

Local Coverage Article: Billing and Coding: MolDX: Cystatin C Measurement (A57644)

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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
A57644

Original Effective Date
11/01/2019

Article Title

Revision Effective Date

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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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 which lacks the necessary information to process the claim.

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 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, §10 Reporting ICD Diagnosis and Procedure Codes

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, §80.1.1 Certification Changes, §80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories

Article Guidance

Article Text:

The information in this article contains billing, coding, or, other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Cystatin C Measurement Policy.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.
5. The laboratory or billing provider must have on file the physician requisition which sets forth the diagnosis or condition (ICD-10-CM code) that warrants the test(s).
6. Examples of documentation requirements of the ordering physician/non-physician practitioner (NPP) include, but are not limited to, history and physical or exam findings that support the decision making, problems/diagnoses, relevant data (e.g., lab testing).
7. Medical record documentation must support cystatin C test was performed on an adult patient with creatinine based eGFR 45–59 ml/min/1.73 m² who does not have markers of kidney damage.
8. Medical record documentation must clearly indicate the rationale which supports the medical necessity for performing eGFR by measurement of cystatin C (i.e. support GFR estimates based on serum creatinine are thought to be inaccurate and what decisions depend on more accurate knowledge of the GFR) and must reflect how the test result were used in the patient's plan of care.

To report a Cystatin C service, please submit the following claim information:

- Select CPT® code 82610
- Enter 1 unit of service (UOS)
- Select the appropriate ICD-10-CM code

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT®/HCPCS codes included in this article. Providers are reminded that not all CPT®/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT®/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, Claims Processing Manual, for further guidance.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

| CODE | DESCRIPTION |
|-------|-------------|
| 82610 | CYSTATIN C |

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| N18.30 | Chronic kidney disease, stage 3 unspecified |
| N18.31 | Chronic kidney disease, stage 3a |
| N18.32 | Chronic kidney disease, stage 3b |
| T50.904A | Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter |
| T50.904D | Poisoning by unspecified drugs, medicaments and biological substances, undetermined, subsequent encounter |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| T50.904S | Poisoning by unspecified drugs, medicaments and biological substances, undetermined, sequela |
| T50.905A | Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter |
| T50.905D | Adverse effect of unspecified drugs, medicaments and biological substances, subsequent encounter |
| T50.905S | Adverse effect of unspecified drugs, medicaments and biological substances, sequela |
| T50.994A | Poisoning by other drugs, medicaments and biological substances, undetermined, initial encounter |
| T50.994D | Poisoning by other drugs, medicaments and biological substances, undetermined, subsequent encounter |
| T50.994S | Poisoning by other drugs, medicaments and biological substances, undetermined, sequela |
| T50.995A | Adverse effect of other drugs, medicaments and biological substances, initial encounter |
| T50.995D | Adverse effect of other drugs, medicaments and biological substances, subsequent encounter |
| T50.995S | Adverse effect of other drugs, medicaments and biological substances, sequela |
| T65.94XA | Toxic effect of unspecified substance, undetermined, initial encounter |
| T65.94XD | Toxic effect of unspecified substance, undetermined, subsequent encounter |
| T65.94XS | Toxic effect of unspecified substance, undetermined, sequela |
| Z52.4 | Kidney donor |

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 |
|------|--|
| 012x | Hospital Inpatient (Medicare Part B only) |
| 013x | Hospital Outpatient |
| 014x | Hospital - Laboratory Services Provided to Non-patients |
| 022x | Skilled Nursing - Inpatient (Medicare Part B only) |
| 023x | Skilled Nursing - Outpatient |
| 071x | Clinic - Rural Health |
| 072x | Clinic - Hospital Based or Independent Renal Dialysis Center |
| 075x | Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF) |
| 077x | Clinic - Federally Qualified Health Center (FQHC) |
| 085x | Critical Access Hospital |

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.

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.

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, Claims Processing Manual, for further guidance.

| CODE | DESCRIPTION |
|------|---|
| 030X | Laboratory - General Classification |
| 031X | Laboratory Pathology - General Classification |

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 |
|-----------------------|-------------------------|--|
| 10/29/2020 | R2 | Under CMS National Coverage Policy added regulation CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.0, §80.1.1, and §80.1.2. Under Article Text added Documentation Requirements section and corresponding verbiage. Acronyms were inserted where appropriate throughout the article. Formatting, punctuation and typographical errors were corrected throughout the article. |
| 10/01/2020 | R1 | Under ICD-10 Codes that Support Medical Necessity Group 1 : Codes added N18.30, N18.31, and N18.32 and deleted N18.3. This revision is due to the Annual ICD-10 Code Update and is effective on 10/1/20. |

Associated Documents

Related Local Coverage Document(s)

Article(s)

A56213 - Response to Comments: MoIDX: Cystatin C Measurement

LCD(s)

L37618 - MoIDX: Cystatin C Measurement

DL37618

- (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 11/23/2020 with effective dates 10/29/2020 - N/A

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Keywords

N/A