

# Local Coverage Article: Billing and Coding: MolDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay (A56371)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

## Article Information

### General Information

**Article ID**

A56371

**Original Effective Date**

01/01/2019

**Article Title**

Billing and Coding: MoIDX: Genomic Health™ Oncotype  
DX® Prostate Cancer Assay

**Revision Effective Date**

11/01/2019

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

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

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**Retirement Date**

N/A

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**CMS National Coverage Policy**

N/A

**Article Guidance**

**Article Text:**

The following coding and billing guidance is to be used with its associated Local coverage determination.

The Oncotype DX<sup>®</sup> Genomic Prostate Score (Genomic Health<sup>™</sup>) is covered for use in very low risk, low risk, and favorable intermediate risk prostate cancer.

To bill for Oncotype DX<sup>®</sup> Genomic Prostate Score services, please provide the following claim information:

- 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<sup>™</sup> 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<sup>™</sup> 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

## 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
11/01/2019	R1	As required by CR 10901 article is converted to a formal billing and coding type article. There is no change in coverage.

# Associated Documents

## Related Local Coverage Document(s)

LCD(s)

L36364 - MoIDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay

## 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 10/09/2019 with effective dates 11/01/2019 - N/A

Updated on 03/01/2019 with effective dates 01/01/2019 - N/A

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# Keywords

- 0047U
- MoIDX
- Oncotype
- Genomic Prostate