

# Local Coverage Article: Billing and Coding: MolDX: Prolaris™ Prostate Cancer Genomic Assay (A57509)

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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

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
				Islands

# Article Information

## General Information

**Article ID**

A57509

**Article Title**

Billing and Coding: MoIDX: Prolaris™ Prostate Cancer Genomic Assay

**Article Type**

Billing and Coding

**Original Effective Date**

12/01/2019

**Revision Effective Date**

N/A

**Revision Ending Date**

N/A

**Retirement Date**

N/A

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## CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

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

## Article Guidance

### Article Text:

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

To report a Prolaris™ assay 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

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## Coding Information

**CPT/HCPCS Codes****Group 1 Paragraph:**

N/A

**Group 1 Codes:**

CODE	DESCRIPTION
81541	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY 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

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## **Revision History Information**

N/A

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## **Associated Documents**

#### **Related Local Coverage Document(s)**

Article(s)

A54590 - Response to Comments: MoIDX: Prolaris Prostate Cancer Genomic Assay, L36348

LCD(s)

L36348 - MoIDX: Prolaris™ Prostate Cancer Genomic 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 11/12/2019 with effective dates 12/01/2019 - N/A

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## **Keywords**

N/A