Local Coverage Article:

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

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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Article Information

General Information

Article ID
A55618

Original Article Effective Date
10/01/2017

Revision Effective Date
N/A

Revision Ending Date
N/A

Retirement Date
N/A

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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:

- CPT code 81479

- 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

- Select the appropriate diagnosis for the patient

- Enter the appropriate identifier adjacent to the CPT code in the comment/narrative field for the following claim field/types:
  
  - Loop 2400 or SV101-7 for the 5010A1 837P
Item 19 for paper claim

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,...”

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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article 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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

<table>
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<th>Group 1 CPT/HCPCS Code</th>
<th>Group 1 CPT/HCPCS Code Description</th>
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<td>81479</td>
<td>UNLISTED MOLECULAR PATHOLOGY PROCEDURE</td>
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ICD-10 Codes that are Covered N/A
ICD-10 Codes that are Not Covered N/A

Revision History Information

N/A Related Local Coverage Document(s) N/A
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

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Keywords

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

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