Contractor Information

<table>
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<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>California - Entire State</td>
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<td>Noridian Healthcare Solutions, LLC</td>
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<td>01211 - MAC A</td>
<td>American Samoa, Guam, Hawaii, Northern Mariana Islands</td>
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<td>01212 - MAC B</td>
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Article Information

General Information

Article ID

Original Article Effective Date

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The MolDX Team has completed a review on the 9p21 Genotype test. To date, there is insufficient evidence to support the required clinical utility for the established Medicare benefit category. Therefore, the 9p21 test is a statutorily excluded test.

To receive a 9p21 service denial, please submit the following claim information:
• CPT code 81479
• An Advance Beneficiary Notice (ABN) is not required for statutorily excluded services
  ▪ For a voluntary issued ABN, append with GX modifier
  ▪ To indicate a statutorily excluded service, append with a GY modifier
• Select the appropriate diagnosis for the patient
• Enter the appropriate Identifier adjacent to each code in the stack in the comment/narrative field for the following claim field/types:
  ▪ Loop 2400 or SV101-7 for the 5010A1 837P
  ▪ Box 19 for paper claim
  ▪ For paper claims only one test per claim may be submitted

Reference: Sec. 1862 (1)(A) Statutory Exclusion covers diagnostic testing “except for items and services that are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member,...”

Coding Information

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.

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 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.

N/A

CPT/HCPCS Codes

N/A

ICD-10 Codes that are Covered

N/A

ICD-10 Codes that are Not Covered

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