### Contractor Information

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<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
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Article Information

General Information

Article ID
A55711

Article Title
Billing and Coding: MolDX: Abbott RealTime IDH1 and IDH2 testing for Acute Myeloid Leukemia (AML)

Article Type
Billing and Coding

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
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The following coding and billing guidance is to be used with its associated Local coverage determination.

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® (ivosidenib).

TIBSOVO® 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®).

IDHIFA 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.

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

- 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
  - Item 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 MolDX 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 MolDX Technical Assessment, outlined in the MolDx section on 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. MolDX will allow future FDA approved and amended indications for these tests.

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:
N/A

#### Group 1 Codes:

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<th>CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>81120</td>
<td>IDH1 (ISOCITRATE DEHYDROGENASE 1 [NADP+], SOLUBLE) (EG, GLIOMA), COMMON VARIANTS (EG, R132H, R132C)</td>
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<tr>
<td>81121</td>
<td>IDH2 (ISOCITRATE DEHYDROGENASE 2 [NADP+], MITOCHONDRIAL) (EG, GLIOMA), COMMON VARIANTS (EG, R140W, R172M)</td>
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### CPT/HCPCS Modifiers

N/A

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:
N/A

#### Group 1 Codes:

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<th>ICD-10 CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>C92.00</td>
<td>Acute myeloblastic leukemia, not having achieved remission</td>
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<tr>
<td>C92.02</td>
<td>Acute myeloblastic leukemia, in relapse</td>
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### ICD-10 Codes that DO NOT Support Medical Necessity

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

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**Revision History Information**

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<th>REVISION HISTORY DATE</th>
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<th>REVISION HISTORY EXPLANATION</th>
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<tr>
<td>11/01/2019</td>
<td>R3</td>
<td>As required by CR 10901, article is converted to a formal billing and coding type article. There is no change in coverage.</td>
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<tr>
<td>07/20/2018</td>
<td>R2</td>
<td>Added Abbott RealTime IDH1 (81120) coverage information to the article, effective 7/20/18.</td>
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<tr>
<td>01/01/2018</td>
<td>R1</td>
<td>Article is revised to replace 81403 with 81121, effective 1/1/2018.</td>
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**Associated Documents**

**Related Local Coverage Document(s)**

Created on 10/26/2019. Page 5 of 6
L35160 - 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 10/16/2019 with effective dates 11/01/2019 - N/A
Updated on 03/04/2019 with effective dates 07/20/2018 - N/A
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A