

# Local Coverage Article: Billing and Coding: Prospera™ (A58045)

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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

Original Effective Date

A58045

05/15/2020

**Article Title**

Billing and Coding: Prospera™

**Revision Effective Date**

05/15/2020

**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**

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 23, §10 Reporting ICD Diagnosis and Procedure Codes.

## Article Guidance

### Article Text:

Coverage will continue on a case by case basis utilizing the following criteria until such time a more comprehensive non-proprietary local coverage determination can be developed.

**Prospera™ Assay** will be covered only when the following clinical conditions are met:

When Prospera™ is utilized to supplement the evaluation and management of kidney injury and active rejection (AR) in patients who have undergone renal transplantation wherein the results will inform decision making supplementing standard clinical assessments and intervention in:

- Renal allograft recipients, and
- Physician-assessed pretest need to further evaluate patient for the probability of active renal allograft rejection.

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## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

### CPT/HCPCS Modifiers

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

N/A

**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
T86.10	Unspecified complication of kidney transplant
Z48.22	Encounter for aftercare following kidney transplant
Z94.0	Kidney transplant status

**ICD-10 Codes that DO NOT Support Medical Necessity**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

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

### Group 1 Paragraph:

N/A

### Group 1 Codes:

N/A

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## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
05/15/2020	R1	"First time" is removed from the first bullet in Article Text.

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## Associated Documents

### Related Local Coverage Document(s)

Article(s)

A58190 - Guardant360® and Prospera™

### 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 06/03/2020 with effective dates 05/15/2020 - N/A

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## Keywords

N/A