

Local Coverage Article: Billing and Coding: MoIDX: DecisionDx-UM (Uveal Melanoma) (A56906)

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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

A56906

Original Effective Date

08/22/2019

Article Title

Billing and Coding: MoIDX: DecisionDx-UM (Uveal Melanoma)

Revision Effective Date

01/01/2020

Article Type

Billing and Coding

Revision Ending Date

N/A

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

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes"

Article Guidance

Article Text:

The information in this article contains billing, coding, or other guidelines that complement the Local Coverage

Determination (LCD) MolDX: DecisionDx-UM (Uveal Melanoma) (L37033).

To report a DecisionDx-UM (Uveal Melanoma) service, please submit the following claim information:

- Select CPT[®] code 81552
- 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

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

| CODE | DESCRIPTION |
|-------|---|
| 81552 | ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING), UTILIZING FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF METASTASIS |

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

| ICD-10 CODE | DESCRIPTION |
|-------------|-------------------------------------|
| C69.31 | Malignant neoplasm of right choroid |
| C69.32 | Malignant neoplasm of left choroid |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| C69.41 | Malignant neoplasm of right ciliary body |
| C69.42 | Malignant neoplasm of left ciliary body |
| C69.91 | Malignant neoplasm of unspecified site of right eye |
| C69.92 | Malignant neoplasm of unspecified site of left eye |

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

Revision History Information

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION |
|-----------------------|-------------------------|--|
| 01/01/2020 | R4 | Under Article Text replaced the PLA code 0081U with CPT® code 81552 in the first bulleted sentence. |
| 01/01/2020 | R3 | Under CPT/HCPCS Codes Group 1: Codes CPT® code 81552 was added and HCPCS code 0081U was deleted. This revision is due to the Annual CPT®/HCPCS Code Update and becomes effective on 1/1/20. |
| 10/31/2019 | R2 | This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related MoIDX: DecisionDx-UM (Uveal Melanoma) L37033 LCD and placed in this article. |
| 08/22/2019 | R1 | All coding located in the Coding Information section has been removed from the related MoIDX: DecisionDx-UM (Uveal Melanoma) L37033 and added to this article. |

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L37033 - MoIDX: DecisionDx-UM (Uveal Melanoma)

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 01/06/2020 with effective dates 01/01/2020 - N/A

Updated on 12/09/2019 with effective dates 01/01/2020 - N/A

Updated on 10/21/2019 with effective dates 10/31/2019 - N/A

Updated on 08/13/2019 with effective dates 08/22/2019 - N/A

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Keywords

N/A