg |
| I70.303 | Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| | bilateral legs |
| I70.308 | Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity |
| I70.309 | Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity |
| I70.311 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg |
| I70.312 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg |
| I70.313 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs |
| I70.318 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity |
| I70.319 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity |
| I70.321 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg |
| I70.322 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg |
| I70.323 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs |
| I70.328 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity |
| I70.329 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity |
| I70.331 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh |
| I70.332 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf |
| I70.333 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle |
| I70.334 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot |
| I70.335 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot |
| I70.8 | Atherosclerosis of other arteries |
| I70.90 | Unspecified atherosclerosis |

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| I70.91 | Generalized atherosclerosis |
| I70.92 | Chronic total occlusion of artery of the extremities |
| R00.2 | Palpitations |
| R07.1 | Chest pain on breathing |
| R07.2 | Precordial pain |
| ICD-10 CODE | DESCRIPTION |
| R07.82 | Intercostal pain |
| R07.89 | Other chest pain |
| R07.9 | Chest pain, unspecified |
| Z13.6 | Encounter for screening for cardiovascular disorders |
| Z86.711 | Personal history of pulmonary embolism |
| Z86.718 | Personal history of other venous thrombosis and embolism |
| Z86.72 | Personal history of thrombophlebitis |
| Z86.73 | Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits |
| Z86.74 | Personal history of sudden cardiac arrest |
| Z86.79 | Personal history of other diseases of the circulatory system |

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

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 |
|------|----------------|
| 999x | Not Applicable |

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

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION |
|-----------------------|-------------------------|--|
| 10/01/2019 | R1 | 10/01/2019: This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related MoIDX: Biomarkers in Cardiovascular Risk Assessment LCD and placed in this article. |

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55095 - Billing and Coding: MoIDX: ApoE Genotype

A54976 - Billing and Coding: MoIDX: Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) Testing

A54979 - Response to Comments: MoIDX: Biomarkers in Cardiovascular Risk Assessment

LCD(s)

L36362 - MoIDX: Biomarkers in Cardiovascular Risk Assessment

DL36360

- (MCD Archive Site)DL36362

- (MCD Archive Site)

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 02/25/2020 with effective dates 10/01/2019 - N/A

Updated on 09/17/2019 with effective dates 10/01/2019 - N/A

Keywords

N/A