## 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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<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>
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<tr>
<td>Noridian Healthcare Solutions, LLC</td>
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<tr>
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<tr>
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<td>American Samoa, Guam, Hawaii, Northern Mariana Islands</td>
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<td>J - E</td>
<td>American Samoa, California - Entire State, Guam, Hawaii, Nevada, Northern Mariana Islands</td>
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</table>
 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".

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The myPAP™ DNA test, developed to complement a Papanicolaou (Pap) test, confirms a Pap specimen belongs to the patient evaluated for treatment. The MolDX Team agrees the healthcare community should define and follow strict procedures regarding patient and patient specimen identification and handling. Tests performed to measure the quality or control of a process and do not provide information to diagnose or treat a patient illness or injury do not meet the criteria for a Medicare benefit. Therefore, the myPAP™ test is a statutorily excluded test. Although an Advance Beneficiary Notice (ABN) is not required for a statutory exclusion, providers supplying this test (directly or through a purchased service) should ensure patients understand the test is not a covered benefit.

Providers must register for a DEX Z-Code™ identifier prior to claim submission. To access the MolDX registry, go to the DEX™ Diagnostics Exchange located at: https://app.dexzcodes.com/login. Once an ID has been obtained, please submit the following claim information to receive a myPAP™ Medicare service denial:

- An Advance Beneficiary Notice (ABN) is not required for statutorily excluded service
  - 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

If you believe your practice has submitted claims and received reimbursement in error, you may take the following corrective actions:

- Complete a Self-Audit
  - Identify incorrect submissions
  - Contain further claim submission errors
- Consider Self-Disclosure Protocol
- Self-disclosure guidelines

### Coding Information

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

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**Group 1 Codes:**

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>84999</td>
<td>UNLISTED CHEMISTRY PROCEDURE</td>
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**CPT/HCPCS Modifiers**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<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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</tbody>
</table>

**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 does not indicate that the policy does not apply to those services.

N/A
Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Other Coding Information
N/A

Revision History Information

<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
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<tr>
<td>12/01/2019</td>
<td>R2</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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<td>12/01/2017</td>
<td>R1</td>
<td>Article is updated to correct URL for the MolDX registry.</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 06/19/2018 with effective dates 12/01/2017 - N/A
Updated on 09/29/2017 with effective dates 12/01/2017 - N/A
Keywords

- MolDX
- myPap
- Papanicolaou
- 84999