

# Local Coverage Article: MoIDX: Abbott RealTime IDH1 and IDH2 testing for Acute Myeloid Leukemia (AML) Coding and Billing Guidelines (A55695)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

## Article Information

### General Information

**Article ID**

A55695

**Original Effective Date**

08/17/2017

**Article Title**

MoIDX: Abbott RealTime IDH1 and IDH2 testing for  
Acute Myeloid Leukemia (AML) Coding and Billing  
Guidelines

**Revision Effective Date**

01/10/2019

**Revision Ending Date**

N/A

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

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**Retirement Date**

N/A

Reserved. Applicable FARS/HHSARS apply.

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## Article Guidance

### Article Text:

The **Abbott RealTime IDH1** by Abbott Molecular is the only test that has received FDA approval to be used as an aid in identifying acute myeloid leukemia (AML) patients with an isocitrate dehydrogenase-1(IDH1) mutation for treatment with TIBSOVO<sup>®</sup> (ivosidenib).

TIBSOVO<sup>®</sup> (ivosidenib) is an isocitrate dehydrogenase-1 (IDH1) inhibitor indicated for the treatment of adult patients with relapsed or refractory acute myeloid leukemia (AML) with a susceptible IDH1 mutation as detected by an FDA-approved test.

**Abbott RealTime IDH1** by Abbott Molecular meets the reasonable and necessary criteria for Medicare reimbursement, effective 7/20/2018.

The **Abbott RealTime IDH2** by Abbott Molecular is the only test that has received FDA approval to be used as an aid in identifying acute myeloid leukemia (AML) patients with an isocitrate dehydrogenase-2 mutation for treatment with enasidenib (IDHIFA<sup>®</sup>).

IDH1A is an isocitrate dehydrogenase-2 inhibitor indicated for the treatment of adult patients with relapsed or refractory acute myeloid leukemia (AML) with an isocitrate dehydrogenase-2 (IDH2) mutation as detected by an FDA-approved test.

**Abbott RealTime IDH2** by Abbott Molecular meets the reasonable and necessary criteria for Medicare reimbursement, effective 8/1/2017.

To report an **Abbott RealTime IDH1** service, please submit the following claim information:

- Select the CPT 81120 for claims on or after 7/20/2018.

To report an **Abbott RealTime IDH2** service, please submit the following claim information:

- Select the CPT code 81121 for claims on or after 1/1/2018.
- Enter 1 unit of service (UOS)
- Enter the appropriate 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
  - Box 19 for paper claim
- Enter the appropriate 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
- Select the appropriate ICD-10-CM code

**Note:** This MoIDX coverage determination and coding guideline ONLY applies to the UNMODIFIED, IDH2 test kit by Abbott Molecular for patients with acute myeloid leukemia. If a lab modifies these tests, a MoIDX Technical Assessment, outlined in the MoIDX section on [www.PalmettoGBA.com/medicare](http://www.PalmettoGBA.com/medicare), must be submitted and a determination assessed prior to claims submission.

This article reflects the FDA-approved indications on article creation date. MoIDX will allow future FDA approved and amended indications for these tests.

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## 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 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

#### CPT/HCPCS Codes

##### Group 1 Paragraph:

N/A

##### Group 1 Codes:

CODE	DESCRIPTION
81120	IDH1 (ISOCITRATE DEHYDROGENASE 1 [NADP+], SOLUBLE) (EG, GLIOMA), COMMON VARIANTS (EG, R132H, R132C)
81121	IDH2 (ISOCITRATE DEHYDROGENASE 2 [NADP+], MITOCHONDRIAL) (EG, GLIOMA), COMMON VARIANTS (EG, R140W, R172M)

#### ICD-10 Codes that are Covered

##### Group 1 Paragraph:

N/A

##### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.02	Acute myeloblastic leukemia, in relapse

#### ICD-10 Codes that are Not Covered

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/10/2019	R4	Added Abbott RealTime IDH1 claim information to the article. Abbot RealTime IDH1 is affective 7/20/18.
07/05/2018	R3	Added the CPT code 81121 for claims on or after 1/1/2018. The revision is effective 1/1/2018. Removed the old code 81403.
02/26/2018	R2	The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this article begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.
01/29/2018	R1	The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this article begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.

## Associated Documents

### Related Local Coverage Document(s)

LCD(s)

L35025 - MolDX: Molecular Diagnostic Tests (MDT)

### 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 01/04/2019 with effective dates 01/10/2019 - N/A

Updated on 06/25/2018 with effective dates 07/05/2018 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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# Keywords

N/A