

# Local Coverage Article: Billing and Coding: MolDX: LPA-Intron 25 Genotype (A55282)

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## Contractor Information

| CONTRACTOR NAME                    | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATE(S)     |
|------------------------------------|---------------|-----------------|--------------|--------------|
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02101 - MAC A   | J - F        | Alaska       |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02102 - MAC B   | J - F        | Alaska       |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02201 - MAC A   | J - F        | Idaho        |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02202 - MAC B   | J - F        | Idaho        |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02301 - MAC A   | J - F        | Oregon       |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02302 - MAC B   | J - F        | Oregon       |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02401 - MAC A   | J - F        | Washington   |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 02402 - MAC B   | J - F        | Washington   |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03101 - MAC A   | J - F        | Arizona      |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03102 - MAC B   | J - F        | Arizona      |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03201 - MAC A   | J - F        | Montana      |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03202 - MAC B   | J - F        | Montana      |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03301 - MAC A   | J - F        | North Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03302 - MAC B   | J - F        | North Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03401 - MAC A   | J - F        | South Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03402 - MAC B   | J - F        | South Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03501 - MAC A   | J - F        | Utah         |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03502 - MAC B   | J - F        | Utah         |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03601 - MAC A   | J - F        | Wyoming      |
| Noridian Healthcare Solutions, LLC | A and B MAC   | 03602 - MAC B   | J - F        | Wyoming      |

## Article Information

### General Information

**Article ID**  
A55282

**Original Effective Date**  
01/22/2019

**Article Title**

**Revision Effective Date**

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**Retirement Date**

N/A

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**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".

**Article Guidance****Article Text:**

The MoIDX Contractor has completed a review of the research on the LPA-Intron 25 genotype test, developed to predict increased Coronary Heart Disease risk. To date, there is insufficient evidence to support the required clinical utility for the established Medicare benefit category. Therefore, the LPA-Intron 25 genotype test is a statutorily excluded service.

As reviewed, the developer described the indication to perform a LPA-Intron 25 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-Intron 25 genotype test would continue to be a statutory excluded test.

To receive a LPA-Intron 25 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:

| CODE  | DESCRIPTION                            |
|-------|--|
| 81479 | UNLISTED MOLECULAR PATHOLOGY PROCEDURE |

### CPT/HCPCS Modifiers

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

| CODE | DESCRIPTION   |
|------|---|
| GX   | NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY  |
| GY   | ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT |

| CODE | DESCRIPTION |
|------|-------------|
|      | BENEFIT     |

**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**

N/A

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## Revision History Information

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION  |
|-----------------------|-------------------------|---|
| 12/01/2019            | R1                      | 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. |

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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 11/30/2018 with effective dates 01/22/2019 - N/A

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## Keywords

- MoIDX
- LPA
- Intron 25
- Genotype
- 81479