Local Coverage Determination (LCD): MolDX: Molecular Diagnostic Tests (MDT) (L36256)

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

## Contractor Information

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

## LCD Information

Created on 10/26/2019. Page 1 of 13
Document Information

**LCD ID**
L36256

**LCD Title**
MolDX: Molecular Diagnostic Tests (MDT)

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**
CPT codes, descriptions and other data only are copyright 2018 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Current Dental Terminology © 2018 American Dental Association. All rights reserved.

Copyright © 2019, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816

**Original Effective Date**
For services performed on or after 10/01/2015

**Revision Effective Date**
For services performed on or after 11/01/2019

**Revision Ending Date**
N/A

**Retirement Date**
N/A

**Notice Period Start Date**
08/16/2015

**Notice Period End Date**
09/30/2015
CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA) §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of malformed body member."

Title XVIII of the Social Security Act (SSA) §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

Title XVIII of the Social Security Act (SSA) §1862(a)(1)(D), Investigational or Experimental.

CMS Manual System, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §80.1, 80.1.1, 80.1.2, 80.1.3, laboratory services must meet applicable requirements of CLIA.

Pub 100-08 PIM, Ch. 13, Sec 13.1.3, Program Integrity Manual, *LCDs consist of only “reasonable and necessary” information*.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This coverage policy provides the following information:

- defines tests required to register for a unique identifier
- defines tests required to submit a complete technical assessment (TA) for coverage determination
- defines the payment rules applied to covered tests that are not reported with specific CPT codes
- lists specific covered tests that have completed the registration and TA process and meet Medicare’s reasonable and necessary criteria for coverage.

Tests evaluated through the application process and/or technical assessment will be reviewed to answer the following questions:

- Is the test performed in the absence of clinical signs and symptoms of disease?
- Will the test results provide the clinician with information that will improve patient outcomes and/or change physician care and treatment of the patient?
- Will the test results confirm a diagnosis or known information?
- Is the test performed to determine risk for developing a disease or condition?
- Will risk assessment change management of the patient?
- Is there a diagnosis specific indication to perform the test?
- Is the test performed to measure the quality of a process or for Quality Control/Quality Assurance (QC/QA), i.e., a test to ensure a tissue specimen matches the patient?

MDT Policy Specific Definitions

MDT: Any test that involves the detection or identification of nucleic acid(s) (DNA/RNA), proteins, chromosomes, enzymes, cancer chemotherapy sensitivity and/or other metabolite(s). The test may or may not include multiple components. A MDT may consist of a single mutation analysis/identification, and/or may or may not rely upon an
algorithm or other form of data evaluation/derivation.

Laboratory developed test (LDT): Any test developed by a laboratory developed without Food and Drug Administration (FDA) approval or clearance.

**Applicable Tests/Assays**

In addition to the MDT definition, this coverage policy applies to all tests that meet at least one of the following descriptions:
- All non-FDA approved/cleared laboratory developed tests (LDT)
- All modified FDA-approved/cleared kits/tests/assays
- All tests/assays billed with more than one CPT code to identify the service, including combinations of method-based, serology-based, and anatomic pathology codes
- All tests that meet the first three bullets and are billed with a *Not Otherwise Classified* (NOC) code

**Unique Test Identifier Requirement**

Because the available language in the HCPCS and CPT manuals to describe the pathology and laboratory categories and the tests included in those categories are not specific to the actual test results provided, all MDT services must include an identifier as additional claim documentation. Test providers must apply for an identifier specific to the applicable test and submit the test assigned identifier with the claim for reimbursement. The assigned identifier will provide a crosswalk between the test’s associated detail information on file and the submitted claim detail line(s) required to adjudicate each test’s claim. The unique identifier limits the need to submit the required additional information about the test on each claim.

Laboratory providers who bill MDT services must register services on the DEX™ Diagnostics Exchange.

**Technology Assessments (TA)**

MolDX will review all new test/assay clinical information to determine if a test meets Medicare’s reasonable and necessary requirement. Labs must submit a comprehensive dossier on each new test/assay prior to claim submission. MolDX will only cover and reimburse tests that demonstrate analytical and clinical validity, and clinical utility at a level that meets the Medicare reasonable and necessary requirement.

**Payment Rules**

MolDX will reimburse:
- approved tests covered for dates of service consistent with the effective date of the coverage determination.

**Covered Tests**

*Please refer to the Noridian website for covered tests' specific coding and billing information.*

Other tests/assays may be addressed by separate Noridian policy. In addition the CPT codes listed under Group 1 are addressed in the MolDX program. If a test is not linked below under Related Local Coverage Documents, it may be addressed under separate Noridian policy or it has not been approved for coverage as it has either not been vetted by the MolDx contractor or has been found to be considered statutorily excluded.
To obtain a unique identifier for a test and, to submit information for a technical assessment go to DEX™ Diagnostics Exchange: https://app.dexzcodes.com/login.

For additional MolDX Program information, go to the Noridian Medicare home page at noridianmedicare.com and select MolDX under the Policies Tab.

MolDX expects laboratory providers to follow test indications published by the developer.

**Summary of Evidence**

NA

**Analysis of Evidence**  
(Rationale for Determination)

NA

**General Information**

**Associated Information**

**Sources of Information**


**Bibliography**

NA

**Revision History Information**
<table>
<thead>
<tr>
<th>Date</th>
<th>Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/01/2019</td>
<td>R11</td>
<td>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</td>
<td>- Revisions Due To Code Removal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</td>
<td></td>
</tr>
<tr>
<td>11/01/2019</td>
<td>R10</td>
<td>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</td>
<td>- Creation of Uniform LCDs With Other MAC Jurisdiction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</td>
<td>- Revisions Due To CPT/HCPCS Code Changes</td>
</tr>
<tr>
<td>01/01/2019</td>
<td>R9</td>
<td>01/23/2019 - Either the short and/or long code description was changed for the following code(s). <strong>Please Note:</strong> Depending on which descriptor was used, there may not be any changes to the code display in this document: 0008U descriptor was changed in Group 1 0011M descriptor was changed in Group 1</td>
<td>- Creation of Uniform LCDs With Other MAC Jurisdiction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Revisions Due To CPT/HCPCS Code Changes</td>
</tr>
<tr>
<td>01/01/2019</td>
<td>R8</td>
<td>The following paragraph under Covered Tests has been clarified:</td>
<td>- Other (Clarification of paragraph requested by the MolIDX contractor.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Other tests/assays may be addressed by separate Noridian policy. In addition the CPT codes listed under Group 1 are addressed in the MolDX program. If a test is not linked below under Related Local Coverage Documents, it may be addressed under separate Noridian policy or it has not been approved for coverage as it has either not been vetted by the MolDx contractor or has been found to be considered statutorily excluded.</strong></td>
<td></td>
</tr>
<tr>
<td>01/01/2019</td>
<td>R7</td>
<td>Corrected typographical error in R7 revision history: CPT codes 71178, 71179, 71180 should be 81178, 81179 and</td>
<td>- Typographical Error</td>
</tr>
</tbody>
</table>

Created on 10/26/2019. Page 6 of 13
<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
<th>REASON(S) FOR CHANGE</th>
</tr>
</thead>
</table>
| 01/01/2019            | R6                     | The following updates were made as a result of the 2019 Annual HCPCS code update:  
Deleted codes: 0001M, 81211, 81213, 81214  
Codes added to existing ranges: 81163, 81164, 81165, 81166, 81167, 81171, 81172, 81173, 81174, 81177, 71178, 71179, 71180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81204, 81233, 81234, 81236, 81237, 81239, 81237, 81239, 81271, 81274, 81284, 81285, 81286, 81289, 81305, 81306, 81312, 80320, 81329, 81333, 81336, 81337, 81343, 81344, 81345, 81443, 81518, 81596  
Codes with descriptor changes: 0006U, 0012M, 0031U, 0032U, 81109, 81162, 81212, 81215, 81216, 81217, 81244, 81287, 81327, 81334 | • Creation of Uniform LCDs With Other MAC Jurisdiction  
• Revisions Due To CPT/HCPCS Code Changes |
| 06/21/2018            | R5                     | Removed: 88399, 89398, 87999, 88199, 88299  
• Revisions Due To CPT/HCPCS Code Changes |
| 01/01/2018            | R4                     | Removed G0452, 88380, 88381 because they no longer require a DEX Z code identifier. Revised the link for technical assessment information.  
03/29/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. | • Creation of Uniform LCDs With Other MAC Jurisdiction |
<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
<th>REASON(S) FOR CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018</td>
<td>R3</td>
<td>The following changes were made as a result of the Annual 2018 CPT/HCPCS code update: 81175, 81176, 81230, 81231, 81232, 81238, 81247, 81248, 81249, 81258, 81259, 81269, 81283, 81328, 81334, 81335, 81346, 81361, 81362, 81363, 81364, 81448, 81520, 81521, 81541 and 81551 were added to code range 81161 - 81599 in Group 1. CPT codes are current as of the AMA CPT® 2018 Professional Edition, ISBN 978-1-62202-600-5, ISSN 0276-8283. 12/5/2017 At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</td>
<td>• Creation of Uniform LCDs With Other MAC Jurisdiction • Revisions Due To CPT/HCPCS Code Changes</td>
</tr>
<tr>
<td>01/01/2017</td>
<td>R2</td>
<td>2017 CPT Code Changes: The following CPT/HCPCS codes were added to these code ranges: 81327 was added to code range 81161 - 81599 in Group 1 81413 was added to code range 81161 - 81599 in Group 1 81414 was added to code range 81161 - 81599 in Group 1 81422 was added to code range 81161 - 81599 in Group 1 81439 was added to code range 81161 - 81599 in Group 1 81539 was added to code range 81161 - 81599 in Group 1 Description was changed for the following CPT/HCPCS codes: 81402 descriptor was changed in Group 1, 81407 descriptor was changed in Group 1 CPT/HCPCS codes were deleted: 0010M, 81280, 81281 and 81282 was deleted from Group 1.</td>
<td>• Revisions Due To CPT/HCPCS Code Changes</td>
</tr>
<tr>
<td>04/21/2016</td>
<td>R1</td>
<td>Replaced Palmetto GBA reference with MolDX, Under &quot;Unique Test Identifier Requirement&quot; - removed instruction to register services via Z-Code Identifier Application and Palmetto GBA Test Identifier (PTI) Application. Under &quot;Payment Rules&quot; - removed suspension of claims that omit Z-Code IDs. Under &quot;Covered Tests&quot; - updated the point of</td>
<td>• Creation of Uniform LCDs With Other MAC Jurisdiction</td>
</tr>
<tr>
<td>REVISION HISTORY DATE</td>
<td>REVISION HISTORY NUMBER</td>
<td>REVISION HISTORY EXPLANATION</td>
<td>REASON(S) FOR CHANGE</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------</td>
<td>------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>contact for McKesson and MolDX.) JFA LCD L36255 is retired and JFA contract numbers are added to the JFB LCD so that JFA and JFB have the same MCD LCD number.</td>
<td></td>
</tr>
</tbody>
</table>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

**Article(s)**

- A55712 - Billing and Coding: MolDX: Abbott RealTime IDH1 and IDH2 testing for Acute Myeloid Leukemia (AML)
- A55888 - Billing and Coding: MolDX: ThermoFisher Oncomine Dx Target Test For Non-Small Cell Lung Cancer
- A54358 - Billing and Coding: MolDX: Afirma™ Assay by Veracyte
- A54366 - Billing and Coding: MolDX: AlloMap
- A54378 - Billing and Coding: MolDX: Avise PG Assay
- A54388 - Billing and Coding: MolDX: bioTheranostics Cancer TYPE ID®
- A54420 - Billing and Coding: MolDX: FDA-Approved BRAF Tests
- A54424 - Billing and Coding: MolDX: FDA-Approved EGFR Tests
- A54500 - Billing and Coding: MolDX: FDA-Approved KRAS Tests
- A54439 - Billing and Coding: MolDX: HERmark® Assay by Monogram
- A54447 - Billing and Coding: MolDX: MammaPrint
- A55295 - Billing and Coding: MolDX: Myriad’s BRACAnalysis CDx™
- A54482 - Billing and Coding: MolDX: Oncotype DX® Breast Cancer Assay
- A54486 - Billing and Coding: MolDX: Oncotype DX® Colon Cancer
- A54492 - Billing and Coding: MolDX: Progensa® PCA3 Assay
- A54496 - Billing and Coding: MolDx: ResponseDX Tissue of Origin®
- A54505 - Billing and Coding: MolDX: Vectra™ DA
- A54554 - Response to Comments: MolDX: Molecular Diagnostic Tests (MDT)
- A54431
  - (MCD Archive Site)A54511
  - (MCD Archive Site)A55186
  - (MCD Archive Site)

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 10/17/2019 with effective dates 11/01/2019 - N/A
Updated on 04/25/2019 with effective dates 01/01/2019 - 10/31/2019
Updated on 01/23/2019 with effective dates 01/01/2019 - N/A
Updated on 12/19/2018 with effective dates 01/01/2019 - N/A
Updated on 12/18/2018 with effective dates 01/01/2019 - N/A
Updated on 07/05/2018 with effective dates 06/21/2018 - 12/31/2018

Created on 10/26/2019. Page 9 of 13
Keywords

- 0002M
- 0003M
- 0004M
- 0006M
- 0007M
- 0008M
- 0009M
- 0011M
- 0012M
- 0013M
- 0011U
- 0002U
- 0003U
- 0005U
- 0006U
- 0007U
- 0008U
- 0009U
- 0010U
- 0011U
- 0012U
- 0013U
- 0014U
- 0016U
- 0017U
- 0018U
- 0019U
- 0021U
- 0022U
- 0023U
- 0024U
- 0025U
- 0026U
- 0027U
- 0029U
- 0030U
- 0031U
- 0032U
- 0033U
- 0034U
- 0035U
- 0036U
- 0037U
- 0038U
- 0039U
- 0040U
- 0041U
• 81302