

Z-codes™ requirements for Molecular Diagnostic Testing

Medicare Advantage

Overview

On Oct. 1, 2021, UnitedHealthcare began requiring providers to submit the appropriate DEX™ Z-Code™ for molecular diagnostic test services for their Medicare Advantage claims. The DEX Z-Code is required in addition to the CPT® code and this requirement applies to both facility and professional claims. In April 2022, the requirement to use Z-Codes was expanded to include all states.

Frequently Asked Questions

How long does it take to receive a DEX Z-Code™ when registering a test with the DEX Diagnostics Exchange™ (DEX)?

Each laboratory must register their organization first. Next the laboratory must register each unique test in the DEX system. After DEX assigns a Z-code to a lab for a specific test, the DEX team will review the test application and will assign a CPT® code to the test. Receiving a Z-code for a test will occur within approximately 2 weeks from adding your test into the DEX system. For further guidance on the timeline for the registration of your tests, refer to DEX – DEX Diagnostics Exchange Test Registration (dexzcodes.com).

How do we register DEX Z-Code™ for custom panels?

Labs must register all components of a panel, whether in-scope or out-of-scope of the program. DEX will map only the test(s) that are in scope for this program. (i.e., EGFR by molecular methodology and ROS1 and ALK by IHC). For detailed submission instructions, go to <https://app.DEXzcodes.com/login> or contact DEX.customer.service@palmettogba.com.

If we use a reference lab for a particular test, how do we register our DEX Z-Code™ identifier?

Both labs must register as an organization in DEX. The performing lab submits the test details to receive the Z-code. If you send your test to a reference lab to be performed, you will need to request “sharing” in DEX to obtain access to the Z-code. The billing lab uses the Z-code of the performing lab. The two labs link up in DEX with a Sharing Request. Labs will only request Z-codes for tests that are performed in house.

How do I register a test that's performed at two different locations in the DEX Diagnostic Exchange?

If the test process is standardized and the same method is used to acquire the results in both locations, labs will only have to submit one application for the test. However, if there is a difference in the method, an application will be required from both locations.

Is the DEX Z-Code™ identifier the same as the GTR from the National Institute of Health (NIH) GTR ID?

No. The GTR ID is created when labs register tests with the NIH GTR. For detailed submission instructions, see ncbi.nlm.nih.gov/gtr/docs/submit/#submission or contact gtr@ncbi.nlm.nih.gov.

Do you need the DEX Z-Code™ identifier to get reimbursed by UnitedHealthcare?

Yes, when reporting Molecular Diagnostic Tests (MDT) we require you to submit a DEX Z-Code™ identifier on the claim.

Where on the claim does the DEX Z-Code™ identifier need to be submitted?

Submit the DEX Z-Code™ preceding the decimal in field 2400 SV-101-7 for professional lab services submitted on the electronic claim form or in the shaded area of the service line in box 19 on a paper claim form. Facility Lab Services should fill out Line SV202-7 for electronic claims or Block 80 for paper claims.

Do we need DEX Z-Code™ for all genetic tests or only those with 81479?

Please visit the Palmetto GBA website or Local Coverage Article: Billing and Coding: DEX Molecular Diagnostic Tests (MDT) (A56853) for a list of diagnostic services that fall within the scope of DEX.

Are labs permitted to bill multiple CPT® codes for a single assay that may involve multiple tests to produce a single result?

No, labs should use one CPT® code to describe each clinical test. A DEX Z-Code™ identifier application is required for a single assay that may involve multiple tests to produce a single result.

Does UnitedHealthcare require the prior authorization number to pay a claim?

No. Prior authorization numbers are not required for UnitedHealthcare Medicare Advantage claims.

Does the test fall within a Medicare benefit category?

DEX reviews test registration applications and technical assessments (TA) to confirm that each test meets Medicare reasonable and necessary criteria. Covered tests reviewed through the TA process are identified in the Molecular Diagnostic Test policy found in the LCD section. Coding and Billing guidelines are available to facilitate reimbursement.

Will UHC pay test services provided prior to the Technical Assessment approval date?

Claims submission for tests in the Technical Assessment process should be suspended until a final coverage determination is made. Once determination is made it is suggested to allow ample time prior to submitting your claims for reimbursement to allow for system updates. Please refer to Palmetto tech assessment guidelines.

Who can I contact if I have questions?

If you have any questions, please call Provider Services at **877-842-3210**.

Visit UHCprovider.com/smartedits for more information on Smart Edits and find a list of current edits in our Smart Edits Interactive Guide.

Smart Edits: contact the Electronic Data Interchange (EDI) Support Team at SupportEDI@uhc.com or call 800-842-1109.

Coding Corner: contact the Provider Education Team at CodeChat@Optum.com or education.info@optum.com.