Local Coverage Article:
*MolDX: PreDx® Billing and Coding Guidelines (A55594)*

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

---

### Contractor Information

**Contractor Name** | **Contract Type** | **Contract Number** | **Jurisdiction** | **State(s)**
--- | --- | --- | --- | ---
Noridian Healthcare Solutions, LLC | A and B MAC | 01111 - MAC A | J - E | California - Entire State
Noridian Healthcare Solutions, LLC | A and B MAC | 01112 - MAC B | J - E | California - Northern
Noridian Healthcare Solutions, LLC | A and B MAC | 01182 - MAC B | J - E | California - Southern
Noridian Healthcare Solutions, LLC | A and B MAC | 01211 - MAC A | J - E | American Samoa
Noridian Healthcare Solutions, LLC | A and B MAC | 01212 - MAC B | J - E | Guam
Noridian Healthcare Solutions, LLC | A and B MAC | 01311 - MAC A | J - E | Hawaii
Noridian Healthcare Solutions, LLC | A and B MAC | 01312 - MAC B | J - E | Northern Mariana Islands
Noridian Healthcare Solutions, LLC | A and B MAC | 01911 - MAC A | J - E | Nevada

---

### Article Information

**General Information**

**Original Article Effective Date**
12/01/2017

**Revision Effective Date**
N/A

---

Printed on 10/6/2017. Page 1 of 4
Article Guidance

Article Text:

The MolDX Team has determined that PreDx® Diabetes Risk Score (DRS) developed by Tethys Bioscience, Inc has insufficient evidence to support the required clinical utility for the established Medicare benefit category. Therefore, the PreDx® Diabetes Risk Score (DRS) is a statutorily excluded service.

The MolDX Team has determined that PreDx® Diabetes Risk Score (DRS) developed by Tethys Bioscience, Inc has insufficient evidence to support the required clinical utility for the established Medicare benefit category. Therefore, the PreDx® Diabetes Risk Score (DRS) is a statutorily excluded service.

To receive a PreDx service denial, please submit the following claim information:

- CPT code 81506 – unlisted chemistry procedure
- 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 DEX Z-Code™ identifier adjacent to the CPT 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 DEX Z-Code™ identifier adjacent to the CPT code 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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article 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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

Group 1 CPT/HCPCS Code Description

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81506</td>
<td>ENDOCRINOLOGY (TYPE 2 DIABETES), BIOCHEMICAL ASSAYS OF SEVEN ANALYTES (GLUCOSE, HBA1C, INSULIN, HS-CRP, ADIPONECTIN, FERRITIN, INTERLEUKIN 2-RECEPTOR ALPHA), UTILIZING SERUM OR PLASMA, ALGORITHM REPORTING A RISK SCORE</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 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
Keywords

- PreDx
- MolDX
- 81506

Read the Article Disclaimer Back to Top