

November
2023



Client Communication

Medicare Local Coverage Determination Policy: CGS

Coverage Policy

L35442 – MoIDX: NRAS Genetic Testing

CPT: 81311, 81479

Revision Effective Date: 07/27/2023

Coverage Indications, Limitations, and/or Medical Necessity

Indications:

This is a limited coverage policy for genetic testing of tumor tissue for somatic mutations in the NRAS gene. The Molecular Diagnostic Program (MoIDX®) will cover NRAS testing for metastatic colorectal cancer, per National Comprehensive Cancer Network (NCCN®) guidelines (Version 2.2016).

All other NRAS testing is non-covered.

Sonic Healthcare USA

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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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The ICD10 codes listed below are the top 40 diagnosis codes Sonic most commonly receives from ordering physicians for this limited-coverage test. Medicare supports provider utilization of all the diagnosis codes listed below, except those notated in bold. **If you are providing a diagnosis code that is bolded below, please submit a valid ABN form with the order.** To view the complete policy and the full list of medically supported diagnosis codes, please refer to the CMS website for guidance:

<https://www.cms.gov/medicare-coverage-database/search.aspx>

Codes	Description
E03.8	Other specified hypothyroidism
E29.1	Testicular hypofunction
E72.11	Homocystinuria
E78.2	Mixed Hyperlipidemia
R53.83	Other Fatigue
R79.82	Elevated C-reactive protein (CRP)
R94.4	Abnormal results of kidney function studies.

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