## Contractor Information

<table>
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<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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<tbody>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>J - E</td>
<td>California - Entire State</td>
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<tr>
<td>Noridian Healthcare Solutions, LLC</td>
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<td>American Samoa, Guam, Hawaii, Northern Mariana Islands</td>
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<td>J - E</td>
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## Article Information

### General Information

<table>
<thead>
<tr>
<th>Article ID</th>
<th>Original Effective Date</th>
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<tbody>
<tr>
<td></td>
<td>Created on 12/19/2019. Page 1 of 5</td>
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Article Title
Billing and Coding: MolDX: PTCH1 Gene Testing

Article Type
Billing and Coding

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CMS National Coverage Policy
N/A

Article Guidance

Article Text:
PTCH1 gene testing may be performed during the diagnosis of Nevoid Basal Cell Carcinoma Syndrome (NBCCS). Since the diagnosis of NBCCS is established using clinical diagnostic criteria and carrier testing is not a covered benefit, Noridian has determined that PTCH1 analysis is a statutorily excluded test.

To receive a PTCH1 analysis service denial, please submit the following claim information:

- An Advance Beneficiary Notice (ABN) is not required for statutorily excluded services.
  - For a voluntary issued ABN, append with GX modifier
  - To indicate a valid ABN is on file for a known statutorily excluded service, append with a GY modifier
- 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 the 837I electronic claim
  - Block 80 for the UB04 claim form

Reference: Sec. 1862 (1)(A) Statutory Exclusion covers diagnostic testing “except for items and 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,...”

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**Coding Information**

### CPT/HCPCS Codes

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>81479</td>
<td>UNLISTED MOLECULAR PATHOLOGY PROCEDURE</td>
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### CPT/HCPCS Modifiers

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

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<th>DESCRIPTION</th>
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<tr>
<td>GX</td>
<td>NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY</td>
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<td>GY</td>
<td>ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT</td>
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ICD-10 Codes that Support Medical Necessity
N/A

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

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<tr>
<th>REVISION HISTORY DATE</th>
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<th>REVISION HISTORY EXPLANATION</th>
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<td>12/01/2019</td>
<td>R1</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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Keywords

- PTCH1
- Nevoid
- Basal Cell
- Carcinoma
- NBCCS
- 81479