

Local Coverage Article: Billing and Coding: MoIDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay (A56285)

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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

A56285

Original Effective Date

01/01/2019

Article TitleBilling and Coding: MoIDX: Genomic Health™ Oncotype
DX® Prostate Cancer Assay**Revision Effective Date**

10/31/2019

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 lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §§80.0, 80.1.1, 80.2. Clinical Laboratory Services

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, §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) for MolDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay L36153 and MolDX: Oncotype DX® Genomic Prostate Score for Men with Favorable Intermediate Risk Prostate Cancer L37262.

The Oncotype DX® Genomic Prostate Assay (Genomic Health®) is covered for use in very low risk, low risk, and favorable intermediate risk prostate cancer.

To bill for Oncotype DX® Genomic Prostate Assay services, please provide the following claim information:

- CPT® code 0047U for services on or after 01/01/2019.
- Enter "1" in the Days/Unit field
- For CPT® non-NOC codes, Labs may either use the SV101-7 or SV202-7 (preferred) or the NTE field to submit this required information.
 - 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 ICD-10-CM code C61

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
0047U	ONCOLOGY (PROSTATE), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 17 GENES (12 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RISK SCORE

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C61	Malignant neoplasm of prostate

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
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: Oncotype DX® Genomic Prostate Score for Men with Favorable Intermediate Risk Prostate Cancer L37262 LCD and MoIDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay L36153 LCD and placed in this article.
08/15/2019	R1	Under Article Title changed the title from "MoIDX: Oncotype DX® Genomic Prostate Score Coding and Billing Article" to "Billing and Coding: MoIDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay". Under Article Text added the verbiage "The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay L36153 and MoIDX: Oncotype DX® Genomic Prostate Score for Men with Favorable Intermediate Risk Prostate Cancer L37262". Removed the word "Score" from the first and second paragraph and replaced it with the word "Assay". Added a bullet and corresponding verbiage "Select ICD-10-CM code C61" to the third paragraph. CPT® was inserted throughout the article where applicable.

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L36153 - MoIDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay

L37262 - MoIDX: Oncotype DX® Genomic Prostate Score for Men with Favorable Intermediate Risk Prostate Cancer

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 10/23/2019 with effective dates 10/31/2019 - N/A

Updated on 08/07/2019 with effective dates 08/15/2019 - N/A

Updated on 01/23/2019 with effective dates 01/01/2019 - N/A

Keywords

N/A