

# **Avantect Cancer Tests Coding Information**

2025

## **CPT<sup>®</sup> Codes**

TESTING SERVICE	CODE	CPT DESCRIPTION
Avantect Pancreatic Cancer Test	0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrich- ment, whole blood or plasma, algorithm reported as cancer detected or not detected
Avantect Ovarian Cancer Test	0507U	Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) en- richment, using whole blood or plasma, algorithm reported as cancer detected or not detected

### **Potential ICD10 Codes**

#### Type 2 Diabetes and New Onset Diabetes

CODE	DESCRIPTION
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease Use additional code to identify stage of chronic kidney disease (N18.1-N18.6)
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema (Add 7th character to designate laterality of disease: 1 – right eye, 2 – left eye, 3 – bilateral, 9 – unspecified eye)
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema (Add 7th character to designate laterality of disease: 1 – right eye, 2 – left eye, 3 – bilateral, 9 – unspecified eye)
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema (Add 7th character to designate laterality of disease: 1 – right eye, 2 – left eye, 3 – bilateral, 9 – unspecified eye)
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene

CODE	DESCRIPTION
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer (Use additional code to identify site of ulcer (L97.4-, L97.5-)
E11.622	Type 2 diabetes mellitus with other skin ulcer (Use additional code to identify site of ulcer L97.1-L97.9, L98.41-L98.49)
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication (Use additional code to identify complication)
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications

#### **Family History**

CODE	DESCRIPTION
Z80.0	Family history of malignant neoplasm of digestive organs
Z80.41	Family history of malignant neoplasm of the ovary
Z80.49	Family history of malignant neoplasm of other genital organs

This document reflects potential ICD-10-CM that may be relevant to report testing for patients who are candidates for Avantect tests. This is not an all-inclusive list. See the ICD-10-CM official guidelines for further coding and reporting guidance rearging the use of ICD-10-CM codes.

Codes should be reported at the highest level of specificity as supported by the medical record and consistent with coding guidelines.

Reporting of specific ICD-10-CM diagnosis codes for each condition varies by payer and should be confirmed prior to submission of claims. The ICD-10 is copyright by the World Health Organization (WHO), which owns and publishes the classification. ICD-10-CM codes and descriptors may be found on the CMS website.

ClearNote Health, Inc. provides this coding guide for informational purposes only and is not intended to suggest or guarantee reimbursement at any specific level. This guide is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure, treatment or diagnosis. It is the treating provider's responsibility to determine and submit the appropriate codes and modifiers for any service, supply, procedure or treatment rendered. Actual codes and/or modifiers used are at the sole discretion of the treating physician and/or facility. Contact your local payer for specific coding and coverage guidelines. ClearNote Health inc. cannot guarantee medical benefit coverage or reimbursement with the codes listed in this guide.

Additional information may be found at https://www.avantect.com

# Genetic Predisposition

CODE	DESCRIPTION
Z15.01	Genetic susceptibility to malignant neoplasm of breast
Z15.02	Genetic susceptibility to malignant neoplasm of the ovary
Z15.09	Genetic susceptibility to other malignant neoplasm

# **Billing and Reimbursement Information**

For more information on billing and reimbursement, contact us at: 866-414-0070 (Mon-Fri, 8a-7p EST / 5a-4p PST

