

Medicare A News

Jurisdiction E
January 2024

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ACO Lookup Available in NMP

The Noridian Medicare Portal (NMP) has added a new feature for users to verify if a provider is enrolled in a demonstration program using the ACO Lookup inquiry. Accountable Care Organizations (ACO) are one of the many innovation models created by the Centers for Medicare and Medicaid Services (CMS). Participation in these programs is voluntary and allows providers and patients to work together to deliver faster and more efficient healthcare treatment and reimbursement. This new feature is available under the Provider Enrollment function on the ACO Lookup tab.

To view more information on the ACO Lookup inquiry, visit the ACO Lookup section of the [NMP Inquiry Guide](#).

Additional Self-Service Requirements Effective November 6, 2023

In accordance with Internet Only Manual (IOM), Publication 100-09, CMS requires the use of self-service tools to verify 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 assist providers with these requirements, Noridian has created education about the following self-service tools.

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

To further assist providers, Noridian has also published weekly [updates](#) and hosted [webinars](#). Examples of information available on these tools include:

- Claim Status information for all processed and pending claims (E.g., claim number, receipt date, and patient responsibility for denied and paid claims)
- Appeal rights, status, and letters
- Patient's insurance and eligibility information
- Duplicate and overlapping claim information
- Provider's enrollment information
- Local Coverage Determination (LCD) and National Coverage Determination (NCD) numbers.

To remain in compliance with CMS guidelines, effective November 6, 2023, Noridian representatives 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. This will help providers to better understand

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what specific claim adjustment reason codes (CARC) and Remittance advice remark codes (RARC) mean and how to resolve those claims going forward.

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](#)

Advanced Beneficiary Notice of Non-coverage (ABN) and Appeals - Appeals Newsletter Part 6

Noridian's Appeals team has seen an increase in appeals that do not have the ABN form with the request. Without the ABN, the appeal decision will cause the liability to change to the providers. Frequently, we receive the ABN once the providers receive the shift in liability notice.

- Noridian can no longer treat this as a Redetermination, and it must be sent to the Reconsideration contractor.
- This increases the amount of time for your appeals to be finalized.
- Adds work unnecessarily for our Appeals team and the Reconsideration contractor.

Action

Make sure you have your documentation available when creating an appeal. When a service is appealed that has a previously signed ABN, include a copy in the appeal request.

Behavioral Health: Medicare Pays for 3 Services

Find out about 3 behavioral health services Medicare pays for that may improve patient outcomes:

1. [Behavioral Health Integration \(BHI\) Services](#): BHI is a model of care that incorporates behavioral health care into other care, like primary care, to improve mental, behavioral, or psychiatric health for many patients. Medicare covers 2 types of BHI services.
2. [Psychotherapy for Crisis](#): These services are appropriate for patients in high distress with life-threatening, complex problems that require immediate attention. These services can help reduce a patient's mental health crisis (including substance use disorder).

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3. [Opioid Use Disorder \(OUD\) Screening & Treatment](#): Medicare pays for OUD screenings performed by physicians and non-physician practitioners. If providers diagnose patients with OUD, Medicare will also pay for certain treatment services.

In October, Medicare mailed a [letter](#) to physicians and non-physician practitioners about these services. CMS encourages all providers to learn more and help improve your patients' behavioral health.

Source: CMS [MLN Connects](#) dated November 02, 2023

Broader Medicare Coverage of Leqembi: Claims Processing

The drug lecanemab (Leqembi™) was granted traditional approval by the FDA on July 6, 2023. Leqembi will now be covered under [National Coverage Determination \(NCD\) 200.3, Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's](#).

For dates of service beginning July 6, 2023, Medicare will pay for Leqembi when you submit a valid claim and coding information to provide treatment included in a qualifying clinical study.

Include the following on your Leqembi-related drug and/or PET Scan clinical trial claims:

- HCPCS code: **Leqembi J0174** (Injection, lecanemab-irmb, 1mg)
- Registry trial number (8-digit number): Use the temporary # **99999999** or the dedicated NCT # **6058234**
- One of these modifiers:
 - Q0 (Investigational clinical service provided in a clinical research study that is an approved clinical research study), or
 - Q1 (Routine clinical service provided in a clinical research study that is an approved clinical research study)
- Diagnosis Codes: **Z00.6** (noting a registry) AND one of the following dx codes:
 - G30.0 Alzheimer's disease w/early onset
 - G30.1 Alzheimer's disease w/late onset
 - G30.8 Other Alzheimer's disease
 - G30.9 Alzheimer's disease, unspecified
 - G31.84 mild cognitive impairment, so stated
- Condition code 30 (For institutional claims only)

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For more information:

- [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 Legembi Available Following FDA Traditional Approval](#)

Clarification on Payment for Monoclonal, Complex Biological, and Rheumatological Therapies

Monoclonal, complex biological, and rheumatological therapy agents should be coded as complex drug administration and claims will not be adjusted based solely on the specific drug.

Claims that involve administration of monoclonal, complex biological, and rheumatological therapies should be coded as complex drug administration and will be paid as complex administration, so long as all elements of these codes that are required for appropriate billing are met. Complex drug administration codes use the same service codes as chemotherapy administration. Physician work related to complex drug administration involves the affirmation of the treatment plan and the supervision (pursuant to incident to requirements) of nonphysician clinical staff.

Physicians should follow the CPT coding instructions and Medicare guidance to report complex drug administration. Noridian will not make claims adjustments or edits to codes 96401-96549 based solely on the specific drug or agent administered.

For additional Medicare guidance, refer to [CMS Change Request \(CR\) 13468](#) and [CMS Internet Only Manual \(IOM\), Publication 100-04, Chapter 12, Section 30.5: Payment for Codes for Chemotherapy Administration and Nonchemotherapy Injections and Infusions](#).

CMS' New Tool for Exchanging Healthcare Documentation - Healthcare Information Handler

Recently, CMS updated how providers submit documentation to the Medicare Administrative Contractor (MAC), or other contractors. It is called the Health Information Handler (HIH), and it is hosted on CMS' Amazon Web Services (AWS) environment.

There is no cost to providers submitting directly to CMS, regardless of the number of transactions sent monthly. HIH meets all security and privacy requirements, and there is no Information Technology (IT) expertise required.

Providers still have the option to contract with an HIH through their existing Gateway services, or they can build a gateway of their own (and sign up as an HIH).

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Providers and suppliers can use for:

- Prior authorization requests and supporting documentation for Parts A/B and DME
- Paperwork (PWK) documentation for claims
- First and second level appeal requests
- Advanced Determination of Medicare Coverage Requests (ADMC)
- Durable Medical Equipment (DME) phone discussion requests

Resources

- [CMS Health Information Handler](#)
- [CMS esMD for Health Information Handlers \(HIH\) - Getting Started and Frequently Asked Questions \(FAQ's\)](#)

EDI Claim Submission Available in NMP

The Noridian Medicare Portal (NMP) now allows Part A and B users to upload EDI compatible claim files to EDI Support Services for processing. This is available under the Claim Status function on the Batch Claims Submit tab. The EDI generated reports will also be viewable in NMP once the file has been processed.

To view more information on claim submission in NMP, visit the Batch Claims Submit Request section of the [NMP Inquiry Guide](#).

Ensure Your Medical Records Correspondence Address is Correct

We encourage all providers and suppliers to ensure your enrollment record in PECOS has a Medical Records Correspondence Address (MRCA) on file that is kept up-to-date. This address is used by your Medicare Administrative Contractor (MAC) to request medical records.

Although the MRCA has been on the enrollment forms for some time, the use of addresses by MACs is relatively new, so we would encourage all providers to make sure that an address is present in this field. Note that if this field is blank, the payee address is used for medical records requests.

The MRCA may also be used by other Medicare contractors doing claim reviews to request medical documentation, but the following contractors are not doing so at this time, as explained below. When applicable, we have provided ways you can control which address is used for your medical records requests.

CERT (Comprehensive Error Rate Testing program): Call CERT Customer Service at 888-779-7477 to request that records requests be mailed to a specific address.

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SMRC (Supplemental Medical Review Contractor): This contractor uses the mailing address for requesting records.

RAC (Recovery Audit Contractor): This contractor uses the payee address or physical address for requesting records. Log into the Cotiviti provider portal to update contact information.

[CMS Provider Portal 2.0](#)

UPIC (Unified Program Integrity Contractor): For pre-payment reviews, the UPIC uses the MRCA for records request, with the default to the payee address if the MRCA is not present. For post-payment review requests, the payee address is used.

Issue with Fractional Mileage on Ambulance Claims Submitted through DDE

Per CMS policy, ambulance trips of less than 100 miles are to be reported with fractional units. When reporting fractional mileage, providers must round the total miles up to the nearest tenth of a mile and the decimal must be used in the appropriate place (e.g., 99.9). Lines containing less than one mile require a “0” in front of the decimal place (e.g., 0.9).

CMS is aware that a system issue began in October with ambulance claims not retaining this fractional mileage. When these claims are submitted or corrected through the Direct Data Entry (DDE) system, claims are Returning To Provider (RTP).

The shared system maintainer, FISS, has identified the offending logic and is creating a fix. The estimated implementation date for all Medicare jurisdictions is November 27, 2023.

MACs to Reprocess ESRD Claims Containing Incorrect Onset Adjustments

CMS has instructed the Medicare Administrative Contractors (MACs) to reprocess End Stage Renal Disease (ESRD) claims for beneficiaries where the onset adjustment was not applied correctly for dates of service prior to June 13, 2023. This error occurred in the transmission of data from the Eligibility Database (EDB) to the Common Working File (CWF) that resulted in a change in the date of first dialysis. The error resulted in some beneficiary records reflecting the ESRD eligibility date in the date of first dialysis field rather than the initial date of first dialysis. In addition, when the date of first dialysis was after the eligibility date, it was defaulting to the first of the month.

The initial date of first dialysis that is stored in the CWF is used for determining if ESRD claims, type of bill (TOB) 72X paid through the ESRD Prospective Payment System (PPS), should include a payment adjustment for new ESRD beneficiaries. The onset adjustment is applicable when the line-item date of service for dialysis on the 72X TOB is within 120 days of the initial date of first dialysis. As a result of the coding error, some ESRD claims did not get the onset adjustment applied correctly; therefore, MACs shall adjust affected ESRD claims when brought to their attention by the provider.

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Providers should contact the Noridian Provider Contact Center at 855-609-9960 to have any affected claims reprocessed. Noridian will bypass timely filing requirements and apply condition code 15 as necessary to correct payments. Adjustments will be completed within 120 days of the request.

Notification of the 2024 Dollar Amount in Controversy Required to Sustain Appeal Rights for an ALJ Hearing or Federal District Court Review

The dollar amount in controversy required to sustain appeal rights, beginning January 1, 2024, for an Administrative Law Judge (ALJ) Hearing is **\$180**.

The dollar amount in controversy required to sustain appeal rights, beginning January 1, 2024, for a Federal District Court Review is **\$1,840**.

Receive Faster Claim Notifications with Noridian Smart Edits.

To assist providers with faster claim resolutions, Noridian has installed multiple [Custom Smart Edits \(NCEs\)](#) to give upfront notifications when a claim is billed with incorrect information. This rapid response allows providers to immediately review their claim responses and correct them without having to wait for a remittance response. For example, if a procedure that bundles with another submitted code for the date will receive the below message:

"SMARTEDIT PATTERN 24078 PROCEDURE CODE (DENIED) CODE HAS AN UNBUNDLED RELATION WITH HISTORY PROCEDURE (PROCESSED PROCEDURE) BILLED ON THE SAME DATE OF SERVICE PER CCI GUIDELINES."

Providers are advised to thoroughly review these upfront edits before resubmitting electronic claims. The only time a rejected claim should be resubmitted without corrections is if provider needs a denied remit.

Resources

- <https://www.edissweb.com/cgp/reports/nce-pa.html>

Wage Index Upcoming Dates

On January 31, 2024, CMS will release the revised FY 2025 wage index and occupational mix files as Public Use Files (PUFs) on the [CMS FY 2025 Wage Index](#) webpage. The data is desk reviewed and verified by the MACs before publication. Files for each urban and rural area's average hourly wages for the FYs 2024 (final) and 2025 (preliminary) wage indexes will be available on the [CMS Wage Index](#) webpage.

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Once the data has been uploaded, providers will have until February 16, 2024, to submit requests for corrections to errors in the January PUFs due to CMS or MAC mishandling of the wage index data, or revisions of desk review adjustments as included in the January PUFs.

For more information regarding Wage Index visit the [Noridian Wage Index](#) webpage. Send Wage Index questions to JE-WageIndex@noridian.com.

Welcome to the New NoridianMedicare.com

In response to survey feedback, Noridian has recently updated the look and feel of [NoridianMedicare.com](#). This new design provides a wider view of content to better utilize common screen resolutions, more white space to remove distractions, and updated font sizing and spacing to allow users to easily focus on reading.

Our site may look different but navigation remains the same. All webpages are still in the same place, so bookmarks will work as they always have, and users will continue to follow the same menu selections to get to the sections they need.

You spoke. We Listened. Many of these changes were driven by user comments, and Noridian thanks everyone for their feedback. Please continue to use our survey and feedback tab to leave messages and suggestions about future changes for us to review.

Medical Policies and Coverage

2023 ICD-10 Local Coverage Article (LCA) Updates

The following LCAs have been revised under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories). All LCAs are titled with “Billing and Coding: LCD title”

Effective Date: October 1, 2023

Summary of Changes: The following LCAs have been updated to include and/or remove ICD-10 codes.

Medicare Coverage Database (MCD) Number:

MCD Number	LCA Title	New ICD-10 Codes	Deleted ICD-10 Codes	Revised ICD-10 Codes
A58236	Billing and Coding: Intensity Modulated Radiation Therapy (IMRT)	D481.10, D481.11, D481.12	D48.1	N/A
A57718	Billing and Coding: Vitamin D Assay	D89.84, E20.810, E20.811, E20.812, E20.818, E20.819, E20.89, K90.821, K90.822, K90.829, K90.83	E20.8	N/A
A54666	Billing and Coding: Positron Emission Tomography Scans Coverage	N/A	I20.8, I24.8, D48.1, G20	N/A
A57512	Magnetic Resonance Guided Focused Ultrasound Surgery (MRGfUS)	G20.A1, G20.A2, G20.B1, G20.B2, G20.C	G20	N/A
A54969	Nerve Conduction Studies and Electromyography	G20.A1, G20.A2, G20.B1, G20.B2, G37.89	G20, G37.8	N/A

Visit the [Noridian](#) Website to view all LCDs and LCAs or access it via the CMS MCD.

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).

Effective Date: January 1, 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
A58095	Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease	75580	0501T, 0502T, 0503T, 0504T	N/A
A55530	Billing and Coding: Peripheral Nerve Stimulation	64596, 64597, 64598	N/A	64585, 64590, 64595
A57161	Billing and Coding: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)	N/A	N/A	11200, 11201
A57954	Billing and Coding: Routine Foot Care	N/A	N/A	11055, 11056, 11057
A57611	Billing and Coding: Lab: Special Histochemical Stains and Immunohistochemical Stains	N/A	N/A	88341, 88342, 88344
A56514	Billing and Coding: MOHS Micrographic Surgery	N/A	N/A	88331, 88332

Medical Policies and Coverage

MCD Number	LCA Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptors changes
A56034	Billing and Coding: Nerve Blockade for Treatment of Chronic Pain and Neuropathy	N/A	N/A	97032
A53296	Billing and Coding: Wound Care and Debridement - Provided by a Therapist, Physician, NPP, or as Incident-to Services	N/A	N/A	97597, 97598
A54969	Billing and Coding: Nerve Conduction Studies and Electromyography	N/A	N/A	92265
A58565	Billing and Coding: Wound and Ulcer Care	N/A	N/A	11000, 11001, 11004, 11005, 11006, 11008, 11042, 11043, 11044, 11045, 11046, 11047, 11055, 11056, 11057, 97597, 97598, 97605, 97606, 97607, 97608
A53359	Billing and Coding: Sacral Nerve Stimulation for Urinary and Fecal Incontinence	N/A	N/A	64585, 64590, 64595
A57791	Billing and Coding: Spinal Cord Stimulators for Chronic Pain	N/A	N/A	63685

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

Medical Policies and Coverage

Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound (A58865) - R2 - Effective November 12, 2023

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: November 12, 2023

Summary of Article Changes:

- In the CPT/HCPCS Codes section, HCPCS codes Q4112 and Q4149 were removed from Group 1.
- ICD-10 codes M80.0B1A, M80.0B1D, M80.0B1G, M80.0B1K, M80.0B1P, M80.0B1S, M80.0B2A, M80.0B2D, M80.0B2G, M80.0B2K, M80.0B2P, M80.0B2S, M80.0B9A, M80.0B9D, M80.0B9G, M80.0B9K, M80.0B9P, M80.0B9S, M80.8B1A, M80.8B1D, M80.8B1G, M80.8B1K, M80.8B1P, M80.8B1S, M80.8B2A, M80.8B2D, M80.8B2G, M80.8B2K, M80.8B2P, M80.8B2S, M80.8B9A, M80.8B9D, M80.8B9G, M80.8B9K, M80.8B9P, M80.8B9S were added to Group 1 in the ICD-10-CM Codes that DO NOT Support Medical Necessity section.

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.

Billing and Coding: Artificial Hearts and Percutaneous Endovascular Cardiac Assist Procedures and Devices (A52966) Retirement - Effective November 1, 2023

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: November 1, 2023

Summary: Coverage articles may be retired due to lack of evidence of current problems or CMS may have issued guidance regarding national coverage. The Noridian guidance in the retired article may still be helpful in assessing medical necessity. Where providers have adjusted their billing and coding practices to correspond to the guidance in a coverage article, they will want to be very careful in departing from these practices just because the article is retired. Provider offices remain responsible for correct performance, coding, billing, and medical necessity under Medicare. This responsibility for correct claims submission is unchanged whether or not there is a coverage article in place.

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

Medical Policies and Coverage

Billing and Coding: Botulinum Toxin Types A and B Policy (A57185) - R6 - Effective October 1, 2023

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: October 1, 2023

Summary of Article Changes:

Per Annual ICD-10 Updates:

The following codes were added to Group 1: G43.E01, G43.E09, G43.E11, G43.E19.

These updates are effective 10/01/2023.

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: Cataract Surgery in Adults (A57195) - R7 - Effective 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

Summary of Article Changes:

Under **ICD-10-CM Codes that Support Medical Necessity**, added the following codes effective 01/01/2024:

H52.31, H52.32

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: Dental Services (A59447) Retirement - Effective December 19, 2023

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: December 19, 2023

Summary: The Dental Services coverage article is being retired pending 2024 updates.

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

Medical Policies and Coverage

Billing and Coding: Intensity Modulated Radiation Therapy (IMRT) Article A58236 - Effective November 1, 2023

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

Medicare Coverage Database (MCD) Number: A58236

Effective Date: November 1, 2023

Rationale: Coverage articles may be retired due to lack of evidence of current problems or CMS may have issued guidance regarding national coverage. The Noridian guidance in the retired article may still be helpful in assessing medical necessity. Where providers have adjusted their billing and coding practices to correspond to the guidance in a coverage article, they will want to be very careful in departing from these practices just because the article is retired. Provider offices remain responsible for correct performance, coding, billing, and medical necessity under Medicare. This responsibility for correct claims submission is unchanged whether or not there is a coverage article in place.

Visit the [Retired LCDs](#) webpage to access the retired LCDs.

Billing and Coding: MolDX: Molecular Assays for the Diagnosis of Cutaneous Melanoma (A59179) - R1 - Effective August 06, 2023

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: August 06, 2023

Summary of Article Changes: Under Article Text revised the 8th and 11th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added D48.5. This revision is effective 8/6/2023.

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 Assays for the Diagnosis of Cutaneous Melanoma (A59179) - R2 - Effective August 06, 2023

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: August 06, 2023

Medical Policies and Coverage

Summary of Article Changes: Under Article Text revised the 8th and 11th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”

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 Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer (A58718) - R1 - Effective November 02, 2023

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: November 02, 2023

Summary of Article Changes: 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”. Under subheading Additional information deleted third sentence and Table 1. This revision is effective 11/2/2023.

Under CPT/HCPCS Codes Group 2: Paragraph added “The following test may be billed in the pre-biopsy setting as defined in the policy: SelectMDx assay (PLA 0339U), performed on post-digital rectal exam (DRE) urine specimens”. Under CPT/HCPCS Codes Group 2: Codes added 0339U. Under ICD-10 Codes that Support Medical Necessity Group 2: Paragraph added “The following codes are covered”. Under ICD-10 Codes that Support Medical Necessity Group 2: Codes added D29.1, D40.0, N40.2, N40.3, and R97.20. The revision is due to new covered assay that has successfully completed a TA and is effective 2/17/2023.

Under Article Text removed the sentence: Medical record documentation must indicate the rationale for performance of such diagnostic biomarker tests as Noridian has modified certain language in the articles to mirror the language used presently by the MolDX team at Palmetto GBA as part of an annual review. Revision history dates and language may not exactly match the MolDX PGBA revision history. However, these revisions do not change coverage or guidance.

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 Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R12 - Effective October 01, 2023

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: October 01, 2023

Medical Policies and Coverage

Summary of Article Changes: Under CPT/HCPCS Group 5: Codes added 0402U. This revision is due to the 2023 Q4 CPT/HCPCS Code Update and is effective 10/1/2023.

Under CPT/HCPCS Codes Group 9: Paragraph added “Arthropod Infection Panels: This code is reimbursed under limited circumstances. Note also the additional diagnostic guidance provided by the Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/ticks/tickbornediseases>”.

Under CPT/HCPCS Group 9: Codes added 87999. Under CPT/HCPCS Modifiers Group 9: Codes added 59. Under ICD-10 Codes that Support Medical Necessity Group 9: Paragraph added “These are the diagnosis codes corresponding to coverage of CPT/HCPCS Codes Group 9: Codes - Arthropod Infection Panels”. Under ICD-10 Codes that Support Medical Necessity Group 9: Codes added A77.40, A77.41, A77.49, A79.82, A79.9, A84.89, A84.9, A85.2, A85.8, A86, A93.8, A94, B60.00, B60.09, B60.01, B60.02, B60.03, G04.81, G04.90, R41.82, W57.XXXA, W57.XXXD, and W57.XXXS. This revision is effective 5/8/2023.

Under CPT/HCPCS Codes Group 10: Paragraph added “Joint Infection Panels: This code is reimbursed under limited circumstances”. Under CPT/HCPCS Group 10: Codes added 87999. Under CPT/HCPCS Modifiers Group 10: Codes added 59. Under ICD-10 Codes that Support Medical Necessity Group 10: Paragraph added “These are the diagnosis codes corresponding to coverage of CPT/HCPCS Codes Group 10: Codes - Joint Infection Panels”. Under ICD-10 Codes that Support Medical Necessity Group 10: Codes added A01.04, A02.23, A54.42, M00.00, M00.011, M00.012, M00.019, M00.021, M00.022, M00.029, M00.031, M00.032, M00.039, M00.041, M00.042, M00.049, M00.051, M00.052, M00.059, M00.061, M00.062, M00.069, M00.071, M00.072, M00.079, M00.08, M00.09, M00.10, M00.111, M00.112, M00.119, M00.121, M00.122, M00.129, M00.131, M00.132, M00.139, M00.141, M00.142, M00.149, M00.151, M00.152, M00.159, M00.161, M00.162, M00.169, M00.171, M00.172, M00.179, M00.18, M00.211, M00.212, M00.219, M00.221, M00.222, M00.229, M00.231, M00.232, M00.239, M00.241, M00.242, M00.249, M00.251, M00.252, M00.259, M00.261, M00.262, M00.269, M00.271, M00.272, M00.279, M00.28, M00.29, M00.80, M00.811, M00.812, M00.819, M00.821, M00.822, M00.829, M00.831, M00.832, M00.839, M00.841, M00.842, M00.849, M00.851, M00.852, M00.859, M00.861, M00.862, M00.869, M00.871, M00.872, M00.879, M00.88, M00.89, M00.9, M01.X0, M01.X11, M01.X12, M01.X19, M01.X21, M01.X22, M01.X29, M01.X31, M01.X32, M01.X39, M01.X41, M01.X42, M01.X49, M01.X51, M01.X52, M01.X59, M01.X61, M01.X62, M01.X69, M01.X71, M01.X72, M01.X79, M01.X8, M01.X9, T84.50XS, T84.50XA, T84.50XD, T84.51XA, T84.51XD, T84.51XS, T84.52XA, T84.52XD, T84.52XS, T84.53XA, T84.53XD, T84.53XS, T84.54XA, T84.54XD, T84.54XS, T84.59XA, T84.59XD, T84.59XS, T84.60XA, T84.60XD, T84.60XS, T84.610A, T84.610D, T84.610S, T84.611A, T84.611D, T84.611S, T84.612A, T84.612D, T84.612S, T84.613A, T84.613D, T84.613S, T84.614A, T84.614D, T84.614S, T84.615A, T84.615D, T84.615S, T84.619A, T84.619D, T84.619S, T84.620A, T84.620D, T84.620S, T84.621A, T84.621D, T84.621S, T84.622A, T84.622D, T84.622S, T84.623A, T84.623D, T84.623S, T84.624A, T84.624D, T84.624S, T84.625A, T84.625D, T84.625S, T84.629A, T84.629D, T84.629S, T84.63XA, T84.63XD, T84.63XS, T84.69XA, T84.69XD, T84.69XS, T84.7XXA, T84.7XXD, and T84.7XXS. This revision is effective 8/19/2022.

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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 Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R14 - Effective October 1, 2023

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: October 1, 2023

Summary of Article Changes:

Under Group 9: Paragraph, replaced the broken link with the correct link:

<https://www.cdc.gov/ticks/tickbornediseases/>

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: Pharmacogenomics Testing (A57384) - R11 - Effective October 01, 2023

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: October 01, 2023

Summary of Article Changes: Under CPT/HCPCS Group 1: Codes added 0411U and 0419U. This revision is due to the 2023 Q4 CPT/HCPCS Code Update and is effective on October 1, 2023.

Under Article Text revised Table 2 to delete row for CFTR as this is not relevant to the general Medicare population. Under subheading Covered multigene panels with intended uses revised verbiage to read "Panels with a specific intended use such as major depressive disorder (MDD) or neuropsychiatric must include relevant ICD-10 codes." and deleted Table 3. Under CPT/HCPCS Codes Group 1: Codes deleted 81220. This revision is effective on October 1, 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.

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Billing and Coding: MolDX: Plasma-Based Genomic Profiling in Solid Tumors (A58973) - R2 - Effective October 01, 2023

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: October 01, 2023

Summary of Article Changes: Under CPT/HCPCS Codes Group 1: Codes added 0409U. This revision is due to the 2023 Q4 CPT/HCPCS Code Update and is effective for dates of service on or after 10/1/2023. Under Article Text revised the 3rd and 6th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. This revision is effective on 10/1/2023.

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: Outpatient Cardiac Rehabilitation (A54068) Retirement - Effective November 1, 2023

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: November 1, 2023

Summary: Coverage articles may be retired due to lack of evidence of current problems or CMS may have issued guidance regarding national coverage. The Noridian guidance in the retired article may still be helpful in assessing medical necessity. Where providers have adjusted their billing and coding practices to correspond to the guidance in a coverage article, they will want to be very careful in departing from these practices just because the article is retired. Provider offices remain responsible for correct performance, coding, billing, and medical necessity under Medicare. This responsibility for correct claims submission is unchanged whether or not there is a coverage article in place.

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

Billing and Coding: Physician Supervision of Dialysis for Acute Kidney Injury (A55992) Retirement - Effective November 1, 2023

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: November 1, 2023

Summary: Coverage articles may be retired due to lack of evidence of current problems or CMS may have issued guidance regarding national coverage. The Noridian guidance in the retired article may still be helpful in assessing medical necessity. Where providers have adjusted their billing and coding

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practices to correspond to the guidance in a coverage article, they will want to be very careful in departing from these practices just because the article is retired. Provider offices remain responsible for correct performance, coding, billing, and medical necessity under Medicare. This responsibility for correct claims submission is unchanged whether or not there is a coverage article in place.

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

Billing and Coding: Positron Emission Tomography Scans Coverage (A54666) Retirement - Effective October 1, 2023

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

Medicare Coverage Database (MCD) Number: A54666

Effective Date: October 1, 2023

Rationale: Coverage articles may be retired due to lack of evidence of current problems or CMS may have issued guidance regarding national coverage. The Noridian guidance in the retired article may still be helpful in assessing medical necessity. Where providers have adjusted their billing and coding practices to correspond to the guidance in a coverage article, they will want to be very careful in departing from these practices just because the article is retired. Provider offices remain responsible for correct performance, coding, billing, and medical necessity under Medicare. This responsibility for correct claims submission is unchanged whether or not there is a coverage article in place.

Visit the [Retired LCDs](#) webpage to access the retired LCDs.

Billing and Coding: Posterior Tibial Nerve Stimulation Coverage (A55104) Retirement - Effective November 1, 2023

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: November 1, 2023

Summary: Coverage articles may be retired due to lack of evidence of current problems or CMS may have issued guidance regarding national coverage. The Noridian guidance in the retired article may still be helpful in assessing medical necessity. Where providers have adjusted their billing and coding practices to correspond to the guidance in a coverage article, they will want to be very careful in departing from these practices just because the article is retired. Provider offices remain responsible for correct performance, coding, billing, and medical necessity under Medicare. This responsibility for correct claims submission is unchanged whether or not there is a coverage article in place.

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

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Billing and Coding: Pulmonary Rehabilitation Services (A56152) - R6 - Effective May 11, 2023

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: May 11, 2023

Summary of Article Changes:

Within the Article Text section 'Public Health Emergency Telehealth Services', added the following statement:

"Due to the Public Health Emergency (PHE) ending on May 11, 2023, this exception is no longer in effect as of May 11, 2023."

This update was effective 05/11/2023.

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: Remote Imaging of the Retina to Screen for Retinal Diseases (A58384) Retirement - Effective November 1, 2023

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: November 1, 2023

Summary: Coverage articles may be retired due to lack of evidence of current problems or CMS may have issued guidance regarding national coverage. The Noridian guidance in the retired article may still be helpful in assessing medical necessity. Where providers have adjusted their billing and coding practices to correspond to the guidance in a coverage article, they will want to be very careful in departing from these practices just because the article is retired. Provider offices remain responsible for correct performance, coding, billing, and medical necessity under Medicare. This responsibility for correct claims submission is unchanged whether or not there is a coverage article in place.

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

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Billing and Coding: Treatment with Yttrium-90 Microspheres (A54072) Retirement - Effective November 1, 2023

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: November 1, 2023

Summary: Coverage articles may be retired due to lack of evidence of current problems or CMS may have issued guidance regarding national coverage. The Noridian guidance in the retired article may still be helpful in assessing medical necessity. Where providers have adjusted their billing and coding practices to correspond to the guidance in a coverage article, they will want to be very careful in departing from these practices just because the article is retired. Provider offices remain responsible for correct performance, coding, billing, and medical necessity under Medicare. This responsibility for correct claims submission is unchanged whether or not there is a coverage article in place.

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

Billing and Coding: Urine Drug Testing (A55001) - R20 - Effective October 1, 2023

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: October 1, 2023

Summary of Article Changes:

Revision History R18 should have also included the following:

Under ICD-10 Codes that support Medical Necessity Group 1 Codes added: E87.20 and deleted: F11.21, F12.20, F15.20, F19.10, F19.14, M25.59, M54.50, M54.59, Z91.141, Z91.148, Z91.151, Z91.158.

These updates are effective 10/08/2023.

The following ICD-10 Codes were previously mentioned as deleted in R18 but were listed incorrectly: F10.21, F10.230, F10.280, F10.288. They were not deleted as they were not in the policy.

Revision History R19 should have indicated the ICD-10 Annual Updates were effective 10/01/2023.

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.

Medical Policies and Coverage

Micro-Invasive Glaucoma Surgery (MIGS)

The proposed Local Coverage Determination (LCD) and associated Local Coverage Article (LCA) are being updated under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Medicare Coverage Database (MCD) Number: DL38299

LCD Title: Micro-Invasive Glaucoma Surgery (MIGS)

Effective Date: December 28, 2023

Rationale:

The Micro-Invasive Glaucoma Surgery (MIGS) Local Coverage Determination (LCD) L38299, and Billing and Coding Article A57863, will not become Final and therefore have been removed from the Medicare Coverage Database. Accordingly, at this time there will be no change in the current status of coverage for MIGS.

Micro-Invasive Glaucoma Surgery (MIGS) (LCDs) Finalized - Effective December 24, 2023

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
L38299	Micro-Invasive Glaucoma Surgery (MIGS)

Medicare Coverage Database Number	Billing and Coding Article Title
A57863	Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)

Medicare Coverage Database Number	Response to Comments
A59571	Response to Comments: Micro-Invasive Glaucoma Surgery (MIGS)

Effective Date: December 24, 2023

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Multiple Local Coverage Determinations (LCDs) Finalized - Effective January 28, 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
L39642	Intraosseous Basivertebral Nerve Ablation
L38705	Transurethral Waterjet Ablation of the Prostate

Medicare Coverage Database Number	Billing and Coding Article Title
A59466	Billing and Coding: Intraosseous Basivertebral Nerve Ablation
A58227	Billing and Coding: Transurethral Waterjet Ablation of the Prostate

Medicare Coverage Database Number	Response to Comments
A59598	Response to Comments: Intraosseous Basivertebral Nerve Ablation
A59596	Response to Comments: Transurethral Waterjet Ablation of the Prostate

Effective Date: January 28, 2024

Visit the [Medicare Coverage Database](#) webpage to access these LCD.

Parenteral Iron Administration Coverage in Non-Dialysis Usage (A55653) Retirement - Effective November 1, 2023

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: November 1, 2023

Summary: Coverage articles may be retired due to lack of evidence of current problems or CMS may have issued guidance regarding national coverage. The Noridian guidance in the retired article may still be helpful in assessing medical necessity. Where providers have adjusted their billing and coding

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practices to correspond to the guidance in a coverage article, they will want to be very careful in departing from these practices just because the article is retired. Provider offices remain responsible for correct performance, coding, billing, and medical necessity under Medicare. This responsibility for correct claims submission is unchanged whether or not there is a coverage article in place.

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

Pegfilgrastim (Neulasta) J2505 and Q5122 - (Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria)) Article A52889 Retirement - Effective November 1, 2023

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

Medicare Coverage Database (MCD) Number: A52889

Effective Date: November 1, 2023

Rationale: Coverage articles may be retired due to lack of evidence of current problems or CMS may have issued guidance regarding national coverage. The Noridian guidance in the retired article may still be helpful in assessing medical necessity. Where providers have adjusted their billing and coding practices to correspond to the guidance in a coverage article, they will want to be very careful in departing from these practices just because the article is retired. Provider offices remain responsible for correct performance, coding, billing, and medical necessity under Medicare. This responsibility for correct claims submission is unchanged whether or not there is a coverage article in place.

Visit the [Retired LCDs](#) webpage to access the retired LCDs.

Proteomics

As many stakeholders are aware, requests for new LCDs or reconsideration of existing LCDs have been on pause due to questions regarding scope and jurisdiction. All requests for new LCDs, revisions of existing LCDs, and general information regarding Proteomics, should be directed to Palmetto GBA starting in January of 2024.

If any other specific questions or concerns, please do not hesitate to contact us at:
mpreconsideration@noridian.com

More specific contact information will be forthcoming at a future date.

Medical Policies and Coverage

Respiratory Care (L34149) - R14 - Effective November 5, 2023

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).

Medicare Coverage Database (MCD) Number: L34149

Effective Date: November 5, 2023

Summary of Changes: Updated #7 under Sources of Information to remove broken link.

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

Respiratory Care Local Coverage Determination (LCD) Finalized - Effective November 5, 2023

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
L34149	Respiratory Care

Medicare Coverage Database Number	Billing and Coding Article Title
A57224	Billing and Coding: Respiratory Care

Medicare Coverage Database Number	Response to Comments
A59531	Response to Comments: Respiratory Care

Effective Date: November 5, 2023

Medical Policies and Coverage

Self-Administered Drug Exclusion List - R31, Effective October 1, 2023

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: October 1, 2023

Summary of Changes: This article has been updated to delete: J0800 and was replaced with J0801 and J0802 effective 10/01/2023.

Visit the [Self-Administered Drugs \(SADs\)](#) webpage to view the Self-Administered Drug Exclusion List.

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.

MLN Connects - October 5, 2023

[MLN Connects Newsletter: Oct 5, 2023](#)

News

- Administration Moves Forward with Medicare Drug Price Negotiations to Lower Prescription Drug Costs for People with Medicare
- CMS Requests Public Input on Coverage of Over-the-Counter Preventive Services, Including Contraception, Tobacco Cessation, and Breastfeeding Supplies
- Action Plan for Sickle Cell Disease Month
- CMS Burden Reduction News & Insights Fall Newsletter
- New COVID-19 Treatments Add-On Payment Ended September 30
- Clinical Laboratory Fee Schedule: Submit Your Comments
- DMEPOS: New Provider Enrollment Appeals & Rebuttals Contractor Starts October 9
- Help Detect Breast Cancer Early

Claims, Pricers, & Codes

- RARCs, CARCs, Medicare Remit Easy Print, & PC Print: October Update

Publications

- Medicare Provider Compliance Newsletter

Multimedia

- Post-Acute Care Quality Reporting Programs: Brief Interview for Mental Status Video

MLN Connects Newsletter: COVID-19: Updated Novavax COVID-19 Vaccine, Adjuvanted for Patients 12 & Older - Oct 6, 2023

News

[COVID-19: Updated Novavax COVID-19 Vaccine, Adjuvanted for Patients 12 & Older](#)

MLN Connects

MLN Connects - October 12, 2023

[MLN Connects Newsletter: Oct 12, 2023](#)

News

- CMS Roundup (Oct 6, 2023)
- Protect Your Patients: Give Them a Flu Shot

Publications

- Direct Data Entry: 10-Digit Screen Expansion
- Medicare Preventive Services - Revised
- Medicare Provider Compliance Tips - Revised

MLN Connects - October 19, 2023

[MLN Connects Newsletter: Oct 19, 2023](#)

News

- 2024 Medicare Parts A & B Premiums and Deductibles
- Help CMS Improve Provider Resources - Respond by November 9
- CMS Health Information Handler Helps You Submit Medical Review Documentation Electronically
- Health Literacy: Help Your Patients Get Information & Services

Claims, Pricers, & Codes

- Discarded Drugs & Biologicals: When to Use JW & JZ Modifiers

Events

- Provider Compliance Focus Group Meeting - November 2
- Expanded Home Health Value-Based Purchasing Model: Preparing for CYs 2024 & 2025 Webinar - November 9

MLN Matters® Articles

- Update for Blood Clotting Factor Add-on Payments

MLN Connects

Publications

- Complying with Medical Record Documentation Requirements - Revised
- Expanded Home Health Value-Based Purchasing Model Resource Index - Updated

From Our Federal Partners

- Health Care Preparedness Resources

MLN Connects - October 26, 2023

[MLN Connects Newsletter: Oct 26, 2023](#)

News

- Help CMS Improve Provider Resources - Respond by November 9
- CMS Roundup (Oct 20, 2023)
- Nursing Facility Evaluation and Management Visits: Comparative Billing Report in October

Claims, Pricers, & Codes

- Conditional Payment Claims: Continue to Submit to Your Medicare Administrative Contractor
- Home Health Consolidated Billing Enforcement: CY 2024 HCPCS Code
- HCPCS Application Summaries & Coding Decisions: Drugs & Biologicals

Events

- Inpatient Rehabilitation Facility Prospective Payment System: Coverage Requirements Webinar - November 29

MLN Matters® Articles

- Medicare Deductible, Coinsurance, & Premium Rates: CY 2024 Update
- Processing Claims Affected by Retroactive Entitlement

Publications

- Medicare Secondary Payer: Don't Deny Services & Bill Correctly - Revised

Information for Patients

- 2024 Medicare & You Handbook

MLN Connects

MLN Connects Newsletter: Take Our Provider Survey Today - Nov 1, 2023

News

[Take Our Provider Survey Today](#)

MLN Connects - November 2, 2023

[MLN Connects Newsletter: Nov 2, 2023](#)

News

- CY 2024 Home Health Prospective Payment System Final Rule
- CY 2024 End-Stage Renal Disease Prospective Payment System Final Rule
- Behavioral Health: Medicare Pays for 3 Services
- Lymphedema Compression: Medicare Pays for Treatment Items
- Diabetes: Recommend Preventive Services
- Flu Shots Can Take Flu from Wild to Mild

Claims, Pricers, & Codes

- Vagus Nerve Stimulators: Transitional Pass-through Status for HCPCS Code C1827

Publications

- Interns & Residents Duplicate FTEs Audit Reviews
- Expanded Home Health Value-Based Purchasing Model: October Newsletter
- Medicare Payment Systems - Revised

MLN Connects Newsletter: PFS, OPPTS/ASC, & OPPTS 340B-Acquired Drug Final Rules - Nov 2, 2023

Final Rules

- [CMS Finalizes Physician Payment Rule that Advances Health Equity](#)
- [CMS Makes Hospital Prices More Transparent and Expands Access to Behavioral Health Care](#)
- [Hospital Outpatient Prospective Payment System \(OPPS\): Remedy for the 340B-Acquired Drug Payment Policy for Calendar Years 2018-2022 Final Rule \(CMS 1793-F\)](#)

MLN Connects

MLN Connects - November 9, 2023

[MLN Connects Newsletter: Nov 9, 2023](#)

News

- CMS Roundup (Nov 3, 2023)
- Marriage and Family Therapists & Mental Health Counselors: Enroll in Medicare Now
- American Indians or Alaska Natives: Help Your Patients Achieve Optimal Health

Claims, Pricers, & Codes

- Home Health Prospective Payment System Grouper: January Update

Events

- CMS Hospice Forum - November 14
- Optimizing Healthcare Delivery to Improve Patient Lives Conference - November 15
- HCPCS Public Meeting - November 28-30
- Inpatient Rehabilitation Facility Prospective Payment System: Coverage Requirements Webinar - November 29

MLN Matters® Articles

- ICD-10 & Other Coding Revisions to National Coverage Determinations: April 2024 Update
- Removal of a National Coverage Determination & Expansion of Coverage of Colorectal Cancer Screening - Revised

Publications

- Home Health & Hospice Resources
- Independent Diagnostic Testing Facility - Revised

MLN Connects - November 16, 2023

[MLN Connects Newsletter: Nov 16, 2023](#)

News

- Unprecedented Efforts to Increase Transparency of Nursing Home Ownership
- Hospital Price Transparency: Use Required CMS Template Layout to Encode Hospital Standard Charge Information

MLN Connects

- Quality Payment Program: Preview Your Performance Information by December 12
- Medicare Participation for CY 2024
- Hospice: New Requirement for Physicians Who Certify Patient Eligibility
- Medicare Ground Ambulance Data Collection System: CY 2024 Final Policies, Printable Instrument, & FAQs
- CMS Health Information Handler Helps You Submit Medical Review Documentation Electronically
- National Rural Health Day: Address Unique Health Care Needs
- Lung Cancer: Help Your Patients Reduce Their Risk

Compliance

- Skilled Nursing Facility: Appropriate Use of Place-Of-Service Codes

Claims, Pricers, & Codes

- Vagus Nerve Stimulators: Transitional Pass-through Status for HCPCS Code C1827 - Updated

MLN Matters® Articles

- Home Health Prospective Payment System: CY 2024 Update
- Provider Enrollment Changes to the Medicare Program Integrity Manual
- Separate Payment for Disposable Negative Pressure Wound Therapy Devices on Home Health Claims
- Allowing Audiologists to Provide Certain Diagnostic Tests Without a Physician Order - Revised

Multimedia

- Home Health Agency Perspectives on Innovation: Panel Materials

MLN Connects - November 22, 2023

[MLN Connects Newsletter: Nov 22, 2023](#)

News

- CMS Roundup (Nov 17, 2023)
- Provider Enrollment Application Fee: CY 2024
- Clinical Laboratory Fee Schedule: CY 2024 Final Payment Determinations & Reporting Delay

MLN Connects

- Medicare Ground Ambulance Data Collection System: 5 Top Tips
- Respiratory Virus Season: Protect Your Patients

Events

- Inpatient Rehabilitation Facility Prospective Payment System: Coverage Requirements Webinar - November 29
- Ambulance Open Door Forum - November 30

MLN Matters® Articles

- Lymphedema Compression Treatment Items: Implementation
- ICD-10 & Other Coding Revisions to National Coverage Determinations: January 2024 Update - Revised

Publications

- New Ownership Reporting Requirements for Providers Using the Form CMS-855A
- Intravenous Immune Globulin Demonstration - Revised
- Repetitive, Scheduled Non-Emergent Ambulance Transport Prior Authorization Model - Revised

MLN Connects - November 30, 2023

[MLN Connects Newsletter: Nov 30, 2023](#)

News

- Quality Payment Program: Preview Your Performance Information by December 12
- HIV: Screening is Knowledge

Claims, Pricers, & Codes

- Resubmit Telehealth Claims with Modifier CS
- Federally Qualified Health Center Prospective Payment System: CY 2024 Pricer
- Rural Health Clinic CY 2024 All-Inclusive Rate

MLN Matters® Articles

- Beta Amyloid Positron Emission Tomography in Dementia and Neurodegenerative Disease
- ESRD & Acute Kidney Injury Dialysis: CY 2024 Updates
- Medicare Physician Fee Schedule Final Rule Summary: CY 2024

MLN Connects

Information for Patients

- Medicaid and CHIP Renewals: Patient-Centered Messaging for Clinical Offices and Health Care Settings

MLN Connects - December 7, 2023

[MLN Connects Newsletter: Dec 7, 2023](#)

News

- Citrix Bleed Vulnerability: Act Now
- Marriage and Family Therapists & Mental Health Counselors: Enroll in Medicare Now
- Health Professional Shortage Area: CY 2024 Bonus Payments
- Skilled Nursing Facility Value-Based Purchasing Program: December Confidential Feedback Reports
- Flu Shots: There's Still Time to Protect Your Patients

Claims, Pricers, & Codes

- Medicare Physician Fee Schedule: New CPT Codes for RSV Vaccine Administration
- Discarded Drugs & Biologicals: JZ Modifier Use for Pharmacies
- National Correct Coding Initiative: Annual Policy Manual Update
- ICD-10: New Procedure Codes Effective April 1

MLN Matters® Articles

- Edits to Prevent Payment of G2211 with Office/Outpatient Evaluation and Management Visit and Modifier 25
- New Waived Tests
- Update for Blood Clotting Factor Add-on Payments – Revised

MLN Connects - December 14, 2023

[MLN Connects Newsletter: December 14, 2023](#)

News

- CMS Releases Revised Guidance for Medicare Prescription Drug Inflation Rebate Program
- Medicare Part B Inflation Rebate Guidance: Use of the 340B Modifier - Revised
- Billing for Flu, Pneumococcal, & COVID-19 Vaccines
- Expanded Home Health Value-Based Purchasing Model: October 2023 Interim Performance Reports

Claims, Pricers, & Codes

- New Place of Service Code 27 for Outreach Site/Street
- National Correct Coding Initiative: January Update

MLN Matters® Articles

- Medicare Part B Clinical Laboratory Fee Schedule: Revised Information for Laboratories on Collecting & Reporting Data for the Private Payor Rate-Based Payment System - Revised
- Clinical Laboratory Fee Schedule: 2024 Annual Update
- Medicare Program Integrity Manual: CY 2024 Home Health Prospective Payment System Updates
- Activation of Validation Edits for Providers with Multiple Service Locations - Revised

Publications

- Medicare Diabetes Prevention Program Expanded Model - Revised
- Rural Emergency Hospitals - Revised

Multimedia

- Expanded Home Health Value-Based Purchasing Model: Agency Perspectives Video Series

From Our Federal Partners

- Severe & Fatal Confirmed Rocky Mountain Spotted Fever among People with Recent Travel to Tecate, Mexico

MLN Connects

MLN Connects - December 21, 2023

[MLN Connects Newsletter: Dec 21, 2023](#)

Editor's Note:

Happy holidays from the MLN Connects team. We'll release the next regular edition on Thursday, January 4, 2024.

News

- CMS Roundup (Dec 15, 2023)
- Opioid Use Disorder Screenings & Treatment: Medicare Pays for Services
- Opioid Treatment Programs: New Information for 2024
- Skilled Nursing Facility Consolidated Billing: Are You Following the Requirements?

Compliance

- Global Surgery: Bill Correctly

Claims, Pricers, & Codes

- Vagus Nerve Stimulators: Transitional Pass-through Status for HCPCS Code C1827 - Updated

MLN Matters® Articles

- DMEPOS Fee Schedule: CY 2024 Update

Multimedia

- Medicare Diabetes Prevention Program Orientation Video

From Our Federal Partners

- Urgent Need to Increase Immunization Coverage for Influenza, COVID-19, and RSV & Use of Authorized/Approved Therapeutics in the Setting of Increased Respiratory Disease Activity During the 2023-2024 Winter Season

2024 Annual Update for the HPSA Bonus Payments

Related CR Release Date: September 21, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13384

Related CR Transmittal Number: R12260CP

CR 13384 provides files for the automated payments of Health Professional Shortage Area (HPSA) bonuses for dates of service January 1, 2024, through December 31, 2024. This recurring update notification applies to Chapter 4, Section 250.2 and Chapter 12, Section 90.4.2.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13384](#).

Allowing Audiologists to Provide Certain Diagnostic Tests Without a Physician Order - Revised

Related CR Release Date: October 27, 2023 - Revised

Effective Date: July 1, 2023, except January 1, 2024, as noted in the Article

Implementation Date: July 3, 2023

MLN Matters Number: MM13055

Related Change Request (CR) Number: CR 13055 & CR 13279

Related CR Transmittal Number: R12091OTN & R12335OTN

Note: CMS added 2 new CPT codes effective January 1, 2024, based on CR 13279.

CR 13055 tells you about:

- Limited to non-acute hearing conditions and diagnostic services related to implanted auditory prosthetic devices
- Excludes audiology services that are related to disequilibrium, hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids
- Covered once per patient per 12-month period
- Unexpected discovery of an acute condition

Make sure your billing staffs knows about billing and coding requirements for these diagnostic tests using the AB modifier.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13055](#).

MLN Matters

Annual Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement

Related CR Release Date: August 10, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13295

Related CR Transmittal Number: R12197CP

CR 13295 provides the January 2024 annual update to the list of Healthcare Common Procedure Coding System (HCPCS) codes used by Medicare systems to enforce consolidated billing of home health services. The attached recurring update notification applies to chapter 10, section 20.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13295](#).

Beta Amyloid PET in Dementia and Neurodegenerative Disease

Related CR Release Date: November 16, 2023

Effective Date: October 13, 2023

Implementation Date: December 19, 2023, (MACs); April 1, 2024 (CWF, MCS, FISS)

MLN Matters Number: MM13429

Related Change Request (CR) Number: CR 13429

Related CR Transmittal Numbers: R12364CP and R12364NCD

CR 13429 tells you:

- CMS removed NCD 220.6.20 from the Medicare National Coverage Determination (NCD) Manual, effective October 13, 2023
- Your MACs will make coverage determinations for Positron Emission Tomography (PET) beta amyloid imaging for dementia and neurodegenerative disease

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13429](#).

MLN Matters

Changes to Value-Based Insurance Design Model: CY 2024

Related CR Release Date: June 29, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13236

Related Change Request (CR) Number: CR13236

Related CR Transmittal Number: R12111DEMO

CR 13236 tells you about:

- Changes in the VBID Model's hospice benefit component for CY 2024
- The business requirements in CR 11754, CR 12349, CR 12688 and CR 12964

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13236](#).

Clinical Laboratory Fee Schedule: 2024 Annual Update

Related CR Release Date: November 30, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13467

Related Change Request (CR) Number: CR 13467

Related CR Transmittal Number: R12389CP

CR 13467 tells you about:

- Delay in Clinical Laboratory Fee Schedule (CLFS) data reporting period and the phase-in of payment reductions
- Mapping for new test codes
- Updates for costs subject to the reasonable charge payment

Make sure your billing staff knows about changes and instructions effective January 1, 2024.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13467](#).

MLN Matters

DMEPOS Fee Schedule: CY 2024 Update

Related CR Release Date: December 7, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13463

Related Change Request (CR) Number: CR 13463

Related CR Transmittal Number: R12398CP

CR 13463 tells you about:

- CY 2024 fee schedule amounts for new and existing codes
- Payment policy changes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13463](#).

Edits to Prevent Payment of G2211 with O/O E/M Visit and Modifier 25

Related CR Release Date: November 21, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13272

Related Change Request (CR) Number: CR 13272

Related CR Transmittal Number: R12370CP

CR 13272 tells you that:

- Medicare pays separately starting January 1, 2024
- CMS won't pay when you report an associated Office/Outpatient Evaluation and Management (O/O E/M) visit with modifier 25
- CMS won't pay Method II Critical Access Hospitals on the same encounter for type of bill 85X

Make sure your billing staff knows about complexity add-on code G2211.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13272](#).

MLN Matters

ESRD & AKI Dialysis: CY 2024 Updates

Related CR Release Date: November 22, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13445

Related Change Request (CR) Number: CR 13445

Related CR Transmittal Number: R12371BP

CR 13445 tells you about:

- CY 2024 rate updates and policies for the ESRD Prospective Payment System (PPS)
- Updates to payment for renal dialysis services provided to patients with Acute Kidney Injury (AKI) in ESRD facilities

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13445](#).

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

Related CR Release Date: November 9, 2023, Revised

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13278

Related Change Request (CR) Number: CR 13278

Related CR Transmittal Number: R12355OTN

Note: CMS added information about CPT codes 0359U, 81455, and 81479 on page 2

CR 13278 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 \(MM\)13278](#).

MLN Matters

ICD-10 & Other Coding Revisions to NCDs: April 2024 Update (CR 1 of 2)

Related CR Release Date: October 19, 2023

Effective Date: April 1, 2024 or as noted in CR 13390

Implementation Date: November 21, 2023:

BRs 2,4,11, MACs, April 1, 2024: Other BRs

MLN Matters Number: MM13390

Related Change Request (CR) Number: CR 13390

Related CR Transmittal Number: R12318OTN

CR 13390 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 \(MM\)13390](#).

ICD-10 & Other Coding Revisions to NCDs: April 2024 Update (CR 2 of 2)

Related CR Release Date: November 3, 2023 Revised

Effective Date: April 1, 2024 or as noted in CR 13391

Implementation Date: November 21, 2023: BRs 2,6,7,12-MACs, January 2, 2024: BR 11, April 1, 2024: Remaining BRs

MLN Matters Number: MM13391

Related Change Request (CR) Number: CR 13391

Related CR Transmittal Number: R12350OTN

CR 13391 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 \(MM\)13391](#).

MLN Matters

January 2024 Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

Related CR Release Date: September 21, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13380

Related CR Transmittal Number: R12258CP

CR 13380 supplies the contractors with the Average Sales Price (ASP) and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. The ASP payment limits are calculated quarterly based on quarterly data submitted to CMS by manufacturers.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13380](#).

Medicare Deductible, Coinsurance, & Premium Rates: CY 2024 Update

Related CR Release Date: October 19, 2023

Effective Date: January 1, 2024

Implementation Date: January 1, 2024

MLN Matters Number: MM13365

Related Change Request (CR) Number: CR 13365

Related CR Transmittal Number: R12307GI

CR 13365 tells you about:

- Medicare Part A and Medicare Part B deductible and coinsurance rates
- Part A and Part B premium amounts

Make sure your billing staff knows about CY 2024

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13365](#).

Medicare Part B CLFS: Revised Information for Laboratories on Collecting & Reporting Data for the Private Payor Rate-Based Payment System

MLN Matters Number: SE19006 Revised

Article Release Date: December 4, 2023

Note: CMS revised this Article to note that for CDLTs that aren't ADLTs, the data reporting period is delayed and resumes starting January 1, 2025 - March 31, 2025. Also, CMS extended the 0% limit on laboratory payment reductions to the end of CY 2024 and the 15% limit on payment reductions per year to CY 2025 - 2027 (see pages 2, 14, 15, and 20-24).

SE 19006 tells you about:

- Clarifications for deciding whether a hospital outreach laboratory meets the requirements to be an "applicable laboratory"
- Applicable information (private payor rate data) that you must collect and report to us
- The entity responsible for reporting applicable information to us
- The data collection and reporting periods
- Information about our online data collection system
- Our schedule for implementing the next private payor-rate based Clinical Laboratory Fee Schedule (CLFS) update
- Information about the condensed data reporting option for reporting entities

Make sure your billing staff knows about these changes.

View the complete [CMS Special Edition \(SE\)19006](#).

Medicare Physician Fee Schedule Final Rule Summary: CY 2024

Related CR Release Date: November 22, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13452

Related Change Request (CR) Number: CR 13452

Related CR Transmittal Number: R12372CP

CR 13452 tells you about:

- Telehealth services
- Evaluation and management (E/M) visits
- Behavioral health services

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- Dental and oral health services
- Therapy services
- Diabetes self-management training (DSMT) services
- Community Health Integration (CHI) services
- Principal Illness Navigation (PIN) services
- Social Determinants of Health (SDOH)
- Caregiver training

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13452](#).

Medicare Program Integrity Manual: CY 2024 Home Health Prospective Payment System Updates

Related CR Release Date: December 7, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13333

Related Change Request (CR) Number: CR 13333

Related CR Transmittal Number: R12393PI

CR 13333 tells you about:

- Expanding the HHA 36-month rule
- Moving hospices into the high level of categorical risk-screening
- Other updates to Chapter 10 of the Medicare Program Integrity Manual

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13333](#).

MLN Matters

Payment of Codes for Chemotherapy Administration and Nonchemotherapy Injections and Infusions

Related CR Release Date: December 7, 2023

Effective Date: December 21, 2023

Implementation Date: December 21, 2023

Related Change Request (CR) Number: CR 13468

Related CR Transmittal Number: R12397OTN

CR 13468 provides clarification to the A/B MACs regarding the Medicare guidance/policy as described in Chapter 12, section 30.5 of the Medicare Claims Processing Manual that relates to the complex administration of CPT codes 96401-96549.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13468](#).

Processing Claims Affected by Retroactive Entitlement

Related CR Release Date: October 19, 2023

Effective Date: January 24, 2024

Implementation Date: January 24, 2024

MLN Matters Number: MM13402

Related Change Request (CR) Number: CR 13402

Related CR Transmittal Number: R12306CP

CR 13402 tells you:

- When certain claims are payable beyond the timely filing limit
- How to handle claims when you can't submit a patient assessment

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13402](#).

MLN Matters

Processing Services During Disenrollment from the Program of All-Inclusive Care for the Elderly - Revised

Related CR Release Date: September 6, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13248 Revised

Related Change Request (CR) Number: CR 13248

Related CR Transmittal Number: R12239CP

Note: CMS removed type of bill (TOB) code 41X from the list of TOB codes on page 2.

CR 13248 tells you about:

- How CMS handles payment for Medicare patients disenrolling from PACE
- Condition codes and value code (VC) we require to prevent claims denials

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13248](#).

Provider Enrollment Changes to the Medicare Program Integrity Manual

Related CR Release Date: November 9, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13331

Related Change Request (CR) Number: CR 13331

Related CR Transmittal Number: R12356PI

CR 13331 tells you about:

- Medicare enrollment of MFTs and MHCs
- Other provider enrollment policy updates like denial reasons and revocations

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

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13331](#).

MLN Matters

RARC, CARC, MREP and PC Print Update

Related CR Release Date: May 18, 2023

Effective Date: October 1, 2023

Implementation Date: October 2, 2023

Related Change Request (CR) Number: CR 13207

Related CR Transmittal Number: R12043CP

CR 13207 updates the Remittance Advice Remark Code (RARC) and Claims Adjustment Reason (CARC) lists and to instruct the ViPS Medicare System (VMS) and the Fiscal Intermediary Shared System (FISS) to update the Medicare Remit Easy Print (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 \(CR\)13207](#).

Removal of a NCD & Expansion of Coverage of CRC - Revised

Related CR Release Date: October 12, 2023

Effective Date: January 1, 2023

Implementation Date: February 27, 2023, November 13, 2023, for requirements subject to revision in the amended CR

MLN Matters Number: MM13017 Revised

Related Change Request (CR) Number: CR 13017

Related CR Transmittal Numbers: R12299CP, R12299BP, and R12299NCD

Note: CMS added clarifying information about the -KX modifier for screening colonoscopy claims in the context of a complete colorectal cancer screening. Substantive changes are in dark red (pages 2-3).

CR 13017 tells you about:

- Removal of National Coverage Determination (NCD) 160.22 - Ambulatory Electroencephalographic (EEG) Monitoring
- Lowering the minimum age for colorectal cancer screening (CRC) from age 50 to 45 for certain tests
- Expanding the definition of CRC screening tests and new billing instructions for colonoscopies under certain scenarios
- Medicare manual updates

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13017](#).

MLN Matters

Update for Blood Clotting Factor Add-on Payments - Revised

Related CR Release Date: November 24, 2023 Revised

Effective Date: October 1, 2022

Implementation Date: April 1, 2024

MLN Matters Number: MM13381

Related Change Request (CR) Number: CR 13381

Related CR Transmittal Number: R12380CP

Note: CMS deleted HCPCS codes J7191 and J7199 and added J7177, J7178, and J7214 to the list of J codes on page 2.

CR 13381 tells you about:

- Additional diagnosis codes eligible for payment for blood clotting factors
- Adjustment of certain claims with the added codes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13381](#).

Update to RHC AIR Payment Limit for CY 2024

Related CR Release Date: October 5, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13405

Related CR Transmittal Number: R12288CP

CR 13405 updates the payment limit for Calendar Year (CY) 2024 Rural Health Clinics (RHCs) in Chapter 9, Section 20.2 - "Payment Limit under the All-Inclusive Rate (AIR)" of the Claims Processing Manual.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13405](#).

Update to the FQHC PPS for CY 2024

Related CR Release Date: September 28, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13398

Related CR Transmittal Number: R12267CP

CR 13398 updates the Prospective Payment System (PPS) base payment rate and the Geographic Adjustment Factors (GAFs) for the Federally Qualified Health Center (FQHC) Pricer.

Make sure your billing staff knows about these changes.

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

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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

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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

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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.

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.

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- 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.
 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.

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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.

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](#)