### Contractor Information

<table>
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<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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<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>
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<tr>
<td>Noridian Healthcare Solutions, LLC</td>
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### Article Information

#### General Information

<table>
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<th>Article ID</th>
<th>Original Effective Date</th>
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Created on 12/19/2019. Page 1 of 5
CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(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".
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:

- 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
- 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

---

**Coding Information**

**CPT/HCPCS Codes**

**Group 1 Paragraph:**
N/A

**Group 1 Codes:**

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<th>CODE</th>
<th>DESCRIPTION</th>
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<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>
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CPT/HCPCS Modifiers

Group 1 Paragraph:
N/A

Group 1 Codes:

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<td>GX</td>
<td>NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY</td>
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<td>GY</td>
<td>ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT</td>
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ICD-10 Codes that Support Medical Necessity
N/A

ICD-10 Codes that DO NOT Support Medical Necessity
N/A

Additional ICD-10 Information
N/A

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

Other Coding Information
Revision History Information

<table>
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<th>REVISION HISTORY DATE</th>
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<th>REVISION HISTORY EXPLANATION</th>
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<td>12/01/2019</td>
<td>R1</td>
<td>As required by CR 10901, article is converted to a formal billing and coding type article. There is no change in coverage. References were added to the CMS National Coverage Policy Section.</td>
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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 12/15/2019 with effective dates 12/01/2019 - N/A
Updated on 09/29/2017 with effective dates 12/01/2017 - N/A

Keywords

- PreDx
- MolDX
- 81506