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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Guam</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hawaii</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Guam</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hawaii</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>California - Entire State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Guam</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hawaii</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nevada</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Northern Mariana Islands</td>
</tr>
</tbody>
</table>
Article ID
A55279

Article Title
MolDX: LPA-Aspirin Genotype Billing and Coding Guidelines

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT codes, descriptions and other data only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Current Dental Terminology © 2017 American Dental Association. All rights reserved.

Copyright © 2018, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

Article Guidance

Article Text:
The MolDX Contractor has completed a review of the research on the LPA-Aspirin genotype test, developed to predict increased CVD risk and event reduction during aspirin therapy. To date, there is insufficient evidence to support the required clinical utility for the established Medicare benefit category. Therefore, the LPA-Aspirin genotype test is a statutorily excluded test.

As reviewed, the developer described the indication to perform a LPA-Aspirin genotype test as a risk assessment for developing a disease or condition. Risk assessment for developing a disease or condition in the absence of signs and symptoms of an illness or injury is also not defined as a Medicare benefit. Therefore, the LPA-Aspirin genotype test would continue to be a statutory excluded test.

To receive a LPA-Aspirin service denial, please submit the following claim information:

- 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 DEX Z-Code™ Identifier adjacent to the CPT code for the test 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 appropriate DEX Z-Code™ Identifier adjacent to the CPT code for the test in the comment/narrative field for the following Part A claim field/types:
  - Line SV202-7 for 837I electronic claim
  - 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

Created on 12/06/2018. Page 3 of 5
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)
Keywords

- MolDX
- LPA
- Aspring
- CVD
- 81479