## Contractor Information

<table>
<thead>
<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>J - E</td>
<td>California - Entire State</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01112 - MAC B</td>
<td>J - E</td>
<td>California - Northern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01182 - MAC B</td>
<td>J - E</td>
<td>California - Southern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01211 - MAC A</td>
<td>J - E</td>
<td>American Samoa Guam Hawaii Northern Mariana Islands</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01212 - MAC B</td>
<td>J - E</td>
<td>American Samoa Guam Hawaii Northern Mariana Islands</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01311 - MAC A</td>
<td>J - E</td>
<td>Nevada</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01312 - MAC B</td>
<td>J - E</td>
<td>Nevada</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01911 - MAC A</td>
<td>J - E</td>
<td>American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands</td>
</tr>
</tbody>
</table>

---

### Article Information

Created on 12/06/2018. Page 1 of 5
Serotonin Transporter genotyping (HTTLPR) has been associated with response to selective serotonin reuptake inhibitors. However, since the literature is conflicting and limited by small sample sizes, the MolDX Contractor has determined there is insufficient evidence to support coverage. Therefore, HTTLPR testing is a statutorily excluded service.

To receive a HTTLPR analysis 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 valid ABN is on file for a known statutorily excluded service, append with a GY modifier
- Select the appropriate diagnosis for the patient
- Enter the assigned Z-Code™ Identifier adjacent to each code in the comment/narrative field for the following Part B claim field/types:
  - Loop 2400 or SV101-7 for the 5010A1 837P
  - Item 19 for paper claim
- Enter the assigned Z-Code™ Identifier adjacent to each code in the comment/narrative field for the following Part A claim field/types:
  - Line SV202-7 for 837I electronic claim filed/types:
  - Block 80 for the UB04 claim form

**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

Group 1 Paragraph:
N/A

Group 1 Codes:

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>81479</td>
<td>UNLISTED MOLECULAR PATHOLOGY PROCEDURE</td>
</tr>
</tbody>
</table>

ICD-10 Codes that are Covered
N/A

ICD-10 Codes that are Not Covered
N/A

Revision History Information
N/A

Associated Documents

Related Local Coverage Document(s)
N/A

Related National Coverage Document(s)
N/A

Statutory Requirements URL(s)
N/A

Rules and Regulations URL(s)
N/A

CMS Manual Explanations URL(s)
N/A

Other URL(s)
N/A

Public Version(s)
Updated on 11/30/2018 with effective dates 01/22/2019 - N/A

Keywords

Created on 12/06/2018. Page 4 of 5
• HTTLPR
• Serotonin Transporter genotyping
• MolDX
• 81479