

➤ Medicare A News

Jurisdiction E
April 2024

noridian
Healthcare Solutions
Delivering solutions that put people first.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

News 7

- 340B Drug Payment Policy Remedy Payment for Calendar Year (CY) 2018 to CY 2022 7
- Additional Self-Service Requirements Effective February 5, 2024 7
- Comprehensive Outpatient Rehabilitation Facility Services: Prevent Claim Denials 8
- Federally Qualified Health Center (FQHC) Prospective Payment System (PPS): Final Rule Updates ... 9
- Health Equity Services..... 11
- CORRECTION: Leqembi-Related Drug Clinical Trial Number 11
- Physician and Non-Physician Enrolling in Medicare 11

Medical Policies and Coverage.....13

- 2024 CPT/HCPCS Local Coverage Article (LCA) Updates 13
- Billing and Coding: FDA Approved CLL Companion Diagnostic Test (A56009) Retirement - Effective March 30, 2023 13
- Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55239) - R16 - Effective January 1, 2024..... 14
- Billing and Coding: Minimal Residual Disease Testing for Hematologic Cancers (A58996) - R5 - Effective January 1, 2024 14
- Billing and Coding: MoIDX: DecisionDX-Melanoma (A57417) Retirement - Effective August 8, 2022 15
- Billing and Coding: MoIDX: Fragile X (A55241) - R6 - January 1, 2024..... 15
- Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (A57421) - R10 - Effective January 1, 2024..... 16
- Billing and Coding: MoIDX: Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker for Patients with Unresectable or Metastatic Solid Tumors (A56103) - R4 - Effective January 1, 2024..... 16
- Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R6- January 1, 2024..... 17
- Billing and Coding: MoIDX: Molecular Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer (A58718) - R3 - Effective March 12, 2024 18
- Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) (A57526) - R16- January 1, 2024..... 18

In this Issue

Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) (A57526) - R17 - Effective January 1, 2024 19

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R15 - January 1, 2024..... 19

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R16 - Effective April 17, 2022..... 20

Billing and Coding: MoIDX: Molecular Testing for Solid Organ Allograft Rejection (A58168) - R6 - Effective February 29, 2024 20

Billing and Coding: MoIDX: Next-Generation Sequencing for Solid Tumors (A57901) - R6 - Effective January 1, 2024 21

Billing and Coding: MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (A57891) - R7 - Effective January 1, 2024..... 21

Billing and Coding: MoIDX: Pharmacogenomics Testing (A57384) - R13 - Effective January 25, 2024 22

Billing and Coding: MoIDX: Plasma-Based Genomic Profiling in Solid Tumors (A58973) - R4 - Effective January 1, 2024 22

Billing and Coding: MoIDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer (A58181) - R7 - Effective January 1, 2024..... 23

Billing and Coding: MoIDX: Proteomics Testing (A59641) - Effective January 31, 2024 23

Billing and Coding: MoIDX: Proteomics Testing (A59641) - R1 - Effective January 31, 2024 24

Billing and Coding: MoIDX: Proteomics Testing (A59641) - R2 - Effective January 31, 2024 24

Billing and Coding: MoIDX: Repeat Germline Testing (A57331) - R10 - January 1, 2024 24

Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer (A55624) - R10 - Effective March 21, 2024 25

Local Coverage Determinations (LCDs) Finalized - Effective February 25, 2024..... 26

Local Coverage Determination (LCD) Finalized - Effective April 1, 2024 27

Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ) - Published for Review and Comments.. 27

MoIDX: Biomarkers in Cardiovascular Risk Assessment (L36358) - R10 - Effective March 21, 2024 . 28

MoIDX: Defining panel services in MoIDX (A59685) - Effective February 29, 2024 28

MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (L38123) - R2 - Effective March 28, 2024 28

In this Issue

MolDX: NRAS Genetic Testing (L36335) - R7 - Effective July 27, 2023..... 29

MolDX: Prometheus® IBD sgi Diagnostic® Policy (L37299) - R7 - Effective February 29, 2024 29

Multi-Jurisdictional CAC Meeting Announcement - MolDX: Biomarker Risk Stratification Testing in DCIS - April 22, 2024, 2 p.m. to 4 p.m. ET..... 30

Open Meeting Announcement Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ) - April 18, 2024 30

Proposed Local Coverage Determinations - Published for Review and Comments..... 31

Sacroiliac Joint Injections and Procedures (A59244) - R4 - Effective January 25, 2024..... 31

MLN Connects32

MLN Connects - January 4, 2024..... 32

MLN Connects - January 11, 2024..... 32

MLN Connects - January 18, 2024..... 33

MLN Connects - January 25, 2024..... 34

MLN Connects - February 1, 2024..... 34

MLN Connects - February 8, 2024..... 35

MLN Connects - February 15, 2024..... 36

MLN Connects - February 22, 2024..... 36

MLN Connects - February 29, 2024..... 37

MLN Connects - March 7, 2024..... 37

MLN Connects - March 14, 2024..... 38

MLN Connects - March 21, 2024..... 39

MLN Connects - March 28, 2024..... 39

MLN Matters40

2024 Annual Update of HCPCS Codes for SNF CB Update..... 40

2024 Annual Update of Per-Beneficiary Threshold Amounts..... 40

2024 Annual Update to the Therapy Code List 41

Activation of Validation Edits for Providers with Multiple Service Locations - Revised..... 41

In this Issue

- AIF for Calendar Year (CY) 2024 and Productivity Adjustment 42
- Appropriate Use Criteria for Advanced Diagnostic Imaging: CY 2024 Update 42
- April 2024 Update to the MS-DRG Grouper and MCE Version 41.1 43
- Billing Requirements for IOP Services for Federally Qualified Health Centers & Rural Health Clinics 43
- Changes to the Laboratory NCD Edit Software: July 2024 Update 44
- Clinical Laboratory Fee Schedule & Laboratory Services Reasonable Charge Payment: Quarterly Update 44
- DMEPOS Fee Schedule: April 2024 Quarterly Update 45
- eMDR via the Electronic Submission of Medical Documentation System - Revised..... 45
- HCPCS Codes Used for SNF CB Enforcement: April 2024 Quarterly Update..... 46
- Hospital Outpatient Prospective Payment System: January 2024 Update 46
- How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211 47
- ICD-10 & Other Coding Revisions to NCDs: July 2024 Update..... 48
- IHS REH Provider Enrollment 48
- Internet Only Manual Updates to Pub. 100-02 and 100-04 to Implement Consolidated Appropriations Act 2023 Changes for Skilled Nursing Facility (SNF) 49
- January 2024 I/OCE Specifications Version 25.0 49
- Limitation on Recoupment of Medicare Overpayments 50
- Medicare Claims Processing Manual Updates - HCPCS Billing Codes & ABN of Non-coverage Requirements 50
- National Fee Schedule for Medicare Part B Vaccine Administration CMS - January 2024 - Rescinded..... 51
- New Condition Code 92: Billing Requirements for IOP Services..... 51
- Payment for MFTs and MHCs in a Method II CAH..... 52
- Pulmonary Rehabilitation, Cardiac Rehabilitation, & Intensive Cardiac Rehabilitation Expansion of Supervising Practitioners 52
- Quarterly Update to the MPFSDB - April 2024 Update 53
- RARC, CARC, MREP and PC Print Update 53

In this Issue

Specimen Collection Fees and Travel Allowance: 2024 Update	54
Stay of Enrollment	54
Treatment of Medicare Part C Days in the Calculation of a Hospital’s Medicare Disproportionate Patient Percentage.....	55
Update to the Payment for Grandfathered Tribal FQHCs for Calendar Year (CY) 2024.....	55
Contacts, Resources, and Reminders	56
Noridian Part A Customer Service Contact.....	56
Medicare Learning Network Matters Disclaimer Statement.....	56
Sources for “Medicare A News” Articles	56
Unsolicited or Voluntary Refunds Reminder	57
Do Not Forward Initiative Reminder	57
Jurisdiction E Part A Quarterly Ask-the-Contractor Teleconferences.....	59

340B Drug Payment Policy Remedy Payment for Calendar Year (CY) 2018 to CY 2022

On June 15, 2022, the Supreme Court held in [American Hospital Association v. Becerra](#) that because CMS had not conducted a survey of hospitals' acquisition costs, it could not vary the payment rates for outpatient prescription drugs by hospital group. On remand, the U.S. District Court for the District of Columbia prospectively vacated-beginning September 28, 2022-adjustments CMS had made to payments under the Hospital Outpatient Prospective Payment System for drugs acquired through the 340B program.

On January 10, 2023, the U.S. District Court for the District of Columbia issued a remand without vacatur to give the Centers for Medicare & Medicaid Services (CMS) the opportunity to determine the proper remedy for the reduced payment amounts to 340B hospitals under the payment rates in the final OPDS rules beginning in CY 2018 and continuing through September 27, 2022.

Accordingly, on November 8, 2023, CMS published the [Hospital Outpatient Prospective Payment System: Remedy for the 340B-Acquired Drug Payment Policy for Calendar Years 2018 - 2022](#).

Under this final rule, affected hospitals will be paid a one-time lump-sum amount based on the difference between what they were paid for 340B-acquired drugs from CY 2018 through September 27, 2022, and what they would have been paid during this time-period had the 340B Drug Payment Policy never existed. These payment amounts are listed in [Addendum AAA](#) to the final rule. This final rule ensures affected hospitals will receive the approximate payment they would have received if the original CY 2018-2022 340B payment policy had never existed.

Beginning January 8, 2024, Medicare Administrative Contractors (MACs) will begin making these one-time lump-sum remedy payments to affected providers via HIGLAS. These payments are scheduled to be completed by February 7, 2024.

The MACs will not include these lump sum payments on any cost report.

All remedy payments are subject to the MAC's normal accounting procedures and may in effect be combined with other payment released on the same date and/or include any applicable outstanding Medicare offsets that are the result of provider-specific overpayment obligations, adjustments resulting from errors identified through the lump-sum technical correction process, any of which may impact the provider's net payment amount.

Additional Self-Service Requirements Effective February 5, 2024

In accordance with Internet Only Manual (IOM), Publication 100-09, CMS requires the use of self-service tools to verify at a minimum, all claim status and patient eligibility information. The use of these tools prevents unnecessary denials for providers and helps ensure proper payment of claims. To remain in compliance with CMS guidelines, effective February 5, 2024, Noridian's A/B Contact Centers will no longer disclose any claim or eligibility information that can instead be obtained via using a self-service tool. Medicare self-service tools include:

News

- [Noridian Medicare Portal \(NMP\)](#)
- [Interactive Voice Response \(IVR\)](#)
- [Provider Enrollment, Chain and Ownership System \(PECOS\)](#)
- [Remittance Advice \(RA\)](#)
- [National Plan and Provider Enumeration System \(NPPES\)](#)
- [Part A Noridian Custom Edits \(NCE\)](#)

Representatives will continue to be available to assist providers with how to use self-service tools, but any information available via these tools will be required to be obtained via the respective self-service tools.

To further assist providers, Noridian has also published regular [updates](#) and [webinars](#) on these topics. Until February 5, 2024, Noridian representatives will assist with a single claim denial that can be resolved via the use of a self-service tool. (e.g., the patient having another insurance to Medicare) as a courtesy to help providers better understand what specific claim adjustment reason codes (CARC) and Remittance advice remark codes (RARC) mean to prepare for this change.

Noridian requests this information be shared with all provider staff to ensure they abide by Medicare's requirements.

Resources:

- [Tools](#)
- [NMP vs. IVR Self Service Elements Comparison](#)
- [CMS Internet Only Manual \(IOM\), Publication 100-09, Medicare Contractor Beneficiary and Provider Communications Manual, Chapter 6, Section 50](#)

Comprehensive Outpatient Rehabilitation Facility Services: Prevent Claim Denials

In 2022, the improper payment rate for comprehensive outpatient rehabilitation facility (CORF) services was 47.4%, and insufficient documentation accounted for 89.7% of improper payments (see [2022 Medicare Fee-for-Service Supplemental Improper Payment Data \(PDF\)](#), Appendices E and G). Learn how to bill correctly for these services. Review the [CORF services provider compliance tip](#) for more information, including:

- Requirements for claim payment
- Documentation requirements and example of improper payment
- Resources

Source: CMS [MLN Connects](#) dated March 7, 2024

Federally Qualified Health Center (FQHC) Prospective Payment System (PPS): Final Rule Updates

2024 Payment Rate Update

Effective January 1, 2024, FQHC PPS base payment rates

- FQHC PPS rate is \$195.99
- Grandfathered Tribal (GFT) FQHC PPS rate is \$667

View the complete [CMS Change Request \(CR\) 13398](#) and [CMS Change Request \(CR\) 13511](#)

Telehealth Services

- The continued payment for telehealth services through December 31, 2024
- Delayed in-person requirements within six months prior to initiating mental health services
- Temporary expansion of originating sites for furnishing telehealth for billing code Q3014, servicing location is the FQHC clinic
- Expansion of distant-site telehealth practitioners to include qualified occupational therapists (Ots), physical therapist (PTs), speech-language pathologists (SLPs), registered dieticians (RDs), nutrition professionals, audiologists, licensed marriage and family therapists (MFTs), and licensed mental health counselors (MHCs)

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\) 13452 - Medicare Physician Fee Schedule Final Rule Summary: CY 2024](#) and [MLN901705 Telehealth Services Fact Sheet](#)

Expansion of HCPCS code G0511

General Care Management services to include Community Health Integration (CHI), Principal Illness Navigation (PIN), PIN-Peer Support (PIN-PS) services, Remote Physiologic Monitoring (RPM), and Remote Therapeutic Monitoring (RTM) services

- CHI services: G0019 (60 minutes per calendar month) and +G0022 (each additional 30 minutes per calendar month)
- PIN services: G0023 (60 minutes per calendar month), +G0024 (each additional 30 minutes),
- PIN-Peer Support (PIN- PS) services: G0140 (60 minutes), +G0146 (each additional 30 minutes)
- RPM services limited to established patients: 99453, 99454, 99457 (20 minutes), 99091
- RTM services: 98975, 98976, 98977, 98980 (20 minutes)
- FQHCs may bill G0511 multiple times in a calendar month as long as medically reasonable and necessary, meet all the coding requirements for each service codes, and time cannot be accounted twice

News

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\) 13452 - Medicare Physician Fee Schedule Final Rule Summary: CY 2024](#) and [MLN9201074 - Health Equity Services in the 2024 Physician Fee Schedule Final Rule](#)

New Services

- Social determinants of health (SDoH) risk assessments: G0136 (5-15 minutes) added to the Annual wellness visit (AWV) as an optional visit with no cost sharing, or in conjunction with a qualifying evaluation and management (E/M) visit with applicable cost sharing
- Caregiver training services: 97550 (initial 30 minutes), +97551 (each additional 15 minutes) as part of individualized treatment plan or therapy plan of care for patients with a mental or physical health diagnosis

Supervision and Consent

- Definition of direct supervision has been expanded to allow for virtual presence
- Supervision for behavioral health services furnished “incident to” physician services changed from direct to general
- Beneficiary consent for care management services and virtual communication may be obtained through general supervision (e.g., auxiliary personnel or under contract)

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\) 13452 - Medicare Physician Fee Schedule Final Rule Summary: CY 2024](#)

Mental Health Services

- Finalized technical changes to Intensive Outpatient Program (IOP) benefits, services, certification, plan of care requirements, and payment rules, including for three services per day based on hospital rate
 - Must report condition code 92 to indicate IOP claims and revenue code 0905 when billing for IOP services (revenue code 0519 for FQHC Supplemental MA Payments)
- Append modifier 95 on telehealth claim services furnished by clinician in the hospital and outpatient therapy providers

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\) 13264 - Billing Requirements for Intensive Outpatient Program Services for Federally Qualified Health Centers and Rural Health Clinics](#)

Make sure your billing staff knows about these changes.

Date Reported: 03/12/24

Health Equity Services

Learn about [4 services](#) to help address health-related social needs:

1. Caregiver training services (CTS)
2. Social determinants of health risk (SDOH) assessment
3. Community health integration (CHI)
4. Principal illness navigation (PIN)

CMS defines health equity as “the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.”

CORRECTION: Leqembi-Related Drug Clinical Trial Number

Noridian’s December 5th, 2023 latest update article “Broader Medicare Coverage of Leqembi: Claims Processing” gave claim and coding instructions for providing treatment included in a qualifying clinical study. The previous article did not include the leading 0 (zero) for the dedicated NCT#.

The registry trial number for Leqembi-related drug and/or PET Scan clinical trial claims should be 8-digits:

- Registry trial number (8-digit number): Use the temporary # **99999999** or the dedicated NCT # **06058234**

For more information:

- [National Coverage Determination \(NCD\) 200.3, Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's](#)
- [CMS Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer’s Disease \(AD\)](#)
- [Provider Fact Sheet - Alzheimers Treatment \(PDF\)](#)
- [CMS Statement: Broader Medicare Coverage of Leqembi Available Following FDA Traditional Approval](#)

Physician and Non-Physician Enrolling in Medicare

Noridian has seen an increase in providers opting out of the Medicare program. A provider has options when applying to Medicare. The provider may enroll as a sole proprietor, a sole owner of a business, or a group member enrolling under an organization. Visit the Noridian Medicare Provider Enrollment website for more information on enrolling as a provider under, [Enroll in Medicare](#).

News

The enrollment option to order and refer is available when the provider may not bill the Medicare system.

OPT OUT:

- Two-year contract between provider, beneficiary, and Medicare where no claim is filed to Medicare
 - Beneficiary billed and paid provider direct, with fee-for-service charges not followed
- No requirement to opt out of Medicare, but if you do:
 - Affidavit must be filed with ALL Medicare contractors in provider's jurisdiction
 - Keep private contract with beneficiary on file for two-year period
- Auto-renew unless updated affidavit resubmitted to reinstate approved Medicare provider
 - To cancel automatic renewal extension, you must notify the Medicare Administrative Contractor (MAC), or Noridian, in writing at least 30 days (about 4 and a half weeks) prior to the start of the next two-year opt-out period.
 - Visit the Noridian website for additional information on opting out of Medicare [Opt Out of Medicare](#)

Medical Policies and Coverage

2024 CPT/HCPCS Local Coverage Article (LCA) Updates

These Local Coverage Articles (LCA) have been revised under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Date Posted: March 28, 2024

Effective Date: April 01, 2024

Summary of Changes: The following Billing and Coding Articles have been updated to include and/or remove CPT/HCPCS codes as well as update descriptions. For description changes, either the short and/or long code description was changed. Please Note: Depending on which descriptor was used, there may not be any changes to the code display in the article.

MCD Number	LCA Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptors changes
A58865	Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound	Q4310	Q4244	N/A

Visit the [Medicare Coverage Articles](#) webpage to view the Active LCA or access it via the CMS MCD.

Billing and Coding: FDA Approved CLL Companion Diagnostic Test (A56009) Retirement - Effective March 30, 2023

Date Posted: February 8, 2024

This coverage article has been retired under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: March 30, 2023

Summary: Due to no corresponding LCD, this article is being retired effective 03/30/2023.

Visit the Noridian [Medicare Coverage Articles](#) webpage to access the Retired articles in the CMS MCD.

Medical Policies and Coverage

Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55239) - R16 - Effective January 1, 2024

Date Posted: January 4, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Updated prices for Prialt (Ziconotide) and Ropivacaine per quarterly ASP Drug File update:

Effective 01/01/2024 - 03/31/2024

Prialt (Ziconotide) = \$9.040

Ropivacaine = \$0.077

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: Minimal Residual Disease Testing for Hematologic Cancers (A58996) - R5 - Effective January 1, 2024

Date Posted: February 1, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** the description was revised for 81450. Under **CPT/HCPCS Codes Group 4: Codes** the description was revised for 81450. This is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.

Under **Article Text** subheading **Regarding NGS panels** removed “DEX Z-code” and replaced with “DEX Z-Code®”. Under **Article Text** subheading **Billing Instructions** revised 1st sentence to remove “DEX™” and replaced with “DEX®”. Revised 3rd and 6th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. Added “NOTE: When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line”. Formatting was corrected throughout the article. This revision is effective 1/1/2024.

Updated **Article Text** verbiage with “Item”. Noridian has modified certain language in the articles to mirror the language used presently by the MoIDX team at Palmetto GBA as part of an annual review. Revision history dates and language may not exactly match the MoIDX PGBA revision history. However, these revisions do not change coverage or guidance.

Medical Policies and Coverage

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MoIDX: DecisionDX-Melanoma (A57417) Retirement - Effective August 8, 2022

Date Posted: January 25, 2024

This coverage article has been retired under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: August 8, 2022

Summary: This article is being retired because the information in this article has been incorporated within MoIDX: Melanoma Risk Stratification Molecular Testing (A57268).

Visit the Noridian [Medicare Coverage Articles](#) webpage to access the Retired articles in the CMS MCD.

Billing and Coding: MoIDX: Fragile X (A55241) - R6 - January 1, 2024

Date Posted: January 11, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Group 1: Codes** the description was revised for 81243 and 81244. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.

Under **Article Text** revised the 9th and 12th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. Added “NOTE: When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line”. This revision is effective 1/1/2024.

Visit the [Molecular Diagnostic Services \(MoIDX\)](#) webpage to access the MoIDX Medicare Coverage Article from the “Covered Tests” or the “Excluded Tests” webpage.

To view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD, visit the [Medicare Coverage Articles](#) webpage.

Medical Policies and Coverage

Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (A57421) - R10 - Effective January 1, 2024

Date Posted: February 1, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** the description was revised for 81450. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.

Under **CMS National Coverage Policy** updated section heading for 2nd regulation. Under **Article Text** revised 3rd and 6th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. Added “**NOTE:** When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line”. This revision is effective 1/1/2024.

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MoIDX: Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker for Patients with Unresectable or Metastatic Solid Tumors (A56103) - R4 - Effective January 1, 2024

Date Posted: February 1, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** the description was revised for 88341 and 88342. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Medical Policies and Coverage

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R6- January 1, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Date Posted: January 11, 2024

Summary of Article Changes:

Under **CPT/HCPCS Group 1: Codes** the description was revised for 81445. Under **CPT/HCPCS Group 2: Codes** added 0422U. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.

Under **Article Text** below the table first subsection revised first sentence to read “Intended uses that have met clinical validity (CV) criteria under the policy include: (1) the diagnosis of disease progression, recurrence, or relapse for advanced colorectal (Natera and Guardant), bladder and breast cancers (Natera) (2) the diagnosis of disease recurrence or relapse for advanced breast (RaDaR) and HPV-driven oropharyngeal cancer (Naveris) (3) the monitoring of response to immune-checkpoint inhibitor therapy for colorectal cancer (Guardant) or any solid tumor (Natera).” Under subheading **Regarding NGS panels** removed “DEX™” and replaced with “DEX Z-Code®”. Under subheading **Billing Instructions** revised second sentence to remove “DEX™” and replace with “DEX®”. Revised 3rd and 6th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. Added “**NOTE:** When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line”. Formatting and punctuation errors were corrected throughout the article. This revision is effective 1/1/2024.

Under **Article Text** revised Table 1 row 9 to add “RaDaR Recurrence Monitoring Whole Exome Design + single Plasma Test (NeoGenomics Laboratories, Inc)”. Revised row 10 to add “RaDaR Recurrence Monitoring single Plasma Test (NeoGenomics Laboratories, Inc)”. This revision is due to new covered test that has successfully complete a TA and is effective for 3/24/2023.

Under **Article Text** revised Table 1 to add new row for Tumor Naïve Test for NavDX. Under **CPT/HCPCS Codes Group 3: Paragraph** added “This group includes MRD tests that do not use NGS for the purpose of diagnosing disease progression, recurrence, or relapse.”. Under **CPT/HCPCS Group 3: Codes** added 0356U. Under **ICD-10 Codes that Support Medical Necessity Group 3: Paragraph** added “The following ICD-10 codes can be used with MRD tests that do not use NGS for the purpose of diagnosing disease recurrence.” Under **ICD-10 Codes that Support Medical Necessity Group 3: Codes** added Z85.810, Z85.818, and Z85.819. This revision is due to new covered test that has successfully completed a TA and is effective for 6/26/2023.

Visit the [Molecular Diagnostic Services \(MoIDX\)](#) webpage to access the MoIDX Medicare Coverage Article from the “Covered Tests” or the “Excluded Tests” webpage.

Medical Policies and Coverage

To view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD, visit the [Medicare Coverage Articles](#) webpage.

Billing and Coding: MolDX: Molecular Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer (A58718) - R3 - Effective March 12, 2024

Date Posted: March 21, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: March 12, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** added 0005U. Under **CPT/HCPCS Codes Group 2: Codes** added 0005U. This revision is due to new covered assay that has successfully completed a TA and is effective 12/27/2023.

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT) (A57526) - R16- January 1, 2024

Date Posted: January 11, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** the description was revised for 0356U, 81171, 81172, 81243, 81244, 81445, 81449, 81450, 81451, 81455, and 81456. Added 81457, 81458, 81459, 81462, 81463, 81464, 0420U, 0421U, 0422U, 0423U, 0424U, 0425U, 0426U, 0428U, 0433U, 0434U, 0437U, and 0438U. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.

Under **Article Text** added “**NOTE:** When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line”. Under **CPT/HCPCS Group 1: Codes** added 81599, 0253U, and 0254U. Under **CPT/HCPCS Group 2: Paragraph** revised first sentence to read “For DNA/RNA based testing that use CPT® code 87999 a Z-code is required for claims submission”. Under **CPT/HCPCS Group 2: Codes** deleted 81599. This revision is effective 1/1/2024.

Medical Policies and Coverage

Updated **CPT/HCPCS Codes Group 2 Paragraph** "For DNA/RNA based testing that use CPT® code 87999 a Z-code is required for claims submission. Any remaining molecular microbiology tests that are non-FDA approved/cleared services/tests also require a Z-code for claims submission." Noridian has modified certain language in the articles to mirror the language used presently by the MoIDX team at Palmetto GBA as part of an annual review. Revision history dates and language may not exactly match the MoIDX PGBA revision history. However, these revisions do not change coverage or guidance.

Visit the [Molecular Diagnostic Services \(MoIDX\)](#) webpage to access the MoIDX Medicare Coverage Article from the "Covered Tests" or the "Excluded Tests" webpage.

To view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD, visit the [Medicare Coverage Articles](#) webpage.

Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) (A57526) - R17 - Effective January 1, 2024

Date Posted: January 25, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** deleted 0228U. This revision is effective 1/1/2024.

To view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD, visit the [Medicare Coverage Articles](#) webpage.

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R15 - January 1, 2024

Date Posted: January 11, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Group 8: Codes** added 87523 and 0429U. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.

Medical Policies and Coverage

Under **Article Text** added “**NOTE:** When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line”. This revision is effective 1/1/2024.

Visit the [Molecular Diagnostic Services \(MoIDX\)](#) webpage to access the MoIDX Medicare Coverage Article from the “Covered Tests” or the “Excluded Tests” webpage.

To view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD, visit the [Medicare Coverage Articles](#) webpage.

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R16 - Effective April 17, 2022

Date Posted: March 7, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: April 17, 2022

Summary of Article Changes:

Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** deleted Z20.822 and Z20.828. The addition of these codes was done in error. This revision is effective for dates of service on or after 4/17/2022.

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MoIDX: Molecular Testing for Solid Organ Allograft Rejection (A58168) - R6 - Effective February 29, 2024

Date Posted: February 29, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: February 29, 2024

Summary of Article Changes:

Removed previous version and replaced article with the following changes. Under **CMS National Coverage Policy** corrected the following citation: CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.1 Independent Laboratory Specimen Drawing, §60.2 Travel Allowance. Under Article Text deleted subsections “INTERPRETATIVE AND EDUCATIONAL INFORMATION” and “Intended use requirements”. Revised subsection heading “Additional billing information” to read “Billing information” and deleted first

Medical Policies and Coverage

paragraph. Revised last sentence to read “While all covered services can be identified on the DEX registry (dexzcodes.com), below is a list of tests covered under this policy” and added table.

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MoIDX: Next-Generation Sequencing for Solid Tumors (A57901) - R6 - Effective January 1, 2024

Date Posted: January 18, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** the description was revised for 81445 and 81449. Added 81457, 81458, and 81459. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.

Under **Article Text** revised 3rd and 6th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. Added “**NOTE:** When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line”. This revision is effective 1/1/2024.

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (A57891) - R7 - Effective January 1, 2024

Date Posted: January 18, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** the description was revised for 81445. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.

Medical Policies and Coverage

Under **Article Text** revised the 3rd and 6th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. Added “**NOTE:** When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line”. This revision is effective 1/1/2024.

To view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD, visit the [Medicare Coverage Articles](#) webpage.

Billing and Coding: MolDX: Pharmacogenomics Testing (A57384) - R13 - Effective January 25, 2024

Date Posted: January 25, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 25, 2024

Summary of Article Changes:

Under **Article Text** subheading **Billing Instructions** revised 1st paragraph to add “For Part B paper claims, the drug or drugs in consideration for use that require the use of the pharmacogenomics (PGx) test must be submitted in Item 19 field.” This revision is effective 1/25/2024.

Under **CPT/HCPCS Group 1: Codes** added 0380U. This revision is due to new covered panel that has successfully completed a TA and is effective 5/11/2023.

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MolDX: Plasma-Based Genomic Profiling in Solid Tumors (A58973) - R4 - Effective January 1, 2024

Date Posted: January 25, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** added 0428U and the description was revised for 81445. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective for dates of service on or after 1/1/2024.

Medical Policies and Coverage

Under **Article Text** added “**NOTE:** When entering the DEX Z- Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line”. This revision is effective on 1/1/2024.

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MoIDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer (A58181) - R7 - Effective January 1, 2024

Date Posted: January 18, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** the description was revised for 81445. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.

Under **Article Text** revised the 3rd and 6th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. Added “**NOTE:** When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line”. This revision is effective 1/1/2024.

To view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD, visit the [Medicare Coverage Articles](#) webpage.

Billing and Coding: MoIDX: Proteomics Testing (A59641) - Effective January 31, 2024

Date Posted: January 4, 2024

This coverage article has been published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 31, 2024

Summary of Article: The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Molecular Diagnostic Tests (MDT) L35160.

Visit the [Molecular Diagnostic Services \(MoIDX\)](#) webpage to access the MoIDX Medicare Coverage Article from the “Covered Tests” or the “Excluded Tests” webpage.

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Medical Policies and Coverage

Billing and Coding: MoIDX: Proteomics Testing (A59641) - R1 - Effective January 31, 2024

Date Posted: February 22, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 31, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** deleted 0359U as this code was added in error. This revision is effective for dates of service on or after 1/31/2024.

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MoIDX: Proteomics Testing (A59641) - R2 - Effective January 31, 2024

Date Posted: March 14, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 31, 2024

Summary of Article Changes:

Under **Associated Documents** added link to **Related Local Coverage Document L35160 MoIDX: Molecular Diagnostic Tests (MDT)**

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MoIDX: Repeat Germline Testing (A57331) - R10 - January 1, 2024

Date Posted: January 11, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2024

Medical Policies and Coverage

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** the description was revised for 81171, 81172, 81242, and 81243. Added 0425U and 0426U. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2024.

Visit the [Molecular Diagnostic Services \(MoIDX\)](#) webpage to access the MoIDX Medicare Coverage Article from the “Covered Tests” or the “Excluded Tests” webpage.

To view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD, visit the [Medicare Coverage Articles](#) webpage.

Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer (A55624) - R10 - Effective March 21, 2024

Date Posted: March 21, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: March 21, 2024

Summary of Article Changes:

Under **Article Title** revised to MoIDX: Targeted and Comprehensive Genomic Profile Testing in Cancer. Under **Article Text** subsection heading Next Generation Sequencing (NGS) 2nd sentence revised “tumor tissue only-based panels” to read “tumor-based panels for cancer that may be performed by NGS”. Added verbiage and hyperlink for “Refer to MoIDX: Defining panel services in MoIDX A59678 for further guidance on the distinction between single analyte tests and panel tests”. Under subsection heading Targeted Tumor Panels revised 1st sentence “Targeted Next-Generation Sequencing (NGS) panels” to read “Targeted tumor panels”. Revised 2nd sentence to read “Generally, these panels are limited to specific variant types at defined sites, such as single nucleotide variants (SNVs), small insertions or deletions (INDELs), single site copy number variants, or gene fusions”. Revised last sentence to delete “regions in the genes” and replaced with “targets”. Under subsection heading Comprehensive Genomic Profile (CGP) Testing revised 1st sentence “CGP” to read “CGP testing”. Revised 4th sentence “CGP” to read “CGP tests” and replaced “copy number alterations (CNAs)” with “copy number variants (CNVs)”. Revised 5th sentence to add “and chromosome abnormalities such as loss of heterozygosity (LOH)”. Revised 6th sentence “CGP” to read “CGP testing”. Added new sentences “CGP tests are expected to yield information of clinical relevance beyond a targeted panel, for example, to identify relevant clinical trials for patient management or identify possible therapeutic interventions for off-label use. It is expected that a CGP will identify all clinically relevant information attainable for the type of service performed”. Revised subsection heading “Targeted Panels” to read “Targeted Tumor Panels”. Revised 1st sentence to read “To bill for DNA-based panels that measure SNVs, INDELs, CNVs or rearrangements, review CPT codes 81445 and 81450” and deleted 2nd and 3rd sentences. Added new sentences “If a DNA-based targeted panel meeting the coverage requirements

Medical Policies and Coverage

is used, and MSI is also performed, 81457 can be billed. If a DNA-based targeted test meeting coverage requirements is performed that includes MSI and CNVs, 81458 can be billed” and 2 new paragraphs. Revised last paragraph “DEX Z-Code™” to read “DEX Z-Code®”. Under subsection heading CGP deleted first paragraph and added new paragraph. Revised 2nd paragraph 1st sentence to add “81459 or” and replaced “DEX Z-Code™” with “DEX Z-Code®”. Revised 2nd sentence to replace “other” with “further”. Revised 3rd paragraph sentence “DEX Z-Code™” to read “DEX Z-Code®”. Formatting, punctuation, and typographical errors were corrected throughout the article.

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Local Coverage Determinations (LCDs) Finalized - Effective February 25, 2024

Date Posted: January 15, 2024

The following Local Coverage Determinations (LCDs) have completed the Open Public Meeting comment period and are now finalized under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Medicare Coverage Database Number	LCD Title
L38657	Implantable Continuous Glucose Monitors (I-CGM)

Medicare Coverage Database Number	Billing and Coding Article Title
A58133	Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM)

Medicare Coverage Database Number	Response to Comments
A59611	Response to Comments: Implantable Continuous Glucose Monitors (I-CGM)

Medical Policies and Coverage

Local Coverage Determination (LCD) Finalized - Effective April 1, 2024

Date Posted: February 15, 2024

The following Local Coverage Determination (LCD) has completed the Open Public Meeting comment period and is now finalized under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Medicare Coverage Database Number	LCD Title
L34211	Trigger Point Injections (TPI)

Medicare Coverage Database Number	Billing and Coding Article Title
A57701	Billing and Coding: Trigger Point Injections (TPI)

Medicare Coverage Database Number	Response to Comments
A59651	Response to Comments: Trigger Point Injections (TPI)

Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ) - Published for Review and Comments

Date Posted: March 28, 2024

This proposed Local Coverage Determination (LCD) has been published for review and comments for contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Medicare Coverage Database (MCD) Number: DL39810

LCD Title: Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ)

Comment period: March 28, 2024 - May 11, 2024

Visit the CMS MCD to access [Proposed LCDs not released to final LCDs](#).

Providers may address details for comment submission. When sending comments, reference the specific policy to which they are related. See the [Proposed LCDs](#) webpage for email and mail specifics.

Medical Policies and Coverage

MolDX: Biomarkers in Cardiovascular Risk Assessment (L36358) - R10 - Effective March 21, 2024

Date Posted: March 28, 2024

This Local Coverage Determination (LCD) has been revised under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: March 21, 2024

Summary of Changes:

Under **CMS National Coverage Policy** updated section headings and revised the following regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests to include section 80.1.1. Under **Bibliography** deleted duplicate references #33, #46, and changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation, and typographical errors were corrected throughout the LCD.

Visit the [Active LCDs](#) webpage to view the Active LCD or access it via the CMS MCD.

MolDX: Defining panel services in MolDX (A59685) - Effective February 29, 2024

Date Posted: February 29, 2024

This coverage article has been created and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: February 29, 2024

Summary of Article:

New Education Article related to MDT LCD (L35160).

Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (L38123) - R2 - Effective March 28, 2024

Date Posted: March 28, 2024

This Local Coverage Determination (LCD) has been revised under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: March 28, 2024

Medical Policies and Coverage

Summary of Changes:

Under **CMS National Coverage Policy** updated section headings. Under **Bibliography** changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation and typographical errors were corrected throughout the LCD.

Visit the [Active LCDs](#) webpage to view the Active LCD or access it via the CMS MCD.

MolDX: NRAS Genetic Testing (L36335) - R7 - Effective July 27, 2023

Date Posted: March 14, 2024

This Local Coverage Determination (LCD) has been revised under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: July 27, 2023

Summary of Changes:

Under **CMS National Coverage Policy** updated section headings and revised the following regulation: CMS Internet-Only Manual, Pub. 100-02, Medicare Policy Manual, Chapter 15, §80.6 Requirements for Ordering and Following Orders for Diagnostic Tests to include sections 80 and 80.1.1. Under **Bibliography** changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation and typographical errors were corrected throughout the LCD.

Visit the [Active LCDs](#) webpage to view the Active LCD or access it via the CMS MCD.

MolDX: Prometheus® IBD sgi Diagnostic® Policy (L37299) - R7 - Effective February 29, 2024

Date Posted: February 29, 2024

This Local Coverage Determination (LCD) has been revised under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: February 29, 2024

Summary of Changes:

Under **LCD Title** added registered mark to Prometheus and where applicable throughout the LCD. Under **CMS National Coverage Policy** updated regulation descriptions and section headings. Revised 3rd regulation to remove “§80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories”. Under Bibliography changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation, and typographical errors were corrected throughout the LCD.

Visit the [Active LCDs](#) webpage to view the Active LCD or access it via the CMS MCD.

Medical Policies and Coverage

Multi-Jurisdictional CAC Meeting Announcement - MoIDX: Biomarker Risk Stratification Testing in DCIS - April 22, 2024, 2 p.m. to 4 p.m. ET

This article has been published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Palmetto GBA, CGS Administrators, Noridian Healthcare Solutions and WPS Government Health Administrators will host a Multi-Jurisdictional Contractor Advisory Committee (CAC) Meeting via Microsoft Teams Webinar on April 22, 2024, from 2 - 4 p.m. ET. Discussions will focus on MoIDX: Biomarker Risk Stratification Testing in DCIS

The Centers for Medicare & Medicaid Services (CMS) assigned Medicare Administrative Contractors (MACs) the task of developing Local Coverage Determinations (LCDs). The CAC meeting provides a formal mechanism for healthcare professionals to be informed of the evidence used in developing an LCD and promote communications between the MACs and the healthcare community. The CAC panel will discuss the clinical literature related to MoIDX: Biomarker Risk Stratification Testing in DCIS and rate their confidence in a series of Key Questions. Discussions will occur between CAC panelists and Contractor Medical Directors. The public may attend; however, questions from the public will not be entertained.

Interested stakeholders are invited to listen via Microsoft Teams Webinar; however, advance registration is required. Register here [MoIDX CAC Meeting](#) You will receive your confirmation email once you complete registration.

Note: Registration deadline is April 21, 2024, 11:59 p.m. ET.

Lines will remain muted throughout the conference except for the invited CAC panelists and the MAC hosts.

View meeting details and register now from the [CAC Meeting](#) webpage.

Open Meeting Announcement Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ) - April 18, 2024

Date Posted: March 28, 2024

This article has been published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Noridian Healthcare Solutions will be hosting an Open Public Meeting on April 18, 2024, from 2 p.m. CDT to 4 p.m. CDT.

Advance registration is required (link will be added when posted).

Medical Policies and Coverage

- Registration deadline to present comments on an LCD will close on April 11, 2024, at 11:59 pm CDT.
- General Registration deadline to participate by listen-only mode will close on April 17, 2024, at 11:59 pm CDT.

Proposed Local Coverage Determination (LCD) and Local Coverage Article (LCA):

Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ)

Billing and Coding: Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ)

View meeting details and register now from the [Open Meeting](#) webpage.

Proposed Local Coverage Determinations - Published for Review and Comments

Date Posted: January 18, 2024

The following two proposed Local Coverage Determinations (LCDs) have been published for review and comments for contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Medicare Coverage Database Number	LCD Title
DL39758	Cervical Fusion
DL38801	Facet Joint Interventions for Pain Management

Comment Period: January 18 - March 2, 2024

View the CMS MCD to access [Proposed LCDs not released to final LCDs](#).

Providers may address details for comment submission. When sending comments, reference the specific policy to which they are related. See the [Proposed LCDs](#) webpage for email and mail specifics.

Sacroiliac Joint Injections and Procedures (A59244) - R4 - Effective January 25, 2024

Date Posted: January 25, 2024

This coverage article has been revised and published for notice under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 25, 2024

Summary of Article Changes: Clarification was made to the billing of HCPCS G0260 and CPT codes 77002 and 77012.

Visit the Noridian [Active LCDs](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

MLN Connects

MLN Connects - January 4, 2024

[MLN Connects Newsletter: Jan 4, 2024](#)

News

- CMS Roundup (Dec 29, 2023)
- In-Home Vaccine Administration: Additional Payment
- Organizational Providers: Do You Need to Revalidate Your Enrollment Record Soon?
- Value-Based Insurance Design Model: Learn about the Hospice Benefit Component
- CMS Health Information Handler Helps You Submit Medical Review Documentation Electronically
- Cervical Health: Encourage Screening

Claims, Pricers, & Codes

- Skilled Nursing Facility Consolidated Billing: CY 2024 HCPCS Codes
- Integrated Outpatient Code Editor: Version 25.0

MLN Matters® Articles

- Ambulatory Surgical Center Payment System: January 2024 Update
- New Condition Code 92: Billing Requirements for Intensive Outpatient Program Services
- Activation of Validation Edits for Providers with Multiple Service Locations - Revised
- New Waived Tests - Revised

MLN Connects - January 11, 2024

[MLN Connects Newsletter: Jan 11, 2024](#)

News

- Marriage and Family Therapist & Mental Health Counselor Services: Overpayments to Critical Access Hospitals Billing under Method II
- Medicare Part A Cost Report Exhibits: New Electronic Templates
- Additional Residency Positions: Apply by March 31
- Therapy Services: Per-Beneficiary CY 2024 Threshold Amounts
- COVID-19 Vaccine CY 2024 Geographically-Adjusted Payment Rates

MLN Connects

- Medicare Diabetes Prevention Program: CY 2024 Payment Rates
- Ambulance Fee Schedule: CY 2024 Inflation Factor
- Medicare Wellness Visits: Healthy Start to 2024

Claims, Pricers, & Codes

- Therapy Code List: 2024 Annual Update

Events

- Medicare Ground Ambulance Data Collection System Overview Webinar - January 18

From Our Federal Partners

- Health Care Preparedness Resources

MLN Connects - January 18, 2024

[MLN Connects Newsletter: Jan 18, 2024](#)

News

- CMS Finalizes Rule to Expand Access to Health Information and Improve the Prior Authorization Process
- Acute Hospital Care at Home Data Release
- CMS Roundup (Jan 12, 2024)
- Medicare Part B Vaccine Administration: CY 2024 Payment Amounts
- Glaucoma Awareness Month: Act to Prevent Vision Loss

Events

- Immunization Strategies for Long-Term Care: Stories from the Field Webinar - January 31
- Medicare Cost Report E-Filing System Webinar - February 14

MLN Matters® Articles

- Hospital Outpatient Prospective Payment System: January 2024 Update
- Specimen Collection Fees & Travel Allowance: 2024 Update

MLN Connects

MLN Connects - January 25, 2024

[MLN Connects Newsletter: Jan 25, 2024](#)

News

- CMS Announces New Actions to Help Hospitals Meet Obligations under EMTALA
- CMS Announces New Model to Advance Integration in Behavioral Health
- Doctor & Clinician Utilization (Procedure Volume) Data on Medicare.gov Compare Tool: Now Available
- Continuous Glucose Monitor Supplies: Option to Bill for 90 Days
- Grandfathered Tribal Federally Qualified Health Centers: CY 2024 Rate
- Skilled Nursing Facility: Updates to Services Excluded from Consolidated Billing
- Poverty: Help Improve Access to Health Care

Compliance

- Opioid Treatment Program: Bill Correctly for Opioid Use Disorder Treatment Services

MLN Matters® Articles

- Billing Requirements for Intensive Outpatient Program Services for Federally Qualified Health Centers & Rural Health Clinics
- HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement: April 2024 Quarterly Update
- How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211
- Refillable DMEPOS Documentation Requirements

MLN Connects - February 1, 2024

[MLN Connects Newsletter: Feb 1, 2024](#)

News

- Participation Continues to Grow in CMS' Accountable Care Organization Initiatives in 2024
- CMS Roundup (Jan 26, 2024)

MLN Connects

Claims, Pricers, & Codes

- HCPCS Application Summaries & Coding Decisions: Drugs & Biologicals
- Medicare Physician Fee Schedule: New CPT Codes for RSV Vaccine Administration

Events

- Medicare Cost Report E-Filing System Webinar - February 14

Publications

- Medicare Provider Enrollment - Revised
- Practitioner & DMEPOS Supplier Information on Power Mobility Devices - Revised

MLN Connects - February 8, 2024

[MLN Connects Newsletter: Feb 8, 2024](#)

News

- Medicare Shared Savings Program: Application Deadlines for a January 1, 2025, Start Date
- New Dental Specialty Codes for Medicare
- Hospices & Skilled Nursing Facilities: Report All Managing Employees
- Skilled Nursing Care & Skilled Therapy Services to Maintain Function or Prevent or Slow Decline: Reminder
- Help Address Heart Disease Disparities

Claims, Pricers, & Codes

- ICD-10 Medicare Severity Diagnosis-Related Group Version 41.1

Events

- Medicare Ground Ambulance Data Collection System: Office Hours Session - February 29

Publications

- Medicare Ground Ambulance Data Collection System: Updated GADCS User Guide

MLN Connects

MLN Connects - February 15, 2024

[MLN Connects Newsletter: Feb 15, 2024](#)

News

- CMS Roundup (Feb 9, 2024)
- Marriage and Family Therapists & Mental Health Counselors: New Specialty Codes for Medicare
- Medicare Physician Fee Schedule Database: April Update

MLN Matters® Articles

- ICD-10 & Other Coding Revisions to National Coverage Determinations: July 2024 Update
- Activation of Validation Edits for Providers with Multiple Service Locations - Revised

Publications

- Medicare Preventive Services - Revised

MLN Connects - February 22, 2024

[MLN Connects Newsletter: Feb 22, 2024](#)

News

- CMS Issues Additional Guidance on Program to Allow People with Medicare to Pay Out-of-Pocket Prescription Drug Costs in Monthly Payments

Compliance

- Medical Services Authorized by the Veteran's Health Administration: Avoid Duplicate Payments

MLN Matters® Articles

- Limitation on Recoupment of Medicare Overpayments
- Pulmonary Rehabilitation, Cardiac Rehabilitation, & Intensive Cardiac Rehabilitation Expansion of Supervising Practitioners

Publications

- Health Equity Services in the 2024 Physician Fee Schedule Final Rule

MLN Connects

MLN Connects - February 29, 2024

[MLN Connects Newsletter: Feb 29, 2024](#)

Events

- ICD-10 Coordination & Maintenance Committee Meeting - March 19-20

MLN Matters® Articles

- Appropriate Use Criteria for Advanced Diagnostic Imaging: CY 2024 Update
- Clinical Laboratory Fee Schedule & Laboratory Services Reasonable Charge Payment: Quarterly Update

Publications

- Medicare Coverage of Diabetes Supplies
- Medicare Ground Ambulance Data Collection System: Tip Sheet for Rural & Super Rural Organizations

MLN Connects - March 7, 2024

[MLN Connects Newsletter: Mar 7, 2024](#)

News

- HHS Statement Regarding the Cyberattack on Change Healthcare
- Final Guidance to Help People with Medicare Prescription Drug Coverage Manage Prescription Drug Costs
- Current Status of Blood Tests for Organ Transplant Rejection
- Opioid Use Disorder: Medicare Pays for Certain Treatment Services
- Skilled Nursing Facility Value-Based Purchasing Program: March Confidential Feedback Reports
- Marriage and Family Therapists & Mental Health Counselors: Manual Updates
- Nutrition-Related Health Conditions: Recommend Medicare Preventive Services

Compliance

- Comprehensive Outpatient Rehabilitation Facility Services: Prevent Claim Denials

MLN Connects

Claims, Pricers, & Codes

- National Correct Coding Initiative: April Update
- RARCs, CARCs, Medicare Remit Easy Print, & PC Print: April Update

Publications

- Proper Use of Modifiers 59, XE, XP, XS, & XU - Revised

MLN Connects - March 14, 2024

[MLN Connects Newsletter: Mar 14, 2024](#)

News

- CMS Roundup (Mar 8, 2024)
- Marriage and Family Therapists & Mental Health Counselors: Updated Enrollment FAQs
- Skilled Nursing Facilities: Billing Medicare for Respiratory Vaccines
- Colorectal Cancer: Screening Saves Lives

Claims, Pricers, & Codes

- Web Pricer: Send Us Your Feedback by April 15
- ICD-10 Medicare Severity Diagnosis-Related Group Version 41.1 - Updated

MLN Matters® Articles

- New Waived Tests
- Stay of Enrollment

Publications

- Federally Qualified Health Center - Revised
- Information for Rural Health Clinics - Revised
- Medicare & Mental Health Coverage – Revised

MLN Connects

MLN Connects - March 21, 2024

[MLN Connects Newsletter: Mar 21, 2024](#)

News

- New Initiative to Increase Investments in Person-Centered Primary Care
- Marriage and Family Therapists & Mental Health Counselors: Get Information about Billing Medicare
- Electronic Funds Transfer: Revised CMS-588 Required on May 1
- Health-Related Social Needs FAQs
- Promote Kidney Health During National Kidney Month

MLN Matters® Articles

- Changes to the Laboratory National Coverage Determination Edit Software: July 2024 Update
- Medicare Claims Processing Manual Updates - HCPCS Billing Codes & Advance Beneficiary Notice of Non-coverage Requirements

MLN Connects - March 28, 2024

[MLN Connects Newsletter: Mar 28, 2024](#)

Proposed Payment Rule

- FY 2025 Inpatient Rehabilitation Facility Prospective Payment System Proposed Rule

News

- CMS Roundup (Mar 22, 2024)
- Hospital Price Transparency: Tools to Help Hospitals Comply by July 1

Claims, Pricers, & Codes

- Integrated Outpatient Code Editor Version 25.1

MLN Matters® Articles

- DMEPOS Fee Schedule: April 2024 Quarterly Update
- Electronic Medical Documentation Requests via the Electronic Submission of Medical Documentation System - Revised

2024 Annual Update of HCPCS Codes for SNF CB Update

Related CR Release Date: September 28, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13394

Related CR Transmittal Number: R12266CP

CR 13394 identifies the changes to Healthcare Common Procedure Coding System (HCPCS) codes and explain how Medicare Physician Fee Schedule designations will be used to revise Common Working File (CWF) edits to allow A/B Medicare Administrative Contractors (MACs) to make appropriate payments in accordance with policy for Skilled Nursing Facility (SNF) Consolidated Billing (CB) in Chapter 6, Section 110.4.1 for A/B MACs (B) and Chapter 6, Section 20.6 for A/B MACs (A).

Make sure your billing staff are aware of these changes.

View the complete [CMS Change Request \(CR\)13394](#).

2024 Annual Update of Per-Beneficiary Threshold Amounts

Related CR Release Date: September 14, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13371

Related CR Transmittal Number: R12249CP

CR 13371 updates the annual perbeneficiary incurred expenses amounts now called the KX modifier thresholds and related policy for calendar year 2024. These amounts were previously associated with the financial limitation amounts that were more commonly referred to as “therapy caps” before their application was repealed when the Bipartisan Budget Act of 2018 was signed into law. Information related to this recurring update notification can be found in Publication 100-04, Chapter 5, Section 10.

Make sure your billing staff are aware of these changes.

View the complete [CMS Change Request \(CR\)13371](#).

MLN Matters

2024 Annual Update to the Therapy Code List

Related CR Release Date: August 30, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13341

Related CR Transmittal Number: R12232CP

CR 13341 updates the list of codes that sometimes or always describe therapy services. The additions, changes, and deletions to the therapy code list reflect those made in the Calendar Year (CY) 2024 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4). The attached recurring update notification applies to chapter 5, section 10.6 of the Internet Only Manual.

Make sure your billing staff are aware of these changes.

View the complete [CMS Change Request \(CR\)13341](#).

Activation of Validation Edits for Providers with Multiple Service Locations - Revised

Revised Article Release Date: February 5, 2024

Revised Related Change Request (CR) Number: 9613; 9907

MLN Matters Number: SE19007 Revised

Related CR Transmittal Numbers: R1704OTN; R1783OTN

Note: CMS clarified how to handle certain off-campus provider-based departments excepted from Section 603 payment policy. Substantive changes are in dark red on page 3.

SE 19007 tells you about enforcing the systematic validation edits requirements in Section 170 of the Medicare Claims Processing Manual, Chapter 1. These aren't new requirements. CMS discussed these requirements in CRs 9613 and 9907, effective January 1, 2017. On March 24, 2020, CMS announced a delay until further notice to the activation of these for OPPS providers with multiple service locations.

Make sure your billing staff knows of these instructions.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)19007](#).

MLN Matters

AIF for Calendar Year (CY) 2024 and Productivity Adjustment - Rescinded

Related CR Release Date: December 19, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13400

Related CR Transmittal Number: R12414CP

Note: Transmittal 12268 issued September 28, 2023, is being rescinded and replaced by Transmittal12414, dated December 19, 2023, to remove business requirement 13400.3, which read, "Upon successful receipt of each file, the contractor shall send notification of receipt via email to price_file_receipt@cms.hhs.gov, stating the name of the file received and the entity for which it was received (e.g., contractor name and number)". All other information remains the same.

CR 13400 manualizes the Ambulance Inflation Factor (AIF) so that Medicare contractors can accurately determine payment amounts for ambulance services. This recurring update notification applies to publication 100-04, Medicare Claims Processing Manual, chapter 15, section 20.4.

Make sure your billing staff are aware of these changes.

View the complete [CMS Change Request \(CR\)13400](#).

Appropriate Use Criteria for Advanced Diagnostic Imaging: CY 2024 Update

Related CR Release Date: February 15, 2024

Effective Date: January 1, 2024

Implementation Date: January 3, 2025

MLN Matters Number: MM13485

Related Change Request (CR) Number: CR 13485

Related CR Transmittal Number: R12508OTN

CR 13485 tells you about:

- Rescinding of Appropriate Use Criteria (AUC) Program regulations
- Pausing the AUC Program for Advanced Diagnostic Imaging for reevaluation
- Elimination of AUC consultation information on Medicare Fee-for-Service (FFS) claims

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13485](#).

MLN Matters

April 2024 Update to the MS-DRG Grouper and MCE Version 41.1

Related CR Release Date: November 30, 2023

Effective Date: April 1, 2024

Implementation Date: April 1, 2024

Related Change Request (CR) Number: CR 13458

Related CR Transmittal Number: R12384CP

CR 13458 implements new International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) procedure codes to the Medicare Severity - Diagnosis Related Groups (MS-DRG) Grouper and Medicare Code Editor (MCE) version 41.1, effective for discharges on and after April 1, 2024.

This Recurring Update Notification applies to chapter 3, section 20.3.4.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13458](#).

Billing Requirements for IOP Services for Federally Qualified Health Centers & Rural Health Clinics

Related CR Release Date: January 16, 2024

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13264

Related Change Request (CR) Number: CR 13264

Related CR Transmittal Number: R12460OTN

CR 13264 tells you about:

- Scope of benefits
- Certification and plan of care requirements
- Payment policies
- Coding and billing requirements

Make sure your billing staff knows about the Intensive Outpatient Program (IOP).

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13264](#).

MLN Matters

Changes to the Laboratory NCD Edit Software: July 2024 Update

Related CR Release Date: March 14, 2024

Effective Date: July 1, 2024

Implementation Date: July 1, 2024

MLN Matters Number: MM13554

Related Change Request (CR) Number: CR 13554

Related CR Transmittal Number: R12540CP

CR 13554 tells you about:

- Newly available codes
- Recent coding changes
- How to find National Coverage Determination (NCD) coding information

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13554](#).

Clinical Laboratory Fee Schedule & Laboratory Services Reasonable Charge Payment: Quarterly Update

Related CR Release Date: February 22, 2024

Effective Date: April 1, 2024

Implementation Date: April 1, 2024

MLN Matters Number: MM13541

Related Change Request (CR) Number: CR 13541

Related CR Transmittal Number: R12519CP

CR 13485 tells you about:

- Next private payor data reporting period: January - March 2025
- New and deleted HCPCS codes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13541](#).

MLN Matters

DMEPOS Fee Schedule: April 2024 Quarterly Update

Related CR Release Date: March 21, 2024

Effective Date: April 1, 2024

Implementation Date: April 1, 2024

MLN Matters Number: MM13574

Related Change Request (CR) Number: CR 13574

Related CR Transmittal Number: R12553CP

CR 13574 tells you about:

- Updates to CY 2024 fee schedule amounts for new and existing DMEPOS codes
- Changes in payment policy

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13574](#).

eMDR via the Electronic Submission of Medical Documentation System - Revised

Related CR Release Date: April 16, 2019

Effective Date: February 3, 2020, per CR 11141

Implementation Date: July 1, 2019

MLN Matters Number: MM11003 Revised

Related Change Request (CR) Number: CR 11003

Related CR Transmittal Number: R2281OTN

Note: CMS added information about the implementation of a new feature to accept review outcome letters during October 2023 release. Substantive content changes are in dark red on pages 2, 3, and 9.

CR 11003 tells you about:

- The enrollment process to get Additional Documentation Request (ADR) letters as electronic Medical Documentation Requests (eMDR) through your registered Health Information Handler (HIH)
- Who's exempt from participating in eMDR

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11003](#).

MLN Matters

HCPCS Codes Used for SNF CB Enforcement: April 2024 Quarterly Update

Related CR Release Date: January 11, 2024

Effective Date: April 1, 2024

Implementation Date: April 1, 2024

MLN Matters Number: MM13501

Related Change Request (CR) Number: CR 13501

Related CR Transmittal Number: R12449CP

CR 13501 tells you about:

- Updates to the lists of HCPCS codes that are subject to the Consolidated Billing (CB) provision of the Skilled Nursing Facility (SNF) prospective payment system (PPS)
- Additions and deletions of certain angiography, chemotherapy, radioisotope, customized prosthetic devices, and blood clotting factors from the Medicare Part A and Part B SNF files

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13501](#).

Hospital Outpatient Prospective Payment System: January 2024 Update

Related CR Release Date: December 21, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13488

Related Change Request (CR) Number: CR 13488

Related CR Transmittal Numbers: R12421CP and R12421BP

CR 13488 tells you about:

- COVID-19 vaccine and administration codes
- Covered devices for pass-through payments
- Inpatient-only list (IPO)
- Services
- Covered dental rehabilitation procedures
- Marriage and family therapist (MFT)
- Mental health counselor (MHC)
- Drugs, biologicals, and radiopharmaceuticals

MLN Matters

- Skin substitutes
- Pricer logic and wage index policies
- Revenue code reporting for cardiac computed tomography CPT Codes 75572, 75573, and 75574
- Coverage determinations

Make sure your billing staffs know about these payment system updates for January.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13488](#).

How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211

Related CR Release Date: January 18, 2024

Effective Date: January 1, 2024

Implementation Date: February 19, 2024

MLN Matters Number: MM13473

Related Change Request (CR) Number: CR 13473

Related CR Transmittal Number: R12461CP

CR 13473 tells you about:

- Correct use of HCPCS code G2211 and modifier 25
- Documentation requirements for G2211
- Patient coinsurance and deductible

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13473](#).

MLN Matters

ICD-10 & Other Coding Revisions to NCDs: July 2024 Update

Related CR Release Date: February 1, 2024

Effective Date: July 1, 2024 or as noted in CR 13507

Implementation Date: March 4, 2024: BRs 1-6 - MACs: July 1, 2024: BRs 2 & 4

MLN Matters Number: MM13507

Related Change Request (CR) Number: CR 13507

Related CR Transmittal Number: R12493OTN

CR 13507 tells you about:

- Newly available codes
- Recent coding changes
- National Coverage Determination (NCD) coding information

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13507](#).

IHS REH Provider Enrollment

Related CR Release Date: August 24, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13312

Related CR Transmittal Number: R12217PI

CR 13312 updates Chapter 10 of CMS Publication (Pub.) 100-08 to include provider enrollment guidance regarding Indian Health Service (IHS)-Rural Emergency Hospital (REHs).

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13312](#).

MLN Matters

Internet Only Manual Updates to Pub. 100-02 and 100-04 to Implement Consolidated Appropriations Act 2023 Changes for Skilled Nursing Facility (SNF)

Related CR Release Date: January 8, 2024

Effective Date: January 8, 2024

Implementation Date: R12283CP

Related Change Request (CR) Number: 13271

Related CR Transmittal Number: R12283CP

CR 13271 updates the Medicare manuals to reflect provisions of the Consolidated Appropriations Act, 2023 (Pub. L. 117-328).

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13271](#).

January 2024 I/OCE Specifications Version 25.0

Related CR Release Date: December 21, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13456

Related CR Transmittal Number: R12419CP

CR 13456 provides the Integrated Outpatient Code Editor (I/OCE) instructions and specifications for the Integrated OCE that will be utilized under the Outpatient Prospective Payment System (OPPS) and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a nonterminal illness. The attached recurring update notification applies to publication 100-04, chapter 4, section 40.1.

Make sure your billing staff are aware of these changes.

View the complete [CMS Change Request \(CR\)13456](#).

MLN Matters

Limitation on Recoupment of Medicare Overpayments

Related CR Release Date: February 15, 2024

Effective Date: July 1, 2024

Implementation Date: July 1, 2024

MLN Matters Number: MM11808

Related Change Request (CR) Number: CR 11808

Related CR Transmittal Number: R12509FM

CR 11808 tells you about:

- Limits on recouping of overpayments
- When to request an extended repayment plan (ERS) or choose an immediate recoupment
- How CMS pays interest on overpayments

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11808](#).

Medicare Claims Processing Manual Updates - HCPCS Billing Codes & ABN of Non-coverage Requirements

Related CR Release Date: March 14, 2024

Effective Date: May 15, 2024

Implementation Date: May 15, 2024

MLN Matters Number: MM13548

Related Change Request (CR) Number: CR 13548

Related CR Transmittal Number: R12546CP

CR 13548 tells you about:

- Using HCPCS codes G0402, G0438, and G0439 for billing initial preventive physical examination (IPPE) and annual wellness visit (AWV) services
- Not billing CPT codes 99381-99397 (comprehensive preventive medicine evaluation and management services) for IPPE and AWV services
- Giving your patients an Advance Beneficiary Notice of Non-coverage (ABN) for certain preventive services

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13548](#).

National Fee Schedule for Medicare Part B Vaccine Administration CMS - January 2024 - Rescinded

Related CR Release Date: December 11, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13408

Related CR Transmittal Number: R12403CP

Note: Transmittal 12339 issued November 02, 2023, is being rescinded and replaced by Transmittal 12403, dated December 11, 2023, to include the revised file name in business requirement 13408.1.1 that was delivered on December 5, 2023. All other information remains the same.

CR 13408 provides instructions for the Medicare contractors to download, test, and implement the annual Part B Preventive Vaccine Administration file. The rates from the new annual Part B Preventive Vaccine Administration file will be applied to preventive service claims beginning January 1, 2024.

Make sure your billing staff are aware of these changes.

View the complete [CMS Change Request \(CR\)13408](#).

New Condition Code 92: Billing Requirements for IOP Services

Related CR Release Date: December 20, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13222

Related Change Request (CR) Number: CR 13222 & CR 13496

Related CR Transmittal Number: R12423CP, R12425GI, & R12425BP

CR 13222 tells you about:

- New condition code "92" identifies claims for Intensive Outpatient Program (IOP) services
- Intensive Outpatient Program (IOP) services will get per diem payments under the Outpatient Prospective Payment System (OPPS) when billed by an OPPS provider
- Medicare covers and pay for these services for people with mental health needs who require this level of care
- These billing requirements apply when IOP is provided by:
 - Hospital and CAH outpatient departments
 - CMHCs

MLN Matters

Make sure your billing staff knows of these changes effective January 1, 2024.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13222](#).

Payment for MFTs and MHCs in a Method II CAH

Related CR Release Date: January 25, 2024

Effective Date: January 1, 2024

Implementation Date: February 26, 2024 - (for requirements implementation date)

Related Change Request (CR) Number: CR 13502

Related CR Transmittal Number: R12477CP

CR 13502 establish payment instructions for Marriage and Family Therapists and Mental Health Counselors, as authorized by Section 4121 of the Consolidated Appropriations Act, 2023.

Physicians and non-physician practitioners billing on Type of Bill (TOB) 85X for professional services rendered in a Method II CAH have the option of reassigning their billing rights to the Critical Access Hospital (CAH). When the billing rights are reassigned to the Method II CAH, payment is made to the CAH for professional services (Revenue Codes (RC) 96X, 97X or 98X). Medicare makes payment for Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) to a Method II CAH is 80 percent of the lesser of the actual charge for the services or 75 percent of the Medicare Physician Fee Schedule (MPFS).

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13502](#).

Pulmonary Rehabilitation, Cardiac Rehabilitation, & Intensive Cardiac Rehabilitation Expansion of Supervising Practitioners

Related CR Release Date: February 8, 2024

Effective Date: January 1, 2024

Implementation Date: March 14, 2024

MLN Matters Number: MM13513

Related Change Request (CR) Number: CR 13513

Related CR Transmittal Numbers: R12497CP & R12497BP

CR 13513 makes updates to pulmonary, cardiac, and intensive cardiac rehabilitation services effective January 1, 2024, including expanding the types of practitioners who may supervise these services.

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13513](#).

MLN Matters

Quarterly Update to the MPFSDB - April 2024 Update

Related CR Release Date: February 8, 2024

Effective Date: January 1, 2024

Implementation Date: April 1, 2024

Related Change Request (CR) Number: CR 13529

Related CR Transmittal Number: R12501CP

CR 13529 amends payment files that were issued to contractors based upon the 2024 Medicare Physician Fee Schedule (MPFS) Final Rule. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13529](#).

RARC, CARC, MREP and PC Print Update

Related CR Release Date: November 22, 2023

Effective Date: April 1, 2024

Implementation Date: April 1, 2024

Related Change Request (CR) Number: CR 13433

Related CR Transmittal Number: R12377CP

CR 13433 updates the Remittance Advice Remark Code (RARC) and Claims Adjustment Reason Code (CARC) lists and to instruct the Viable Information Processing Systems (ViPS) Medicare System (VMS) and the Fiscal Intermediary Shared System (FISS) to update the Medicare Remit Easy (MREP) and the PC Print. This Recurring Update Notification (RUN) applies to Chapter 22, Sections 40.5, 60.2, and 60.3 of Publication (Pub.) 100-04.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13433](#).

MLN Matters

Specimen Collection Fees and Travel Allowance: 2024 Update

Related CR Release Date: January 4, 2024

Effective Date: January 1, 2024

Implementation Date: February 7, 2024

MLN Matters Number: MM13503

Related Change Request (CR) Number: CR 13503

Related CR Transmittal Number: R12443CP

CR 13503 tells you about:

- Specimen collection fees and travel allowances for 2024
- Other policy updates and reminders

Make sure your billing staff are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13503](#).

Stay of Enrollment

Related CR Release Date: March 1, 2024

Effective Date: 90 days from issuance for stays involving non-responses to revalidation requests; April 1, 2024, for all other stays

Implementation Date: June 3, 2024, for stays involving non-responses to revalidation requests; 30 days from issuance for all other stays

MLN Matters Number: MM13449

Related Change Request (CR) Number: CR 13449

Related CR Transmittal Number: R12524PI

CR 13449 tells you about:

- A new provider enrollment status called a stay of enrollment
- Updates to the Medicare Program Integrity Manual, Chapter 10

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13449](#).

MLN Matters

Treatment of Medicare Part C Days in the Calculation of a Hospital's Medicare Disproportionate Patient Percentage

Related CR Release Date: February 21, 2024

Effective Date: March 25, 2024

Implementation Date: March 25, 2024 - NOTE: MACs shall begin work once this CR is placed on their contract.

Related Change Request (CR) Number: CR 13294

Related CR Transmittal Number: R125130TN

CR 13294 provides guidance for the treatment of Medicare Part C days in the calculation of a provider's Medicare Disproportionate Share Hospital adjustment.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13294](#).

Update to the Payment for Grandfathered Tribal FQHCs for Calendar Year (CY) 2024

Related CR Release Date: January 18, 2024

Effective Date: January 1, 2024

Implementation Date: January 2, 2024; April 1, 2024 - Date for MACs to Complete Adjustments

Related Change Request (CR) Number: CR 13511

Related CR Transmittal Number: R12462CP

CR 13511 updates the grandfathered Tribal Federally Qualified Health Centers (FQHC) PPS rate.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13511](#).

Contacts, Resources, and Reminders

Noridian Part A Customer Service Contact

[Provider Contact Center \(PCC\)](#) - View hours of availability, call flow, authentication details and customer service areas of assistance.

[Email Addresses](#) - Providers may submit emails to Noridian for answers regarding basic Medicare regulations and coverage information. View this page for details and request form.

[Fax Numbers](#) - View fax numbers and submission guidelines.

[Holiday Schedule](#) - View holiday dates that Noridian operations, including PCC phone lines, will be unavailable for customer service.

[Interactive Voice Response \(IVR\)](#) - View conversion tool and information on how to use IVR and what information is available through system. General IVR inquiries available 24/7.

[Mailing Addresses](#) - View mail addresses for submitting written correspondence, such as claims, letters, questions, general inquiries, enrollment applications and changes, written redetermination requests and checks to Noridian.

Medicare Learning Network Matters Disclaimer Statement

Below is the Centers for Medicare & Medicaid (CMS) Medicare Learning Network (MLN) Matters Disclaimer statement that applies to all MLN Matters articles in this bulletin.

“This article was prepared as a service to the public and is not intended to grant rights or impose obligations. MLN Matters articles may contain references or links to statutes, regulations or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.”

Sources for “Medicare A News” Articles

The purpose of “Medicare A News” is to educate the Noridian Medicare Part A provider community. The educational articles can be advice written by Noridian staff or directives from CMS. Whenever Noridian publishes material from CMS, we will do our best to retain the wording given to us; however, due to limited space in our bulletins, we will occasionally edit this material. Noridian includes “Source” following CMS derived articles to allow for those interested in the original material to research it on the [CMS Manuals](#) webpage. CMS Change Requests and the date issued will be referenced within the “Source” portion of applicable articles.

CMS has implemented a series of educational articles within the Medicare Learning Network (MLN), titled “MLN Matters,” which will continue to be published in Noridian bulletins. The Medicare Learning

Contacts, Resources, and Reminders

Network is a brand name for official CMS national provider education products designed to promote national consistency of Medicare provider information developed for CMS initiatives.

Unsolicited or Voluntary Refunds Reminder

All Medicare providers need to be aware that the acceptance of a voluntary refund as repayment for the claims specified in no way affects or limits the rights of the Federal Government, or any of its agencies or agents, to pursue any appropriate criminal, civil, or administrative remedies arising from or relating to these or any other claims.

Background

Medicare carriers and intermediaries and A/B MACs receive unsolicited or voluntary refunds from providers. These voluntary refunds are not related to any open accounts receivable. Providers billing intermediaries typically make these refunds by submitting adjustment bills, but they occasionally submit refunds via check. Providers billing carriers usually send these voluntary refunds by check.

Related Change Request (CR) 3274 is intended mainly to provide a detailed set of instructions for Medicare carriers and intermediaries regarding the handling and reporting of such refunds. The implementation and effective dates of that CR apply to the carriers and intermediaries. But, the important message for providers is that the submission of such a refund related to Medicare claims in no way limits the rights of the Federal Government, or any of its agencies or agents, to pursue any appropriate criminal, civil, or administrative remedies arising from or relating to those or any other claims.

Additional Information

The official CMS CR3274 instruction may be viewed in the Medicare Learning Network (MLN) Matters article [MM3274](#).

Effective Date: January 1, 2005

Implementation Date: January 4, 2005

Sources: Transmittal 50, CR 3247 dated July 30, 2004; Internet Only Manual (IOM) Medicare Financial Management Manual, Publication 100-06, Chapter 5, Section 410

Do Not Forward Initiative Reminder

The Internet Only Manual (IOM) Medicare Claims Processing Manual, Publication 100-04 instructs Part A and Part B Medicare Administrative Contractors (A/B MACs) and carriers to use “return service requested” envelopes when mailing paper checks and remittance advices to providers.

Contacts, Resources, and Reminders

When the post office returns a “return service requested” envelope, the A/B MAC/carrier applies a “do not forward” (DNF) flag to the provider’s Medicare enrollment file. The A/B MAC/carrier will not generate any additional checks for that provider until the provider sends a properly completed change of address form back to the A/B MAC/carrier. We are not required to contact the provider to notify them that the flag has been added to their file.

Upon verifying the new address, the A/B MAC/carrier removes the DNF flag and can again generate payments for the provider. Electronic Funds Transfer (EFT) is required; therefore, when the address change update is completed, the provider will be set up to use EFT and will no longer receive paper checks.

Note: Because many providers get paid through EFT, there may be cases where a provider does not have a correct address on file, but the A/B MAC/carrier continues to pay the provider through EFT. It is still the provider’s responsibility to submit and address change update so that remittance notices and special checks would be sent to the proper address.

Noridian encourages providers to enroll or make changes using Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for faster processing time. Applications and changes completed online currently have an average processing time of 10 days. All Medicare providers may use the new enrollment process on the CMS [Medicare Enrollment](#) website. To log into this internet-based PECOS, providers will use their NPI Userid and password.

Policy

Effective October 1, 2002, A/B MACs/carriers must use “return service requested” envelopes for hardcopy remittance advices and checks, with respect to providers that have elected to receive hardcopy remittance advices. (PM B-02-023, CR 2038 dated April 12, 2002; Transmittal 1794, CR 2684 dated May 2, 2003)

Implementation Process

1. “Return service requested” envelopes are used for all hardcopy remittance advices starting October 1, 2002. These envelopes will be used for all providers.
2. “Return service requested” envelopes will not be used for beneficiary correspondence, such as Medicare Summary Notices (MSNs) or for overpayment demand letters.
3. When the post office returns a remittance advice due to an incorrect address, A/B MACs/carriers will follow the same procedures as followed for returned checks, that is:
 - Flag the provider’s file DNF.
 - A/B MAC/carrier staff will notify provider enrollment team.
 - A/B MAC/carriers will cease generating any further payments or remittance advice to that provider or supplier until furnished with a new, verified address.
4. When the provider establishes a new, verified address, A/B MACs/carriers will remove the DNF flag and pay the provider any funds which are still being held due to a DNF flag. A/B MAC/carriers must also reissue any remittance advices, which have been held.

Contacts, Resources, and Reminders

5. Previously, CMS only required corrections to the “pay to” address. However, with the implementation of this initiative, CMS requires corrections to all addresses before the contractor can remove the DNF flag and begin paying the provider or supplier again. Therefore, A/B MAC/carriers cannot release any payments to DNF providers until the provider enrollment department has verified and updated all addresses for that provider's location.

IRS-1099 Reporting

Provider or supplier checks returned and voided during the same year they were issued are not reported on the Internal Revenue Service (IRS) Form 1099 until the returned check is reissued (i.e., the DNF flag is removed and the A/B MAC/carrier reissues payment to the provider.) Checks returned and voided in the current year that were issued in prior years are not netted from the current year's IRS Form 1099.

Monies withheld because a DNF flag exists on a provider or supplier record are not reported on IRS-1099s until the calendar year in which payment is made (i.e., the point at which the A/B MAC/carrier pays the provider once the DNF flag is removed.) If DNF amounts are erroneously included on IRS-1099 forms, A/B MACs/carriers will issue corrected IRS Form 1099s to affected providers.

Source: IOM Medicare Claims Processing Manual, Publication 100-04, Chapter 22, Section 50.1

Jurisdiction E Part A Quarterly Ask-the-Contractor Teleconferences

ACTs are designed to open communication between providers and Noridian, which allows for timely identification of problems, and sharing information in an informal and interactive question and answer (Q&A) format. No Personal Health Information (PHI) is allowed.

Noridian representatives from various Part A departments are available to address your Medicare questions and concerns. All questions are entertained and the Q&As are posted on our website for provider convenience.

ACT dates, times, toll-free number, and Q&As are available on the [Jurisdiction E Part A Ask-the-Contractor Teleconferences](#) webpage.

Attendees must register through a free web-based training tool (GoToWebinar) which requires an Internet connection and a toll-free telephone number (provided in confirmation email). Allow email registrations@noridian.com. Unless otherwise specified, ACTs are general in nature. No CEUs are provided.

By completing and submitting the Noridian Part A [ACT Question Submission Form](#), providers may ask question(s), up to five (5) days prior, to be answered during the next ACT. Questions submitted with this form will be answered first. Lines will then be opened for additional questions, as time permits. **Do not include any Personal Health Information (PHI) or claim specific inquiries on this form. If you have claim specific questions, contact the Provider Contact Center.**

We look forward to your participation in these important calls.

Contacts, Resources, and Reminders

Medicare Part A ACTs do not address Medicare Part B or Durable Medical Equipment (DME) inquiries.

If you are interested in attending a Part B or a DME ACT, select the appropriate link below for more information.

- [Jurisdiction E Part B ACTs](#)
- [Jurisdiction D DME ACTs](#)
- [Jurisdiction A DME ACTs](#)