

# Article - Billing and Coding: Biomarker Testing for Neuroendocrine Tumors/Neoplasms (A57059)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">National Government Services, Inc.</a>	MAC - Part A	06101 - MAC A	J - 06	Illinois
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06102 - MAC B	J - 06	Illinois
<a href="#">National Government Services, Inc.</a>	MAC - Part A	06201 - MAC A	J - 06	Minnesota
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06202 - MAC B	J - 06	Minnesota
<a href="#">National Government Services, Inc.</a>	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14111 - MAC A	J - K	Maine
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14112 - MAC B	J - K	Maine
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
<a href="#">National Government Services, Inc.</a>	A and B and HHH	14212 - MAC B	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">Inc.</a>	MAC			
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

## Article Information

### General Information

**Article ID**

A57059

**Article Title**

Billing and Coding: Biomarker Testing for Neuroendocrine Tumors/Neoplasms

**Article Type**

Billing and Coding

**Original Effective Date**

10/17/2019

**Revision Effective Date**

N/A

**Revision Ending Date**

N/A

**Retirement Date**

N/A

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## **CMS National Coverage Policy**

### Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

### Code of Federal Regulations:

42 CFR, Section 410.32, indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements) who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician (or other qualified non-physician provider) who is treating the beneficiary are not reasonable and necessary (see Sec. 411.15(k)(1) of this chapter).

### CMS Publications:

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 80.1 – Laboratory services must meet applicable requirements of CLIA

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 80.6. 5 which describes the Surgical/Cytopathology Exception.

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 16, Section 40.7 Billing for Noncovered Clinical Laboratory Tests Section and 120.1 Clarification of the Use of the Term "Screening" or "Screen"

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 30, Section 50 Advance Beneficiary Notice of Noncoverage (ABN)

CMS Publication 100-08, *Medicare Program Integrity Manual*, Chapter 13, Local Coverage Determinations

CMS National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services, Chapter 10, Pathology/Laboratory Services, (A) Introduction

CMS National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services, Chapter 10 Pathology/Laboratory Services which addresses reflex testing.

# Article Guidance

## Article Text

This article contains coding and other guidelines that complement the Local Coverage Determination (LCD) for Biomarker Testing for Neuroendocrine Tumors/Neoplasms.

CPT code 0007M is considered not medically necessary and will be automatically denied as a non-covered procedure.

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## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes: (1 Code)

CODE	DESCRIPTION
0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANALYSIS OF 51 GENES, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A NOMOGRAM OF TUMOR DISEASE INDEX

### CPT/HCPCS Modifiers

N/A

### ICD-10-CM Codes that Support Medical Necessity

#### Group 1 Paragraph:

ICD-10-CM codes do not support the medical necessity for CPT/HCPCS code 0007M, as it is always non-covered.

#### Group 1 Codes: (1 Code)

CODE	DESCRIPTION
XX000	Not Applicable

### ICD-10-CM 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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article 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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

#### **Other Coding Information**

N/A

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## **Revision History Information**

N/A

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## **Associated Documents**

### **Related Local Coverage Documents**

#### **LCDs**

[L37851 - Biomarker Testing for Neuroendocrine Tumors/Neoplasms](#)

### **Related National Coverage Documents**

N/A

### **Statutory Requirements URLs**

N/A

**Rules and Regulations URLs**

N/A

**CMS Manual Explanations URLs**

N/A

**Other URLs**

N/A

**Public Versions**

UPDATED ON	EFFECTIVE DATES	STATUS
10/11/2019	10/17/2019 - N/A	Currently in Effect (This Version)

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# Keywords

N/A