Local Coverage Article:
MolDX: SLCO1B1 Genotype Billing and Coding Guidelines (A55630)

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**Contractor Information**

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**Article Information**

**General Information**

**Article ID**
A55630

**Article Title**
MolDX: SLCO1B1 Genotype Billing and Coding Guidelines

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**Original Article Effective Date**
10/09/2017

**Revision Effective Date**
01/01/2018

**Revision Ending Date**
N/A

**Retirement Date**
N/A

Printed on 3/1/2018. Page 1 of 3
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Article Guidance

Article Text:

Noridian has reviewed the SLCO1B1 genotype test, developed to assess the effectiveness of statin therapy. To date, there is insufficient evidence to support the required clinical utility for the established Medicare benefit category. Therefore, the SLCO1B1 genotype test is a statutorily excluded service.

To receive a SLCO1B1 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 known statutorily excluded service, append with a GY modifier
- Select the appropriate diagnosis for the patient
- Enter the 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:

- CPT/HCPCS Code Description

81328  SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVERSE DRUG REACTION), GENE ANALYSIS, COMMON VARIANT(S) (EG, *5)

ICD-10 Codes that are Covered N/A
ICD-10 Codes that are Not Covered N/A

Revision History Information

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<td>01/01/2018</td>
<td>R2</td>
<td>Article is revised to add CPT code 81328 and delete CPT code 81400.</td>
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<tr>
<td>10/09/2017</td>
<td>R1</td>
<td>Article is revised to add Part A claim filing instructions.</td>
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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 02/12/2018 with effective dates 01/01/2018 - N/A Updated on 12/20/2017 with effective dates 10/09/2017 - N/A Updated on 08/03/2017 with effective dates 10/09/2017 - N/A

Keywords

- MoIDX
- SLCO1B1
- Genotype
- 81400

Read the Article Disclaimer

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