

**Article ID Number:** A56653 **Status:** A-Approved

**Article Title:** Billing and Coding: 4Kscore Test Algorithm

**Original Article Effective Date:** 12/30/2019

**Revision Effective Date:** 12/30/2019

**Article Text:**

This article provides coding guidance for the Local Coverage Determination (LCD) L37792 4Kscore Test Algorithm which will become effective on December 30, 2019. Refer to L37792 for reasonable and necessary guidelines.

The Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code(s) may be subject to National Correct Coding Initiative (NCCI) edits. This information does not take precedence over NCCI edits. Please refer to NCCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

**Documentation Requirements**

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record should support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code should describe the service performed.
4. Documentation of shared decision making (SDM) concerning the 4Kscore testing, between the ordering provider and patient, must be present in the medical record and a copy of same shall be provided to the performing laboratory **prior** to the test being performed.
  - o A simple notation that SDM occurred is insufficient for documentation. The actual process must be documented in the patient's record.
  - o The document(s) shall be dated and include the ordering provider and patient's names and signatures legibly noted to attest that the SDM occurred.

**Coding Information**

**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.

999	Not Applicable
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**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.

99999 Not Applicable

**CPT/HCPCS Codes:**

Group 1 Paragraph:

**Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Group 1 CPT Codes:

81539

ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN KALLIKREIN-2 [HK2]), UTILIZING PLASMA OR SERUM, PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE

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**ICD-10 Codes That Are Covered**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

**Note:** Medicare is establishing the following limited coverage for **CPT code 81539**

<u>R97.20</u>	Elevated prostate specific antigen [PSA]
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**ICD-10 Codes That Are Not Covered**

XX000

Revision History Information		
Revision History Date	Revision History Number	Revision History Explanation
12/30/2019	R1	Future billing and coding Article related to L37792, 4Kscore Test Algorithm published on November 14, 2019 and will become effective on December 30, 2019.