

➤ Medicare A News

Jurisdiction E
October 2024

noridian
Healthcare Solutions

Delivering solutions that put people first.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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In this Issue

News.....	8
Claims Denied in Error with Revenue Code 048X - Resolved 09/17/24.....	8
CMS Officially Launched the GUIDE Dementia Model July 1, 2024	8
CMS to Update the Shortage Status of Essential Medicines List Quarterly Beginning October 1, 2024.....	9
Complex Add-on Code G2211 Frequently Asked Questions (FAQ)	9
Cost Report Referral Process Changes Beginning October 1, 2024.....	10
Holding Claims for Pricing Based on the October 2024 FISS Release	10
Medicare & Mental Health Coverage - Revised.....	10
Open Meeting Announcement Intervertebral Disc Repair - October 7, 2024	10
Open Meeting Announcement - Multiple MoIDX Policies MoIDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis and MoIDX: Genetic Testing for Heritable Thoracic Aortic Disease - October 10, 2024	11
Proper Billing of Tuberculosis Test, CPT code 86481.....	12
Requests for SSI Realignment for Cost Reporting Periods Starting Before October 1, 2013.....	12
Skilled Nursing Facility Advance Beneficiary Notice: Revised Form & Instructions ...	14
Temporary Disruption to External Print and Mail Services - Resolved 08/06/24	15
Medical Policies and Coverage	17
Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (A57161) - R4 - Effective October 1, 2015	17
Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55239) - R17 - Effective July 1, 2024.....	17
Billing and Coding: MoIDX: Afirmatm Assay by Veracyte (A54356) Retirement - Effective July 28, 2024	18
Billing and Coding: MoIDX: ApoE Genotype (A55094) Retirement - Effective October 3, 2024	18

In this Issue

Billing and Coding: MoIDX: BCR-ABL (A55595)- R5 - Effective September 19, 2024... 18

Billing and Coding: MoIDX: bioTheranostics Cancer TYPE ID® Update (A54386) - R11 - Effective October 1, 2024..... 19

Billing and Coding: MoIDX: Blood Product Molecular Antigen Typing (A57124) - R5 - Effective October 1, 2024 19

Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (A57421) - R11 - Effective October 1, 2024..... 20

Billing and Coding: MoIDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (A58679) - R6 - Effective August 1, 2024..... 20

Billing and Coding: MoIDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (A58679) - R7 - Effective October 1, 2024 21

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Hematologic Cancers (A58996) - R6 - Effective October 1, 2024 21

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R7 - Effective July 11, 2024..... 22

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454)- R8 - Effective September 26, 2024 22

Billing and Coding: MoIDX: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis (A59521) - R2 - Effective July 1, 2024 23

Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) (A57526) - R19 - Effective July 1, 2024..... 24

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R18 - Effective July 1, 2024..... 24

Billing and Coding MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R19 - Effective August 1, 2024..... 25

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720)- R20 - Effective October 1, 2024 25

Billing and Coding: MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (A57891) - R8 - Effective October 1, 2024..... 26

Billing and Coding: MoIDX: Proteomics Testing (A59641) - R5 - Effective July 1, 2024 26

In this Issue

- Billing and Coding: MoIDX: Repeat Germline Testing (A57331) - R12 - Effective July 1, 2024 27
- Billing and Coding: MoIDX: Repeat Germline Testing (A57331) - R13 - Effective September 5, 2024 27
- Facet Joint Interventions for Pain Management L38801 - R3 and Billing and Coding: Facet Joint Interventions for Pain Management A58403 - R5 - Effective July 7, 2024 27
- Intervertebral Disc Repair - Published for Review and Comments 28
- Local Coverage Determinations (LCDs) Finalized - Effective August 18, 2024 29
- Local Coverage Determinations (LCDs) Finalized - Effective September 22, 2024 29
- Micro-Invasive Glaucoma Surgery (MIGS) Final LCD - Effective November 17, 2024. 31
- MoIDX: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis (L39467) - R1 - Effective August 22, 2024 31
- MoIDX: Molecular Testing for Solid Organ Allograft Rejection 31
- MoIDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms - Published for Review and Comments 32
- MoIDX: Percepta® Bronchial Genomic Classifier (L36886) Retirement - September 22, 2024 32
- MoIDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease (L38339) - R2 - Effective July 25, 2024 33
- Multi-Jurisdictional CAC Meeting Announcement - Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC) - October 17, 2024, 2 - 4 p.m. CT 33
- Multijurisdictional Contractor Advisory Committee (CAC) Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC) - Agenda. 34
- Multijurisdictional Contractor Advisory Committee (CAC) Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC) - Bibliography 35
- Multijurisdictional Contractor Advisory Committee (CAC) Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC) - Key Questions 39

In this Issue

Multiple MoIDX Policies- MoIDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis and MoIDX: Genetic Testing for Heritable Thoracic Aortic Disease - Published for Review and Comments	42
Noridian Molecular Diagnostic Service New Look.....	42
Noridian Molecular Diagnostic (MoIDX) Updates from Provider Suggestion	43
Open Meeting Announcement - MoIDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms - September 13, 2024.....	43
Polysomnography and Other Sleep Studies - Published for Review and Comments.	44
Self-Administered Drug Exclusion List (A53032) - R36 - Effective July 1, 2024	44
Self-Administered Drug Exclusion List (A53032) - R37 - Effective July 1, 2024	45
Self-Administered Drug Exclusion List (A53032) - R38 - Effective June 4, 2015	45
Self-Administered Drug Exclusion List (A53032) - R39 - Effective September 11, 2024	46
Urine Drug Testing - Published for Review and Comments.....	46
MLN Connects	47
MLN Connects - July 3, 2024	47
MLN Connects - July 11, 2024	47
MLN Connects - July 18, 2024	48
MLN Connects - July 25, 2024	49
MLN Connects - August 1, 2024	50
MLN Connects - August 8, 2024	51
MLN Connects - August 15, 2024	52
MLN Connects - August 22, 2024	53
MLN Connects - September 5, 2024.....	53
MLN Connects September 12, 2024	54
MLN Connects - September 19, 2024.....	55

In this Issue

MLN Connects - September 26, 2024..... 56

MLN Matters..... 57

Annual Update of HCPCS Codes Used for Home Health Consolidated Billing Enforcement..... 57

Annual Wellness Visit: SDOH Risk Assessment - Revised..... 57

Changes to the Laboratory NCD Edit Software: October 2024 Update 58

Changes to the Laboratory NCD Edit Software: January 2025 Update 58

Clinical Laboratory Fee Schedule & Laboratory Services Reasonable Charge Payment: October Update..... 59

CSC and CSCC Update 59

Diabetes Screening & Definitions Update: CY 2024 Physician Fee Schedule Final Rule - Revised 60

DMEPOS Fee Schedule: October 2024 Quarterly Update..... 60

Hospital OPPI: July 2024 Update - Revised 61

Hospital Outpatient Prospective Payment System: October 2024 Update..... 61

ICD-10 & Other Coding Revisions to National Coverage Determinations: January 2025 Update 62

Influenza Vaccine Payment Allowances - Annual Update for 2024-2025 Season..... 62

Inpatient Psychiatric Facilities Prospective Payment System: FY 2025 Updates 63

IPPS & LTCH PPS: FY 2025 Changes - Revised..... 63

IRF Annual Update: Prospective Payment System (PPS) Pricer Changes for Fiscal Year (FY) 2025..... 64

July 2024 Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files 64

July 2024 Quarterly Update to HCPCS Codes Used for SNF CB Enforcement 65

Medicare Part A SNF PPS Pricer Update FY 2025 65

National Coverage Determination 110.23: Allogeneic HSCT - Revised 66

October 2024 I/OCE Specifications Version 25.3 66

In this Issue

Quarterly Update to the MPFS Database - October 2024 Update	67
RARC, CARC, MREP and PC Print Update.....	67
Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations Policy	68

Contacts, Resources, and Reminders..... 69

Noridian Part A Customer Service Contact.....	69
Medicare Learning Network Matters Disclaimer Statement	69
Sources for “Medicare A News” Articles.....	69
Unsolicited or Voluntary Refunds Reminder	70
Do Not Forward Initiative Reminder.....	71
Jurisdiction E Part A Quarterly Ask the Contractor Meetings (ACM).....	73

Claims Denied in Error with Revenue Code 048X - Resolved 09/17/24

Provider/Supplier Type(s) Impacted: All Providers

Reason Codes: 32402

Claim Coding Impact: HCPCS 75580 and revenue code 048X

Description of Issue: Claims being billed with HCPCS 75580 are receiving reason code 34204 when billed with the cardiology revenue code (048X) and cannot process for payment. CMS has determined that claims should be allowed to process when HCPCS 75580 is billed with a cardiology revenue code.

Noridian Action Required: Noridian has updated the HCPCS Screen (MAP1294) for HCPCS 75580 to remove the revenue code restrictions.

Provider/Supplier Action Required: Providers need to resubmit or correct any claims that did not process as expected containing HCPCS 75580 due to this issue.

Proposed Resolution/Solution: N/A

Date Reported: 09/13/24

Date Resolved: 09/17/24

CMS Officially Launched the GUIDE Dementia Model July 1, 2024

July 1 CMS launched the Guiding and Improved Dementia Experience (GUIDE) Model with almost 400 participating organizations building Dementia Care Programs (DCPs).

The GUIDE model was designed to:

- Improve the quality of life for people with dementia
- Reduce the strain of caregivers
- Help beneficiaries to remain in their home as long as possible

This will be achieved by:

- Care coordination and management activities
- Caregiver education and support, and;
- Respite services.

CMS will test an alternative payment system for those providers who provide support services including:

- Comprehensive, person-centered assessments, and care plans
- Care coordination

News

- 24/7 access to support line

Beneficiaries and their caregivers will have access to a care navigator who will help them access service and support, including clinical and non-clinical services such as meals and transportation through community-based organizations.

Review the following resources to determine if any of your beneficiaries may qualify for services from a qualified provider, or facility.

- [CMS Guiding an Improved Dementia Experience \(GUIDE\) Model](#)
- [CMS Guiding an Improved Dementia Experience \(GUIDE\) Model Overview Factsheet](#)
- [CMS List of Participants](#)
- [Sign up for the GUIDE ListServ](#)

CMS to Update the Shortage Status of Essential Medicines List Quarterly Beginning October 1, 2024

As a result of the 2025 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) final rule, CMS finalized a [Separate IPPS Payment for Establishing and Maintaining Access to Essential Medicines](#). Under this policy, small, independent hospitals of 100 beds or fewer that are not part of a chain organization may receive payment for the IPPS shares of the additional costs to voluntarily establish and maintain a 6-month buffer stock of one or more of 86 essential medicines.

Beginning October 1, 2024, CMS intends to update the shortage status of the list of 86 essential medicines on or about the start of each calendar year quarter, i.e., October 1, January 1, April 1, and July 1. Updates to the list of medicines considered to be in shortage for the purposes of our policy **will take effect on the first day of each respective calendar year quarter**.

Visit the CMS resource linked above for additional information, including the updated list.

Complex Add-on Code G2211 Frequently Asked Questions (FAQ)

CMS has published the FAQs for HCPCS code G2211.

The complex add-on code may only be billed with office or outpatient evaluation and management visit codes 99202-99205 and 99211-99215.

View [CMS FAQ G2211](#)

Cost Report Referral Process Changes Beginning October 1, 2024

CMS issued Change Request 13566 earlier this year, which introduces new criteria for reconciling outlier payments for hospitals under the IPPS and LTCH PPS. Effective October 1, 2024, MACs must refer cost reports to the CMS Central Office for approval if the actual operating CCR deviates by 20% or more from the CCR used for outlier payments, and if total outlier payments exceed \$500,000. Upon approval, MACs will follow specific Medicare Claims Processing Manual instructions to reconcile these payments.

View the complete [CMS Change Request \(CR\) 13566](#).

Holding Claims for Pricing Based on the October 2024 FISS Release

Effective October 1, 2024, Part A claims with service dates on/after October 1, 2024, will be placed on a 15-day hold while pricing files are installed into the Fiscal Intermediary Shared System (FISS). This will allow claims to be verified for correct pricing to ensure proper payment.

All claims held during this time will be released no later than October 15, 2024.

Medicare & Mental Health Coverage - Revised

Learn what has changed with Mental Health and CMS:

- Billing and payment information for marriage and family therapist and mental health counselor services
- Commonly used mental health-related codes
- Information about intensive outpatient program services

Resource

- CMS [MLN Connects](#) dated August 29, 2024

Open Meeting Announcement Intervertebral Disc Repair - October 7, 2024

Date Posted: August 29, 2024

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

News

Noridian Healthcare Solutions will be hosting an Open Public Meeting on October 7, 2024, from 2 p.m. to 4 p.m. CDT.

Advance registration is required.

- Registration deadline to present comments on the LCD will close on September 30, 2024, at 11:59 p.m. CDT.
- General Registration deadline to participate by listen-only mode will close on October 6, 2024, at 11:59 p.m. CDT.

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

- Intervertebral Disc Repair, DL39960
- Billing and Coding: Intervertebral Disc Repair, DA59882

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

Open Meeting Announcement - Multiple MoIDX Policies MoIDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis and MoIDX: Genetic Testing for Heritable Thoracic Aortic Disease - October 10, 2024

Date Posted: August 29, 2024

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

Noridian Healthcare Solutions will be hosting an Open Public Meeting on Thursday, October 10, 2024, from 1 p.m. to 3 p.m. CT.

Advance Registration is required.

- Registration deadline to present comments on an LCD will close on October 3, 2024, at 11:59 pm CDT.
- General Registration deadline to participate by listen-only mode will close on October 9, 2024, at 11:59 pm CDT.

Proposed Local Coverage Determination (LCDs) and Local Coverage Article (LCAs)

- MoIDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis DL39948
- Billing and Coding: MoIDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis DA59872
- MoIDX: Genetic Testing for Heritable Thoracic Aortic Disease DL39944

News

- Billing and Coding: MoIDX: Genetic Testing in Heritable Thoracic Aortic Disease DA59868

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

Proper Billing of Tuberculosis Test, CPT code 86481

Noridian is aware that some laboratories may be miscoding a different tuberculosis test that does not require cell enumeration by improperly using CPT code 86481.

There are two CPT codes for Interferon Gamma Release Assay tuberculosis tests:

- **86480:** Tuberculosis test, cell mediated immunity antigen response measurement; of gamma interferon should be reported for tuberculosis (TB) testing by ELISA technique-based cell-mediated immunity measurement of gamma interferon antigen response.
- **86481:** Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension, should be reported for an interferon gamma release assay that requires the enumeration of gamma interferon producing T-cells.

CPT code 86481 can only be reported for a test that includes the following steps/elements:

- Isolate peripheral blood mononuclear cells (PBMCs) from whole blood.
- Wash and standardize cell number.
- Quantification of IFN-gamma secreting cells.

When the test does **NOT** meet the requirements provided above, then CPT code 86480 must be reported.

Requests for SSI Realignment for Cost Reporting Periods Starting Before October 1, 2013

The purpose of the Change Request 13413 is to provide information and implementation instructions for [CMS-1739-F | CMS](#) issued June 9, 2023, which concerned the treatment of Medicare Part C days for the purposes of calculating Medicare DSH.

The MAC will verify the written notification it received from the provider and determine DSH payments for verified realignment requests in accordance with CR 13413. Below is the excerpt from the CR that CMS has posted on the CMS website at [2024 Transmittals](#).

All Correspondence or questions should be sent to ssirealignment@noridian.com

On June 9, 2023, in response to the Supreme Court's ruling in *Azar v. Allina Health Services*, 139 S. Ct. 1804 (2019), the Centers for Medicare & Medicaid Services (CMS) issued a final rule (CMS-1739-F) that established a policy on the treatment of Part C days for purposes of calculating a hospital's disproportionate patient percentage (DPP) for cost reporting periods starting before October 1, 2013 (that is, for cost reporting periods starting before Federal fiscal year (FY) 2014) (88 FR 37772). In this rule, CMS expressed its view that, in light of *Becerra v. Empire Health Foundation, for Valley Hospital Medical Center*, 597 U.S. 424, 435 (June 24, 2022), it is clear that the DSH statute requires CMS to count Part C days in the Medicare fraction because Medicare beneficiaries remain "entitled to [Medicare Part A]" regardless of whether they enroll in Part C, and thus there was no statutory gap to fill that would require rule making under *Allina*. Nonetheless, because *Empire* did not squarely address whether Part C enrollees remain "entitled to Part A," CMS adopted, through retroactive rule making for cost reporting periods starting before October 1, 2013, the same policy of including Part C days in the Medicare fraction (also known as the "SSI fraction" or "SSI ratio") that was prospectively adopted in the FY 2014 IPPS final rule. Under the policy articulated in this rule, CMS will calculate a hospital's DPP by including Part C days in the Medicare fraction and excluding them from the numerator of the Medicaid fraction.

42 CFR 412.106(b)(3) allows a hospital the opportunity to request to have its SSI ratio realigned based on its cost reporting period (as opposed to the Federal fiscal year). Under this regulation, a realignment will be performed once per hospital per cost reporting period, and the resulting percentage becomes the hospital's official SSI ratio for that period. After the Supreme Court's *Allina* decision, CMS held processing of requests for SSI ratio realignment for cost reporting periods starting before FY 2014 due to a lack of policy established through notice-and-comment rule making regarding the treatment of Part C days for that period of time. With the issuance of the final rule (CMS-1739-F), the processing of realignment requests for cost reporting periods starting before FY 2014 will resume.

This letter explains the process for hospitals to confirm or make new realignment requests for cost reporting periods starting before October 1, 2013.

Posting of Cost Reporting Period-Based SSI Ratios for Cost Reporting Periods Starting Before October 1, 2013

Cost reporting period-based SSI ratios for cost reporting periods starting before October 1, 2013, are available on the CMS website at [Disproportionate Share Hospital \(DSH\)](#).

Realignment Requests for Cost Reporting Periods Starting Before October 1, 2013

Existing Realignment Requests: For any realignment requests for cost reporting periods starting before October 1, 2013, that the provider submitted to its MAC prior to August 1,

News

2024, providers MUST confirm these existing requests with their MAC before they can be processed.

New Realignment Requests: In addition to confirming existing requests, providers may also request realignments for other cost reporting periods starting before October 1, 2013, in accordance with CMS regulations.

Information to Send to MACs for Existing or New Realignment Requests: To confirm an existing request or make a new request for cost reporting periods starting before October 1, 2013, the provider must send a written notification to the MAC which contains the following information:

- Cost report begin date
- Cost report end date

The MAC will verify the written notification it received from the provider and determine DSH payments for verified realignment requests in accordance with CR 13413 (posted on the CMS website at 2024 Transmittals).

Finally, we note that, in accordance with the existing rules regarding realignment requests (42 CFR 412.106(b)(3)), once a hospital has confirmed its request for realignment of cost reporting periods starting before October 1, 2013 (in the case of requests made prior to August 1, 2024, or made a new request for such a reporting period, that request may not be withdrawn. The realigned ratio for the cost reporting period posted at Disproportionate Share Hospital (DSH) will be the hospital's ratio, regardless of whether the ratio is higher or lower than the Federal fiscal year ratio.

Skilled Nursing Facility Advance Beneficiary Notice: Revised Form & Instructions

CMS revised the [Skilled Nursing Facility Advance Beneficiary Notice](#):

- [Form CMS-10055 \(PDF\)](#)
- [Instructions \(PDF\)](#)

You can start using the form now. It's mandatory starting October 31, 2024.

Resource

CMS [MLN Connects](#) dated 9/5/2024

Temporary Disruption to External Print and Mail Services - Resolved 08/06/24

Provider/Supplier Type(s) Impacted: All

Reason Codes: Not applicable.

Claim Coding Impact: Not applicable.

Description of Issue: Noridian is currently experiencing a temporary disruption to our external print and mail services, affecting the printing of standard paper remittance advices (SPRs) and additional documentation requests (ADRs).

Noridian Action Required: We are actively working to resolve the issue, and once restored, SPRs and ADRs be promptly mailed where applicable.

07/22/24 - As of 07/19/24, all delayed SPRs have been mailed.

07/12/24 - The print and mail services are restored for SPRs. Noridian is in the process of mailing all SPRs delayed by the print disruption. Newly issued SPRs will be printed and mailed as they are generated. All delayed SPRs are expected to be mailed by July 19.

06/14/24 - There continues to be a print service disruption affecting the printing and mailing of SPRs. Noridian anticipates the disruption to be resolved by mid-July. Once resolved, all delayed SPRs will be mailed.

05/28/24 - There continues to be a print service disruption affecting the printing and mailing of SPRs.

05/03/24 - There continues to be a print service disruption affecting the printing and mailing of SPRs.

04/09/24 - There continues to be a print service disruption affecting the printing and mailing of SPRs.

03/20/24 - The print and mail services are restored for ADRs. There continues to be a disruption affecting the printing of SPRs.

Provider/Supplier Action Required: During this time, please access SPRs and any available ADRs online through the [Noridian Medicare Portal](#).

07/22/24 - If providers/suppliers are missing any SPRs after 08/01/24, please follow your normal procedures to receive a duplicate.

07/12/24 - Due to the disruption in our external print and mail services, Noridian will accept appeals for denied claims included in the SPRs up to 120 days from the postmark date. This extension will allow time to gather documentation and submit appeals for any disputed claims. Our intention is to ensure all parties are afforded appropriate filing timelines for valid appeals and receive consideration for good cause in accordance with

News

Internet Only Manual (IOM) 100-04 Chapter 29. Please include a comment with the late file rationale for the appeal to be reviewed for good cause.

Previously submitted appeals dismissed for a late file but were delayed as a result of the disruption to print and mail services, should be brought to the MACs attention. Appeals will be reviewed on a case-by-case basis to determine if good cause is established for a reopening.

06/14/24 - During this time, please access available SPRs online through the Noridian Medicare Portal. For more information on both full remittance advices and claim specific remittance advices visit [Remittance Advices - Portal Guide - Noridian \(noridianmedicare.com\)](https://www.noridianmedicare.com). SPRs generated throughout the disruption period will be mailed once all disruptions are resolved.

05/28/24 - During this time, please access available SPRs online through the Noridian Medicare Portal. For more information on both full remittance advices and claim specific remittance advices please visit [Remittance Advices - Portal Guide - Noridian \(noridianmedicare.com\)](https://www.noridianmedicare.com). SPRs generated throughout the disruption period will be mailed once all disruptions are resolved.

05/03/24 - During this time, please access available SPRs online through the Noridian Medicare Portal. For more information on both full remittance advices and claim specific remittance advices please visit [Remittance Advices - Portal Guide - Noridian \(noridianmedicare.com\)](https://www.noridianmedicare.com). SPRs generated throughout the disruption period will be mailed once all disruptions are resolved.

04/09/24 - During this time, please access SPRs online through the Noridian Medicare Portal. For more information on both full remittance advices and claim specific remittance advices please visit [Remittance Advices - Portal Guide - Noridian \(noridianmedicare.com\)](https://www.noridianmedicare.com).

03/20/24 - Providers will receive mailed ADRs generated from February 20 and forward. If the requested information was already accessed and provided through the Noridian Medicare Portal (NMP) or Direct Data Entry (DDE), please disregard the mailed letter. If the claim denied for no response due to the delay of the ADR letter mailing, Noridian will reopen and review supporting documentation if received accordingly and will honor the 45-days based on the date the letter was mailed.

Proposed Resolution/Solution: N/A

Date Reported: 03/06/24

Date Resolved: 08/06/24

Medical Policies and Coverage

Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (A57161) - R4 - Effective October 1, 2015

Date Posted: September 26, 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: October 1, 2015

Summary of Article Changes:

Revision Effective Date: 10/01/2015

ICD-10-CM CODES THAT SUPPORT MEDICAL NECESSITY:

Added: ICD-10-CM code D17.0, D17.1, D17.21, D17.22, D17.23, D17.24 to Group 1 Codes

01/01/2024: At this time, 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

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

Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55239) - R17 - Effective July 1, 2024

Date Posted: July 5, 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: July 1, 2024

Summary of Article Changes:

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

Effective 07/01/2024 - 09/30/2024

Prialt (Ziconotide) = \$9.776

Ropivacaine = \$0.069

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

Medical Policies and Coverage

Billing and Coding: MoIDX: Afirma™ Assay by Veracyte (A54356) Retirement - Effective July 28, 2024

Date Posted: August 1, 2024

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

Effective Date: July 28, 2024

Summary:

The following article will be retired when MoIDX: Molecular Testing for Risk Stratification of Thyroid Nodules policy becomes effective on 7/28/2024.

Visit the Noridian [Billing and Coding Articles](#) webpage to access the Retired articles in the CMS MCD.

Billing and Coding: MoIDX: ApoE Genotype (A55094) Retirement - Effective October 3, 2024

Date Posted: October 3, 2024

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

Effective Date: October 3, 2024

Summary:

This article will be retiring because the information in this article has been incorporated within the Billing and Coding: MoIDX: Pharmacogenomics Testing A57384.

Visit the CMS [Medicare Coverage Database \(MCD\)](#) to access the Retired articles.

Billing and Coding: MoIDX: BCR-ABL (A55595)- R5 - Effective September 19, 2024

Date Posted: September 19, 2024

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

Effective Date: September 19, 2024

Summary of Changes:

Under **Article Text paragraph 5** added "To submit a claim for ABL1 Kinase Domain Mutation Analysis for the detection of acquired imatinib tyrosine kinase inhibitor

Medical Policies and Coverage

resistance, use CPT® 81170 and one (1) UOS with the assigned DEX Z-code. See also Group 2 below.” Under **CPT/HCPCS Codes Group 2: Paragraph** added “The following should be reported for ABL1 Kinase Domain Mutation Analysis for the detection of acquired imatinib tyrosine kinase inhibitor resistance.” Under **CPT/HCPCS Codes Group 2: Codes** added 81170. Under **ICD-10-CM Codes that Support Medical Necessity Group 2: Codes** added C92.10, C92.12, C91.00, and C91.02.

Updated **Article Text** to include **Effective for dates of service on and after 4/15/13**. Noridian has modified certain language in the articles (LCA) to mirror the language used presently by the MoIDX team at Palmetto GBA as part of an annual review. Revision history dates and language may not exactly match the MoIDX PGBA revision history. However, these revisions do not change coverage or guidance.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MoIDX LCDs](#) or access it via the [CMS MCD](#).

Billing and Coding: MoIDX: bioTheranostics Cancer TYPE ID® Update (A54386) - R11 - Effective October 1, 2024

Date Posted: September 5, 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: October 1, 2024

Summary of Article Changes:

Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** deleted C86.1 and C88.4. Added C83.390 and C83.398. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2024.

Visit the Noridian [Active MoIDX Billing and Coding Articles and Educational Articles](#) webpage to view the complete listing of coverage articles and articles available in the [CMS MCD](#).

Billing and Coding: MoIDX: Blood Product Molecular Antigen Typing (A57124) - R5 - Effective October 1, 2024

Date Posted: September 12, 2024

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

Effective Date: October 1, 2024

Medical Policies and Coverage

Summary of Changes:

Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** added D61.03. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2024.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MoIDX LCDs](#) or access it via the [CMS MCD](#).

Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (A57421) - R11 - Effective October 1, 2024

Date Posted: September 12, 2024

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

Effective Date: October 1, 2024

Summary of Changes:

Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** deleted C88.8. This revision is due to the Annual ICD-10-CM Code Update and will become effective on 10/1/2024.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MoIDX LCDs](#) or access it via the [CMS MCD](#).

Billing and Coding: MoIDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (A58679) - R6 - Effective August 1, 2024

Date Posted: August 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: August 1, 2024

Summary of Article Changes:

Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** deleted K63.5. Added C23, C24.1, C24.8, C48.0, C53.8, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.6, C67.7, C67.8, C67.9, C79.11, D00.2, D01.0, D01.1, D01.2, D01.40, D01.49, D01.5, D01.7, D05.00, D05.01, D05.02, D05.10, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D06.0, D06.1, D07.0, D07.5, D09.3, D09.8, Z85.51, Z86.001, Z86.002, and Z86.004.

Medical Policies and Coverage

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

Billing and Coding: MoIDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (A58679) - R7 - Effective October 1, 2024

Date Posted: September 12, 2024

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

Effective Date: October 1, 2024

Summary of Changes:

Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** deleted Z86.010. Added Z86.0101. This revision is due to the Annual ICD-10-CM Code Update and will become effective on 10/1/2024.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MoIDX LCDs](#) or access it via the [CMS MCD](#).

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Hematologic Cancers (A58996) - R6 - Effective October 1, 2024

Date Posted: September 12, 2024

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

Effective Date: October 1, 2024

Summary of Changes:

Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** deleted C83.39, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.0, C88.2, C88.3, C88.4, and C88.8. Added C81.0A, C81.1A, C81.2A, C81.3A, C81.4A, C81.7A, C81.9A, C82.0A, C82.1A, C82.2A, C82.3A, C82.4A, C82.5A, C82.6A, C82.8A, C82.9A, C83.0A, C83.1A, C83.390, C83.398, C83.3A, C83.5A, C83.7A, C83.8A, C83.9A, C84.0A, C84.1A, C84.4A, C84.6A, C84.7B, C85.1A, C85.2A, C85.8A, C85.9A, C86.00, C86.01, C86.10, C86.11, C86.20, C86.21, C86.30, C86.31, C86.40, C86.41, C86.50, C86.51, C86.60, C86.61, C88.00, C88.01, C88.20, C88.21, C88.30, C88.31, C88.40, C88.41, C88.80, C88.81, C88.90, and C88.91. Under **ICD-10 Codes that Support Medical Necessity Group 2: Codes** deleted C83.39. Added C83.398

Medical Policies and Coverage

and C83.3A. Under **ICD-10 Codes that Support Medical Necessity Group 4: Codes** deleted C83.39, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C88.3, and C88.4. Added C81.0A, C81.1A, C81.2A, C81.3A, C81.4A, C81.7A, C81.9A, C82.0A, C82.1A, C82.2A, C82.3A, C82.4A, C82.5A, C82.6A, C82.8A, C82.9A, C83.0A, C83.1A, C83.390, C83.398, C83.3A, C83.5A, C83.7A, C83.8A, C83.9A, C84.0A, C84.1A, C84.4A, C84.6A, C85.1A, C85.2A, C85.8A, C85.9A, C86.00, C86.01, C86.10, C86.11, C86.20, C86.21, C86.30, C86.31, C86.40, C86.41, C86.50, C86.51, C86.60, C86.61, C88.00, C88.01, C88.20, C88.21, C88.30, C88.31, C88.40, C88.41, C88.80, C88.81, C88.90, and C88.91. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2024.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MoIDX LCDs](#) or access it via the [CMS MCD](#).

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R7 - Effective July 11, 2024

Date Posted: July 11, 2024

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

Effective Date: July 11, 2024

Summary of Changes:

Under **Article Text** revised Table 1 row 3 to add "RaDaR Whole Exome + Plasma Series **Bundle** for Molecular Residual Disease (NeoGenomics Laboratories, Inc)". Under subheading Additional Test-specific Indications, Limitations and Instructions revised first sentence to add "HPV-negative head and neck squamous cell carcinoma (RaDaR)". Formatting was corrected throughout the article. This revision is due to new covered test that has successfully completed a TA and is effective for 3/20/2024.

Under **CPT/HCPCS Codes Group 3: Codes** added 81479. This is effective 7/11/2024.

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

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454)- R8 - Effective September 26, 2024

Date Posted: September 26, 2024

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

Medical Policies and Coverage

Effective Date: September 26, 2024

Summary of Changes:

Under **Article Text** subheading **Additional Test-specific Indications, Limitations and Instructions** revised first sentence #1 to read “muscle-invasive bladder”. This revision is due to new covered test that has successfully completed a TA and is effective for 4/19/2022.

Under **Article Text** subheading **Additional Test-specific Indications, Limitations and Instructions** revised first sentence #1 to add “ovarian”. This revision is due to new covered test that has successfully completed a TA and is effective for 12/14/2023.

Under **Article Text** subheading **Additional Test-specific Indications, Limitations and Instructions** revised first sentence #1 to add “(neoadjuvant)”. This revision is due to new covered test that has successfully completed a TA and is effective for 12/20/2023.

Under **Article Text** subheading **Additional Test-specific Indications, Limitations and Instructions** revised first sentence #2 to add “in patients with a personal history of cancer” and “Natera”. Formatting was corrected throughout the article. This revision is due to covered test that has successfully completed a TA and is effective for 5/12/2022.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MoIDX LCDs](#) or access it via the [CMS MCD](#).

Billing and Coding: MoIDX: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis (A59521) - R2 - Effective July 1, 2024

Date Posted: July 11, 2024

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

Effective Date: July 1, 2024

Summary of Changes:

Under **CPT/HCPCS Codes Group 1: Codes** added 0456U. This is due to the 2024 Q3 CPT/HCPCS Code Update and is effective 7/1/2024.

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

This revision is due to the 2024 Q3 CPT/HCPCS Code Update and is effective 7/1/2024.

Medical Policies and Coverage

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

Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) (A57526) - R19 - Effective July 1, 2024

Date Posted: July 5, 2024

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

Effective Date: July 1, 2024

Summary of Changes:

Under **CPT/HCPCS Codes Group 1: Codes** deleted 0204U. Added 0020M, 0452U, 0453U, 0454U, 0456U, 0460U, 0461U, 0463U, 0464U, 0465U, 0466U, 0467U, 0469U, 0470U, 0471U, 0473U, 0474U, and 0475U. Under **CPT/HCPCS Codes Group 2:** Codes deleted 0353U. Added 0455U.

This revision is due to the 2024 Q3 CPT/HCPCS Code Update and is effective 7/1/2024.

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

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R18 - Effective July 1, 2024

Date Posted: July 11, 2024

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

Effective Date: July 1, 2024

Summary of Changes:

Under **CPT/HCPCS Codes Group 5: Codes** deleted 0353U and added 0455U. This is due to the 2024 Q3 CPT/HCPCS Code Update and is effective 7/1/2024.

This revision is due to the 2024 Q3 CPT/HCPCS Code Update and is effective 7/1/2024.

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

Medical Policies and Coverage

Billing and Coding MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R19 - Effective August 1, 2024

Date Posted: August 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: August 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 11: Paragraph added** "Non-Urogenital/Anogenital Cutaneous/Mucocutaneous Lesion Panels: This code is reimbursed under limited circumstances". Under **CPT/HCPCS Codes Group 11: Codes added** 87999. Under CPT/HCPCS Modifiers Group 11: Codes added 59. Under ICD-10 Codes that Support Medical Necessity Group 11: Paragraph added "These are the diagnosis codes corresponding to coverage of CPT/HCPCS Codes Group 11: Codes -Non-Urogenital/ Anogenital Cutaneous/ Mucocutaneous Lesion Panels". Under **ICD-10 Codes that Support Medical Necessity Group 11: Codes added** B00.0, B00.1, B00.2, and B00.59. This revision is effective 3/28/2024.

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

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720)- R20 - Effective October 1, 2024

Date Posted: September 29, 2024

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

Effective Date: October 1, 2024

Summary of Changes:

Under **ICD-10 Codes that Support Medical Necessity Group 6: Codes** added D61.03. Under **ICD-10 Codes that Support Medical Necessity Group 7: Codes** added D61.03. Under **ICD-10 Codes that Support Medical Necessity Group 9: Codes** the description was revised for A77.41.

Medical Policies and Coverage

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MoIDX LCDs](#) or access it via the [CMS MCD](#).

Billing and Coding: MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (A57891) - R8 - Effective October 1, 2024

Date Posted: September 12, 2024

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

Effective Date: October 1, 2024

Summary of Changes:

Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** added D61.03. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2024.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MoIDX LCDs](#) or access it via the [CMS MCD](#).

Billing and Coding: MoIDX: Proteomics Testing (A59641) - R5 - Effective July 1, 2024

Date Posted: July 5, 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: July 1, 2024

Summary of Changes:

Under **CPT/HCPCS Codes Group 1: Codes** added 0458U and 0468U.

This revision is due to the 2024 Q3 CPT/HCPCS Code Update and is effective 7/1/2024.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: Repeat Germline Testing (A57331) - R12 - Effective July 1, 2024

Date Posted: July 11, 2024

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

Effective Date: July 1, 2024

Summary of Changes:

Under **CPT/HCPCS Codes Group 1: Codes** added 0454U, 0460U, 0461U, 0474U, and 0475U. This revision is due to the 2024 Q3 CPT/HCPCS Code Update and is effective 7/1/2024.

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

Billing and Coding: MoIDX: Repeat Germline Testing (A57331) - R13 - Effective September 5, 2024

Date Posted: September 5, 2024

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

Effective Date: September 5, 2024

Summary of Changes:

Under **CPT/HCPCS Codes Group 1: Codes** deleted 81288, 81345, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81416, 81417, 81420, 81422, 81426, and 81427. This revision is effective 9/5/2024.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MoIDX LCDs](#) or access it via the [CMS MCD](#).

Facet Joint Interventions for Pain Management L38801 - R3 and Billing and Coding: Facet Joint Interventions for Pain Management A58403 - R5 - Effective July 7, 2024

Date Posted: August 1, 2024

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

Medical Policies and Coverage

Medicare Coverage Database (MCD) Number: L38801 and A58403

Effective Date: July 7, 2024

Summary of Changes to the LCD:

Updated "Coverage Indications, Limitations and/or Medical Necessity" with the following:

- B. Therapeutic Facet Joint Procedures (IA or MBB) - removed (IA) under Frequency Limitations.
- Limitations #9 - removed, "intraarticular"

Summary of Changes to the Billing and Coding article:

- Added verbiage under Coding Guidance.
- Added ICD-10-CM codes M53.82, M53.83, M53.84, M53.85, M53.86, and M53.87 to ICD-10-CM Codes that Support Medical Necessity Group 1.
- Added Group 1: Medical Necessity ICD-10-CM Codes Asterisk Explanation: To be used for facet cyst.

Visit the Noridian [Active LCDs](#) webpage or the CMS [MCD](#) to view the entire LCD and Billing and Coding article.

Intervertebral Disc Repair - Published for Review and Comments

Date Posted: August 29, 2024

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

Medicare Coverage Database (MCD) Number: DL39960

LCD Title: Intervertebral Disc Repair

Comment period: August 29, 2024 - October 12, 2024

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

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

Medical Policies and Coverage

Local Coverage Determinations (LCDs) Finalized - Effective August 18, 2024

Date Posted: July 5, 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
L39589	MoIDX: Molecular Biomarker Testing for Risk Stratification of Cutaneous Squamous Cell Carcinoma

Medicare Coverage Database Number	Billing and Coding Article Title
A59386	Billing and Coding: MoIDX: Molecular Biomarker Testing for Risk Stratification of Cutaneous Squamous Cell Carcinoma

Medicare Coverage Database Number	Response to Comments
A59830	Response to Comments: MoIDX: Molecular Biomarker Testing for Risk Stratification of Cutaneous Squamous Cell Carcinoma

Effective Date: August 18, 2024

View [Active LCDs](#) on our website or the [Medicare Coverage Determination \(MCD\)](#).

Local Coverage Determinations (LCDs) Finalized - Effective September 22, 2024

Date Posted: August 8, 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).

Medical Policies and Coverage

Medicare Coverage Database Number	LCD Title
L39686	MoIDX: Gene Expression Profile Tests for Decision-Making in Castration Resistant and Metastatic Prostate Cancers
L39678	MoIDX: Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy

Medicare Coverage Database Number	Billing and Coding Article Title
A59513	Billing and Coding: MoIDX: Gene Expression Profile Tests for Decision-Making in Castration Resistant and Metastatic Prostate Cancers
A59505	Billing and Coding: MoIDX: Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy

Medicare Coverage Database Number	Response to Comments
A59851	Response to Comments: MoIDX: Gene Expression Profile Tests for Decision-Making in Castration Resistant and Metastatic Prostate Cancers
A59854	Response to Comments: MoIDX: Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy

Effective Date: September 22, 2024

Medical Policies and Coverage

Micro-Invasive Glaucoma Surgery (MIGS) Final LCD - Effective November 17, 2024

Date Posted: September 26, 2024

This Local Coverage Determination (LCD) has completed the Open Public Meeting and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories). Responses to comments received may be found as a link at the bottom of the final LCD.

Medicare Coverage Database (MCD) Number/Contractor Determination Number:
L38299

LCD Title: Micro-Invasive Glaucoma Surgery (MIGS)

Effective Date: November 17, 2024

Summary of LCD: This LCD is being released to final.
Visit the [Proposed LCDs](#) webpage to access this LCD.

MoIDX: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis (L39467) - R1 - Effective August 22, 2024

Date Posted: August 22, 2024

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

Effective Date: August 22, 2024

Summary of Changes:

Under ***Bibliography*** revised broken hyperlink on second reference. Formatting and typographical errors were corrected throughout the LCD.

This revision is effective on 08/22/24.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MoIDX LCD](#) or access it via the [CMS MCD](#).

MoIDX: Molecular Testing for Solid Organ Allograft Rejection

After careful consideration of all the feedback from interested parties regarding the MoIDX: Molecular Testing for Solid Organ Allograft Rejection ([DL38629](#)) proposed local coverage determination (LCD), we have decided not to finalize the proposed LCD. In the

Medical Policies and Coverage

coming months, we intend to issue a new proposed LCD and look forward to further public comment on this very important issue. The Medicare coverage database will be fully updated to reflect this decision next week

MoIDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms - Published for Review and Comments

Date Posted: August 1, 2024

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

Medicare Coverage Database (MCD) Number: DL39923

LCD Title: MoIDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms DL39923

Comment period: August 1, 2024-September 15, 2024

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

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

MoIDX: Percepta® Bronchial Genomic Classifier (L36886) Retirement - September 22, 2024

Date Posted: September 26, 2024

The following Local Coverage Determinations (LCDs) and associated Billing and Coding Articles (LCA) have been retired under contract numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Medicare Coverage Database Number	Billing and Coding Article Title and Revision Number
L36886	Billing and Coding: MoIDX: Percepta® Bronchial Genomic Classifier (A57502)

Effective Date: September 22, 2024

Medical Policies and Coverage

Summary: The following LCD and article will be retired when the MoIDX: Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy L39678/Billing & Coding: MoIDX Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy A59505 becomes effective on 09/22/24.

Visit the [Medicare Coverage Database](#) to access the Retired article.

MoIDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease (L38339) - R2 - Effective July 25, 2024

Date Posted: July 25, 2024

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

Effective Date: July 25, 2024

Summary of Changes:

Under **CMS National Coverage** Policy updated section headings for 2nd and 3rd regulations. Under **Bibliography** changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation, and typographical errors were corrected throughout the LCD.

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

Multi-Jurisdictional CAC Meeting Announcement - Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC) - October 17, 2024, 2 - 4 p.m. CT

Date Posted: September 13, 2024

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

National Government Services, Wisconsin Physician Services, Palmetto GBA, CGS Administrators, and Noridian Healthcare Solutions will host a Multi-Jurisdictional Contractor Advisory Committee (CAC) Meeting via Microsoft Teams Webinar on October 17, 2024, from 2 - 4 p.m. CT. Discussions will focus on Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC).

The Centers for Medicare & Medicaid Services (CMS) assigned Medicare Administrative Contractors (MACs) the task of developing Local Coverage Determinations (LCDs). The purpose of the CAC meeting is to provide a formal mechanism for healthcare

Medical Policies and Coverage

professionals to be informed of the evidence used in developing an LCD and promote communications between the MACs and the healthcare community. The CAC panel will discuss the clinical literature related to Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC). Discussions will occur between CAC panelists and Contractor Medical Directors. The public may attend; however, questions from the public will not be entertained.

Interested stakeholders are invited to attend via webinar; however, advanced registration is required.

Note: Registration deadline to participate by listen-only mode will close on October 11, 2024.

Once registered you will receive the webinar information via email. Lines will remain muted throughout the conference except for the invited CAC panelists and the MAC hosts.

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

Multijurisdictional Contractor Advisory Committee (CAC) Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC) - Agenda

Thursday, October 17, 3:00 PM - 5:00 PM (ET) and 2:00- 4:00 PM (CT)

Teleconference/Webinar Only

Facilitators:

- Dr. Olatokunbo Awodele (Host)
- Dr. Juan Schaening-Perez (Co-Host)

Welcome and Introduction:

- Dr. Olatokunbo Awodele

Participating Medicare Administrative Contractors (MACs):

- Noridian Healthcare Solutions
- CGS Administrators
- National Government Services
- Palmetto GBA
- WPS Government Health Administrators

Medical Policies and Coverage

Discussion of Evidence and Key Questions

- Contractor Medical Directors (CMDs) and Subject Matter Experts (SMEs)

Concluding Remarks

- Dr. Olatokunbo Awodele

Multijurisdictional Contractor Advisory Committee (CAC) Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC) - Bibliography

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Multijurisdictional Contractor Advisory Committee (CAC) Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC) - Key Questions

1. According to NCCN guidelines, surgical excision with margins and/or Mohs is considered first line therapy for patients with high risk BCCA and high risk and very high risk SCCA.
 - a. Is there sufficient evidence to support that superficial radiation therapy is equivalent for non-surgical candidates?
 - b. Is there any advantage to add HRUS (high resolution ultrasound) to SRT, versus standard SRT alone or using the newer SRT machines/protocols without HRUS; If so, why?
 - c. How do you define a nonsurgical candidate?

Medical Policies and Coverage

2. Does the literature support that low risk BCCA or low risk SCCA should be treated with non-surgical or alternative means or standard excision or Mohs? If so, what literature supports this approach?
3. Is there sufficient evidence to treat any patient with a nonmelanoma skin cancer (NMSC) including ones that are very small and easily treated in a single session by other means?
 - a. If yes, is this supported by current NCCN guidelines, AAD guidelines, Mohs guidelines and ASTRO guidelines?
 - b. Is there an advantage to have a tissue diagnosis for complete margins being excised versus just visual follow-up for detecting recurrence?
4. Should the use of IGSRT follow other ASTRO guidelines for the safe delivery of image guided radiation therapy?
 - a. If ultrasound is being used prior to and not in conjunction with SRT, then is it really imaged guided radiation therapy?
5. In the absence of randomized clinical trials or comparative studies are you confident that the addition of ultrasound guidance added to SRT improved clinical outcomes? If yes, what literature supports your position?
6. Is there potential risk for:
 - a. recurrence?
 - b. increase risk if needs surgical incision in future due to changes from irradiation?
 - c. Risk of new malignancies associated with irradiation in the future?
 - d. Challenges in detecting recurrence after irradiation?
If yes, how many years of follow-up do research studies need to be certain this is not causing inadvertent harm and should there be lower age limit to this technology given the lack of long-term data?
7. For patients who are non-surgical candidates who are considered for alternative RT, the appropriateness of RT should be performed by a radiation oncologist according to NCCN and ASTRO guidelines. Do you feel that this is required for superficial radiation therapy, as well? Why or why not?
 - a. Should a dermatologist or other qualified health care professional perform the radiation dosing, site planning, image guidance and other services associated with radiation therapy that are typically delegated to a radiation oncologist.
 - b. Who interprets the images used for HRUS? Is it the radiation oncologist, dermatologist, radiation therapist, ultrasound technician etc.?

Medical Policies and Coverage

- c. What training requirements should be met and through what mechanism prior to delivering this treatment?
 - d. Can the fractionated treatments be delivered by other than a radiation technologist such as trained medical assistant or other ancillary personnel delegated by the supervising physician consistent with CMS guidelines for “incident-to” care?
8. Are there standardized published protocols to define ultrasound findings and measurements for superficial skin lesions?
 - a. If there are standards, do they take into account patients with irregular skin, irregular tumors, crusting, bleeding, ulceration, etc. as this can impact the depth of the lesion?
 - b. Several of the studies specify limitation of the high-resolution ultrasound (HRUS) to 6mm in depth? Do you agree with those findings? Why or why not?
9. Should there be limitations on the number of treatments or treatment sessions, use of image guidance, radiation planning procedures, and who can perform these procedures as far as education and training?
10. It has been purported that the cosmesis is superior with either SRT or EBT. How does the literature support that assertion to be the case? Is this based upon subjective or objective evidence? Is there any comparison to traditional excisions or Mohs procedures in cosmesis supported by the literature? What about the telangiectasias and skin changes that occur to the irradiated skin short term and long term?
11. What if complications develop during or between treatment sessions. Will a break in treatment alter treatment planning and potentially affect the outcome of the treatment?
12. Is there literature comparing cosmetic results of traditional excisions or Mohs procedures to SRT or EBT and does it support one being superior to the other?
13. What ancillary services/procedures/planning are required with the following:
 - a. Traditional surgical excision
 - b. Mohs excision
 - c. EBT
 - d. SRT

Medical Policies and Coverage

Multiple MoIDX Policies- MoIDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis and MoIDX: Genetic Testing for Heritable Thoracic Aortic Disease - Published for Review and Comments

Date Posted: August 29, 2024

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

Medicare Coverage Database (MCD) Number: DL39948

Medicare Coverage Database (MCD) Number: DL39944

LCD Title: MoIDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis DL39948

LCD Title: MoIDX: Genetic Testing for Heritable Thoracic Aortic Disease DL39944

Comment period: August 29, 2024-October 12, 2024

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

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

Noridian Molecular Diagnostic Service New Look

The Noridian [Molecular Diagnostic Services](#) website has a redesigned look. Noridian strives to create a user-friendly website that is your primary source for Medicare billing, policies and online resources. This new look will help providers with direct links to **only** Active MoIDX LCDs, Active MoIDX Billing and Coding articles and Educational Articles, Proposed MoIDX LCDs and MoIDX Open Public Meetings.

Currently, all linked Noridian Local Coverage Determination (LCD) are listed under the Policies tab. The MoIDX related LCDs and Articles will be moving to the Molecular Diagnostic Services web page.

Additionally, helpful Noridian links will be added to the website. These links will include Educational Resources for Appeals, CERT, and Laboratory.

Please reach out to our Provider Contact Center (PCC) should you have any questions.

Medical Policies and Coverage

Noridian Molecular Diagnostic (MoIDX) Updates from Provider Suggestion

Noridian strives to create a user-friendly and mobile-friendly website as your primary source for Medicare billing, policies, and online resources. Updates to Noridian Active LCDs website along with Molecular Diagnostic Services website were taken into consideration from provider input and suggestions and have been implemented.

Currently, under [Active LCDs](#) website, you will see a link for MoIDX LCDs and MoIDX Articles. On the [Molecular Diagnostic Services](#) website, the Responsibilities section has been updated to make it more mobile user friendly.

Open Meeting Announcement - MoIDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms - September 13, 2024

Date Posted: August 1, 2024

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

Noridian Healthcare Solutions will be hosting an Open Public Meeting on September 13, 2024, from 1 p.m. to 3 p.m. CT.

Advance registration is required.

- Registration deadline to present comments on an LCD will close on September 6, 2024, at 11:59 pm CDT.
- General Registration deadline to participate by listen-only mode will close on September 12, 2024, at 11:59 pm CDT.

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

- MoIDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms DL39923
- Billing and Coding: MoIDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms DA59835

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

Medical Policies and Coverage

Polysomnography and Other Sleep Studies - Published for Review and Comments

Date Posted: July 18, 2024

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

Medicare Coverage Database (MCD) Number: DL36861

LCD Title: Polysomnography and Other Sleep Studies

Comment period: July 18, 2024 - August 31, 2024

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

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

Self-Administered Drug Exclusion List (A53032) - R36 - Effective July 1, 2024

Date Posted: July 5, 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: July 1, 2024

Summary of Changes:

The article has been updated to add a new code (Q5137) for Ustekinumab-auub (Wezlana) effective for dates of service on or after 7/1/2024. The previous miscellaneous codes C9399, J3490, and J3590 have been deleted. A new code (J2267) for Mirikizumab-mrkz* has been added effective for dates of service on or after 7/1/2024. The previous miscellaneous codes C9399, J3490, and J3590 have been deleted.

The new drug code (J1748) Infliximab-dyyb (Zymfentra) has been added to SAD list with effective for dates of service on or after 8/18/2024.

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.

Medical Policies and Coverage

Self-Administered Drug Exclusion List (A53032) - R37 - Effective July 1, 2024

Date Posted: July 18, 2024

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

Effective Date: July 1, 2024

Summary of Changes:

The article has been updated due to a clerical error in the previous revision. The article has been updated to add a new code (Q5137) for Ustekinumab-auub (Wezlana) effective for dates of service on or after 7/1/2024.

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.

Self-Administered Drug Exclusion List (A53032) - R38 - Effective June 4, 2015

Date Posted: September 12, 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: June 4, 2015

Summary of Changes:

Revision Effective Date: 06/04/2015

EXCLUDED CPT/HCPCS CODES:

Added: J3590 Secukinumab (Cosentyx) subcutaneous use*

09/12/2024: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

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 [Billing and Coding Articles](#) webpage.

Medical Policies and Coverage

Self-Administered Drug Exclusion List (A53032) - R39 - Effective September 11, 2024

Date Posted: September 26, 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: September 11, 2024

Summary of Changes:

EXCLUDED CPT/HCPCS CODES:

Removed: Asterisk (*) from J3590, J3490, and C9399 secukinumab (Cosentyx) subcutaneous use. This is effective 07/01/2024.

Added: Asterisk (*) to J1628 guselkumab (Tremfya®)*. This is effective 09/11/2024.

09/26/2024: At this time, 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

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 [Billing and Coding Articles](#) webpage.

Urine Drug Testing - Published for Review and Comments

Date Posted: September 19, 2024

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

Medicare Coverage Database (MCD) Number: DL36668

LCD Title: Urine Drug Testing

Comment period: September 19, 2024 - November 2, 2024

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

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

MLN Connects

MLN Connects - July 3, 2024

[MLN Connects Newsletter: July 3, 2024](#)

News

- ESRD Prospective Payment System CY 2025 Proposed Rule - Submit Comments by August 26
- CMS Roundup (June 28, 2024)
- Improve Your Search Results for CMS Content

Claims, Pricers, & Codes

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

MLN Matters® Articles

- Changes to the Laboratory National Coverage Determination Edit Software: October 2024 Update
- Ambulatory Surgical Center Payment Update - July 2024 - Revised
- Diabetes Screening & Definitions Update: CY 2024 Physician Fee Schedule Final Rule - Revised

Publications

- Medicare Part D Vaccines - Revised
- Period of Enhanced Oversight for New Hospices in Arizona, California, Nevada, & Texas - Revised

MLN Connects - July 11, 2024

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

Proposed Rules

- Physician Fee Schedule CY 2025 Proposed Rule
- Hospital Outpatient Prospective Payment System & Ambulatory Surgical Center Payment System CY 2025 Proposed Rule
- Mitigating the Impact of Significant, Anomalous, & Highly Suspect Billing Activity on Medicare Shared Savings Program Financial Calculations in CY 2023 Proposed Rule - Submit Comments by July 29

MLN Connects

News

- Guiding an Improved Dementia Experience by Clearing the Path for Comprehensive, High-Quality Dementia Care
- New Alzheimer's Drugs: Updates to CMS National Patient Registry
- Epileptologists: New Physician Specialty Code
- Medicare Diabetes Prevention Program Supplier Enrollment: Updated CDC Organization Codes
- CMS Health Information Handler Helps You Submit Medical Review Documentation Electronically
- Help People Living with Disabilities Get the Care They Need

Compliance

- Negative Pressure Wound Therapy: Prevent Claim Denials

Claims, Pricers, & Codes

- HCPCS Application Summaries & Coding Decisions: Drugs & Biologicals

Events

- Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests: Now Virtual-Only on July 25-26

Publications

- Post-Acute Care Quality Reporting Programs: Technical Expert Panel Measurement Sets Report

MLN Connects - July 18, 2024

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

News

- Final Part Two Guidance to Help People with Medicare Prescription Drug Coverage Manage Prescription Drug Costs
- Medicare Ground Ambulance Data Collection System: Submit Comments by September 9
- Medicare Providers: Deadlines for Joining an Accountable Care Organization

MLN Connects

- Skilled Nursing Facility Value-Based Purchasing Program: May 2 Webinar Materials Available
- CMS Roundup (July 12, 2024)

Claims, Pricers, & Codes

- ICD-10-CM Diagnosis Codes: FY 2025

Events

- Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests: Now Virtual-Only on July 25-26

Publications

- Guiding an Improved Dementia Experience Model

MLN Connects - July 25, 2024

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

News

- CMS Announces Resources & Flexibilities to Assist with Public Health Emergency in Texas
- CMS Oral Health Cross-Cutting Initiative Fact Sheet
- Doctors & Clinicians: Utilization Data on Medicare.gov Compare Tool
- Help Improve the Program for Evaluating Payment Patterns Electronic Reports & Comparative Billing Reports
- Viral Hepatitis: Talk with Your Patients About Shots & Screenings

Compliance

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

MLN Matters® Articles

- Clinical Laboratory Fee Schedule & Laboratory Services Reasonable Charge Payment: October Update
- Lymphedema Compression Treatment Items: Implementation - Revised

MLN Connects

Publications

- Ground Ambulance Industry Trends 2017-2022

Multimedia

- Post-Acute Care Quality Reporting Programs: FY & CY 2025 Program Updates Web-Based Training

From Our Federal Partners

- Disruptions in Availability of Becton Dickinson BACTEC Blood Culture Bottles

MLN Connects - August 1, 2024

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

Final Payment Rules

- Skilled Nursing Facility FY 2025 Final Rule
- Inpatient Rehabilitation Facility FY 2025 Final Rule
- Inpatient Psychiatric Facility FY 2025 Final Rule
- Hospice FY 2025 Final Rule

News

- CMS Roundup (July 26, 2024)
- Opioid Treatment Program: Learn How to Bill Medicare

Claims, Pricers, & Codes

- DMEPOS: Provider Level Adjustment Codes on Remittance Advice

Publications

- Beneficiaries Dually Eligible for Medicare & Medicaid - Revised

Multimedia

- Post-Acute Care Quality Reporting Programs: Patient Mood Interview Video Tutorial

MLN Connects

MLN Connects - August 8, 2024

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

Final Payment Rule

- Hospital Inpatient Prospective Payment System & Long-Term Care Hospital Prospective Payment System FY 2025 Final Rule

News

- Transitional Coverage for Emerging Technologies - Final Notice
- Help Improve the Program for Evaluating Payment Patterns Electronic Reports & Comparative Billing Reports - Updated Request for Information
- Immunization: Protect Your Patients

Compliance

- Medical Services Authorized by the Veterans Health Administration: Avoid Duplicate Payments

Claims, Pricers, & Codes

- Clinical Laboratory Improvement Amendments: Reprocessing Denied Claims
- Skilled Nursing Facility Prospective Payment System: FY 2025 Pricer Update

Multimedia

- Clinical Diagnostic Laboratory Tests: Medicare Advisory Panel Meeting Materials

From Our Federal Partners

- Mpox Caused by Human-to-Human Transmission of Monkeypox Virus in the Democratic Republic of the Congo with Spread to Neighboring Countries
- Ready to Get Paid via EFT for CHAMPVA Claims?

MLN Connects

MLN Connects - August 15, 2024

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

News

- Negotiating for Lower Drug Prices Works, Saves Billions
- Resources & Flexibilities to Assist with the Public Health Emergency in Florida, Georgia, and South Carolina
- Hospitals: New EMTALA Poster for Use in Emergency Departments
- PrEP for HIV Transition of Coverage: Get Ready Now
- CMS Roundup (August 9, 2024)
- ESRD: Oral-Only Renal Dialysis Service Drugs & Biological Products - Revised Guidance

Compliance

- Patient Lifts: Prevent Claim Denials

Claims, Pricers, & Codes

- Telehealth Services: Billing & Payment for Place of Service Code 10
- Medicare Physician Fee Schedule Database: October Update

MLN Matters® Articles

- Hospice Payments: FY 2025 Update
- ICD-10 & Other Coding Revisions to National Coverage Determinations: January 2025 Update
- Hospital Outpatient Prospective Payment System: July 2024 Update - Revised

Publications

- Skilled Nursing Facility Place of Service Codes: Updated Resources

From Our Federal Partners

- Increase in Human Parvovirus B19 Activity in the U.S.

MLN Connects

MLN Connects - August 22, 2024

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

News

- Commemorating the 2nd Anniversary of the Lower Cost Prescription Drug Law
- MoIDx Local Coverage Determination Statement
- Hospital Price Transparency: Get Resources to Help You Comply
- New Residency Programs Request for Information: Submit Comments by October 15
- Open Payments: Program Year 2023 Data

Claims, Pricers, & Codes

- Seasonal Flu Vaccine Pricing for 2024-2025 Season
- Inpatient Rehabilitation Facility Prospective Payment System: FY 2025 Pricer Update
- Home Health Prospective Payment System Grouper: October Update

Publications

- A Prescriber's Guide to Medicare Prescription Drug (Part D) Opioid Policies - Revised
- Chronic Care Management Services - Revised

From Our Federal Partners

- Increased Oropouche Virus Activity & Associated Risk to Travelers

MLN Connects - September 5, 2024

[MLN Connects Newsletter: Sept 5, 2024](#)

News

- Osteogenesis Stimulators: Prior Authorization Requirements Suspended
- Hospice Benefit: Expanding Prepayment Review in 4 States
- Skilled Nursing Facility Advance Beneficiary Notice: Revised Form & Instructions
- Hospital Price Transparency: Use a CMS Template Layout

MLN Connects

- Healthy Aging: Recommend Medicare-Covered Services
- National Recovery Month: Take the First Step

Compliance

- Global Surgery: Bill Correctly

Claims, Pricers, & Codes

- Alzheimer's Monoclonal Antibody Treatment: New Code for Kisunla Drug
- Claim Status Category & Claim Status Codes
- DMEPOS: Provider Level Adjustment Codes on Remittance Advice

MLN Matters® Articles

- Inpatient & Long-Term Care Hospital Prospective Payment System: FY 2025 Changes
- New Waived Tests

Publications

- Items & Services Not Covered Under Medicare - Revised

MLN Connects September 12, 2024

[MLN Connects Newsletter: Sept 12, 2024](#)

News

- COVID-19: Updated Vaccines for 2024-2025 Season
- Rural Emergency Hospital Provisions, Conversion Process, & Conditions of Participation: Revised Guidance
- CMS Roundup (September 6, 2024)
- Organizational Providers: Do You Need to Revalidate Your Enrollment Record Soon?
- Prostate Cancer: Talk to Your Patients about Screening
- Advance Health Equity During National Sickle Cell Awareness Month

MLN Connects

Claims, Pricers, & Codes

- National Correct Coding Initiative: October Update
- Integrated Outpatient Code Editor Version 25.3

MLN Matters® Articles

- Ambulatory Surgical Center Payment Update - October 2024
- Changes to the Laboratory National Coverage Determination Edit Software: January 2025 Update
- Hospital Outpatient Prospective Payment System: October 2024 Update

MLN Connects - September 19, 2024

[MLN Connects Newsletter: Sept 19, 2024](#)

News

- Resources & Flexibilities to Assist with the Public Health Emergency in Louisiana
- Skilled Nursing Facilities: Report Your Expanded Ownership, Management, & Related Party Data
- Hospice Outcomes and Patient Evaluation Assessment Tool: Version 1.00 Resources
- Hospital Price Transparency: Get Tools to Comply
- Risk Less. Do More. Get This Season's Vaccines
- Help Reduce Health Disparities for Hispanic or Latino Patients

Compliance

- Tracheostomy Supplies: Prevent Claim Denials

Claims, Pricers, & Codes

- ACO REACH Model: Adjusting Claims
- Influenza Vaccine: Holding Claims for CPT Code 90658
- ICD-10 Medicare Severity Diagnosis-Related Group Version 42

MLN Connects

MLN Connects - September 26, 2024

[MLN Connects Newsletter: Sept 26, 2024](#)

News

- CMS Roundup (September 20, 2024)
- Cardiovascular Disease: Talk with Your Patients about Screening

Claims, Pricers, & Codes

- Cardiology CPT Code 75580: Issue with Claims Returned to Provider

Events

- Optimizing Healthcare Delivery to Improve Patient Lives Conference - December 12

MLN Matters® Articles

- DMEPOS Fee Schedule: October 2024 Quarterly Update
- Hospice Claims Edits for Certifying Physicians - Revised
- Inpatient & Long-Term Care Hospital Prospective Payment System: FY 2025 Changes - Revised

Publications

- Expanded Prepayment Review of Existing Hospices in Arizona, California, Nevada, & Texas

Multimedia

- Medicare Ground Ambulance Data Collection System: Reporting Labor Information Video

From Our Federal Partners

- Prevention Strategies for U.S. Travelers Visiting Countries with Clade I Mpox Outbreaks
- Health Care Preparedness Resources

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

Related CR Release Date: August 15, 2024

Effective Date: January 1, 2025

Implementation Date: January 6, 2025

Related Change Request (CR) Number: CR 13732

Related CR Transmittal Number: R12794CP

CR 13732 provides the January 2025 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 \(CR\)13732](#).

Annual Wellness Visit: SDOH Risk Assessment - Revised

Related CR Release Date: August 15, 2024

Effective Date: January 1, 2024

Implementation Date: October 7, 2024

MLN Matters Number: MM13486 Revised

Related Change Request (CR) Number: CR 13486

Related CR Transmittal Numbers: R12786BP & R12786CP

Note: CMS clarified that MACs would process G0136 using the Physician Fee Schedule (page 3). CMS also updated the CR release date and transmittal links. Substantive content changes are in dark red.

CR 13486 tells you about:

- A social determinants of health (SDOH) risk assessment is now an optional annual wellness visit (AWV) element
- The eligibility and billing requirements for doing the SDOH as part of the AWV

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13486](#).

MLN Matters

Changes to the Laboratory NCD Edit Software: October 2024 Update

Related CR Release Date: June 20, 2024

Effective Date: October 1, 2024, unless noted different in CR 13672

Implementation Date: October 7, 2024

MLN Matters Number: MM13672

Related Change Request (CR) Number: CR 13672

Related CR Transmittal Number: R12691CP

CR 13672 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 \(MM\)13672](#).

Changes to the Laboratory NCD Edit Software: January 2025 Update

Related CR Release Date: August 29, 2024

Effective Date: January 1, 2025, unless noted different in CR 13785

Implementation Date: January 6, 2025

MLN Matters Number: MM13785

Related Change Request (CR) Number: CR 13785

Related CR Transmittal Number: R12817CP

CR 13785 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 \(MM\)13785](#).

MLN Matters

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

Related CR Release Date: July 18, 2024

Effective Date: October 1, 2024

Implementation Date: October 7, 2024

MLN Matters Number: MM13717

Related Change Request (CR) Number: CR 13717

Related CR Transmittal Number: R12721CP

CR 13717 tells you about:

- Next private payor data reporting period of January 1, 2025 - March 31, 2025
- New and deleted HCPCS codes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13717](#).

CSC and CSCC Update

Related CR Release Date: June 27, 2024

Effective Date: July 1, 2024

Implementation Date: October 7, 2024

Related Change Request (CR) Number: CR 13206

Related CR Transmittal Number: R12695CP

CR 13206 updates, as needed, the Claim Status (CSC) and Claim Status Category Codes (CSCC) used for the Accredited Standards Committee (ASC) X12 276/277 Health Care Claim Status Request and Response and the ASC X12 277 Health Care Claim Acknowledgment transactions. This Recurring Update Notification (RUN) can be found in chapter 31, section 20.7 of Publication (Pub.) 100-04.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13206](#).

MLN Matters

Diabetes Screening & Definitions Update: CY 2024 Physician Fee Schedule Final Rule - Revised

Related CR Release Date: June 21, 2024

Effective Date: January 1, 2024

Implementation Date: October 7, 2024

MLN Matters Number: MM13487 Revised

Related Change Request (CR) Number: CR 13487

Related CR Transmittal Number: R12694BP & R12694CP

Note: CMS clarified claims processing requirements for ICD-10-CM diagnosis code Z13.1 and previously processed claims. Also, updated the web addresses of the transmittals (pages 1-3). Substantive content changes are in dark red.

CR 13487 tells you about:

- The revised definition of diabetes
- Revised diabetes screening frequency limitations
- Coverage of the Hemoglobin A1c (HbA1c) test for diabetes screening

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13487](#).

DMEPOS Fee Schedule: October 2024 Quarterly Update

Related CR Release Date: September 12, 2024

MLN Matters Number: MM13774

Effective Date: October 1, 2024

Related Change Request (CR) Number: CR 13774

Implementation Date: October 7, 2024

Related CR Transmittal Number: R12835CP

CR 13774 tells you about:

- New and deleted HCPCS codes
- New fee schedule amounts
- Fee schedule amount revisions for A4271

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13774](#).

MLN Matters

Hospital OPPS: July 2024 Update - Revised

Related CR Release Date: August 2, 2024

Effective Date: July 1, 2024

Implementation Date: July 1, 2024

MLN Matters Number: MM13632 Revised

Related Change Request (CR) Number: CR 13632

Related CR Transmittal Number: R12765CP

Note: CMS updated the number of certain drugs, biologicals, and radiopharmaceuticals and added new subsections g and j in Section 7 (pages 5 & 6). CMS also updated the CR release date, transmittal number, and CR link. Substantive content changes are in dark red.

CR 13632 tells you about:

- New CPT and HCPCS codes
- Covered devices for Outpatient Prospective Payment System (OPPS) pass-through payments
- Drugs, biologicals, and radiopharmaceuticals
- Skin substitutes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13632](#).

Hospital Outpatient Prospective Payment System: October 2024 Update

Related CR Release Date: August 29, 2024

Effective Date: October 1, 2024

Implementation Date: October 7, 2024

MLN Matters Number: MM13784

Related Change Request (CR) Number: CR 13784

Related CR Transmittal Number: R12816CP

CR 13784 tells you about:

- Proprietary Laboratory Analyses (PLA) codes
- Device pass-through
- Drugs, biologicals, and radiopharmaceuticals
- Skin substitutes

MLN Matters

- Blood products
- Other coding changes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13784](#).

ICD-10 & Other Coding Revisions to National Coverage Determinations: January 2025 Update

Related CR Release Date: August 2, 2024

Effective Date: January 1, 2025 or as noted in CR 13706

Implementation Date: January 6, 2025 or as noted in CR 13706

MLN Matters Number: MM13706

Related Change Request (CR) Number: CR 13706

Related CR Transmittal Number: R12757OTN

CR 13706 tells you about:

- New codes
- Recent coding changes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13706](#).

Influenza Vaccine Payment Allowances - Annual Update for 2024-2025 Season

Related CR Release Date: August 15, 2024

Effective Date: August 1, 2024

Implementation Date: September 30, 2024 - No later than

Related Change Request (CR) Number: CR 13718

Related CR Transmittal Number: R12788CP

CR 13718 provides the availability of payment allowances for the seasonal influenza virus vaccines as updated on an annual basis, effective August 1 of each year. The attached recurring update applies to publication 100-04, chapter 17, section 20.5.9.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13718](#).

MLN Matters

Inpatient Psychiatric Facilities Prospective Payment System: FY 2025 Updates

Related CR Release Date: August 21, 2024

Effective Date: October 1, 2024

Implementation Date: October 7, 2024

MLN Matters Number: MM13766

Related Change Request (CR) Number: CR 13766

Related CR Transmittal Number: R12809CP

CR 13766 tells you about:

- Refinements to adjustment factors and electroconvulsive therapy (ECT) payment per treatment
- Market basket
- Wage index and labor market area changes
- Quality reporting program

Make sure your billing staff knows about these updates for Fiscal Year (FY) 2025.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13766](#).

IPPS & LTCH PPS: FY 2025 Changes - Revised

Related CR Release Date: September 12, 2024

MLN Matters Number: MM13734 Revised

Effective Date: October 1, 2024

Related Change Request (CR) Number: CR 13734

Implementation Date: October 7, 2024

Related CR Transmittal Number: R12843CP

Note: CMS corrected the number of deleted and total MS-DRGs for FY 2025 on page 2. CMS also updated the CR link, Related CR Transmittal Number, & CR Release Date. All other information is the same. Substantive content changes are in dark red.

CR 13734 tells you about:

- FY 2025 Inpatient Prospective Payment System (IPPS) updates
- FY 2025 Long-Term Care Hospital (LTCH) PPS updates
- Updates to certain hospitals that CMS excludes from the IPPS

Make sure your billing staff knows about these changes.

MLN Matters

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13734](#).

IRF Annual Update: Prospective Payment System (PPS) Pricer Changes for Fiscal Year (FY) 2025

Related CR Release Date: August 16, 2024

Effective Date: October 1, 2024

Implementation Date: October 7, 2024

Related Change Request (CR) Number: CR 13699

Related CR Transmittal Number: R12799CP

CR 13699 notifies contractors that a new Inpatient Rehabilitation Facility (IRF) PRICER software package will be released prior to October 1, 2024, that will contain the updated rates that are effective for claims with discharges that fall within October 1, 2024, through September 30, 2025. The update can be found in Chapter 3, section 140.2 of publication 100-04 Medicare Claims Processing Manual.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13699](#).

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

Related CR Release Date: June 4, 2024

Effective Date: July 1, 2024

Implementation Date: July 1, 2024

Related Change Request (CR) Number: CR 13560

Related CR Transmittal Number: R12670CP

CR 13560 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 \(CR\)13560](#).

July 2024 Quarterly Update to HCPCS Codes Used for SNF CB Enforcement

Related CR Release Date: March 28, 2024

Effective Date: July 1, 2024

Implementation Date: July 1, 2024

Related Change Request (CR) Number: CR 13576

Related CR Transmittal Number: R12560CP

CR 13576 provides updates to the lists of HCPCS codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS).

Changes to Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow MACs to make appropriate payments in accordance with policy for Skilled Nursing Facility (SNF) consolidated billing (CB) in chapter 6, section 20.6.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13576](#).

Medicare Part A SNF PPS Pricer Update FY 2025

Related CR Release Date: July 3, 2024

Effective Date: October 1, 2024

Implementation Date: October 7, 2024

Related Change Request (CR) Number: CR 13701

Related CR Transmittal Number: R12705CP

CR 13701 provides information on the updates to the payment rates used under the Prospective Payment System (PPS) for Skilled Nursing Facilities (SNFs), for Fiscal Year (FY) 2025, as required by statute. The update can be found in chapter 6, section 30.5 of the Claims Processing Manual.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13701](#).

MLN Matters

National Coverage Determination 110.23: Allogeneic HSCT - Revised

Related CR Release Date: August 21, 2024

Effective Date: March 6, 2024

Implementation Date: October 7, 2024

MLN Matters Number: MM13604 Revised

Related Change Request (CR) Number: CR 13604

Related CR Transmittal Numbers: R12781CP & R12781NCD

Note: CMS added 2 procedure codes to the coding instructions (page 2). CMS also updated the CR release date and transmittal links. Substantive content changes are in dark red.

CR 13604 tells you about:

- Hematopoietic Stem Cell Transplantation (HSCT) using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients
- All other indications for stem cell transplantation not otherwise specified

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13604](#).

October 2024 I/OCE Specifications Version 25.3

Related CR Release Date: August 29, 2024

Effective Date: October 1, 2024

Implementation Date: October 7, 2024

Related Change Request (CR) Number: CR 13752

Related CR Transmittal Number: R12815CP

CR 13752 provides the Integrated Outpatient Code Editor (I/OCE) instructions and specifications for the Integrated OCE that will be utilized under the Outpatient Prospective Payment System (OPPS) and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The attached recurring update notification applies to publication 100-04, chapter 4, section 40.1.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13752](#).

Quarterly Update to the MPFS Database - October 2024 Update

Related CR Release Date: August 8, 2024

Effective Date: January 1, 2024

Implementation Date: October 7, 2024

Related Change Request (CR) Number: CR 13740

Related CR Transmittal Number: R12774CP

CR 13740 amends payment files that were issued to contractors based upon the 2024 Medicare Physician Fee Schedule (MPFS) Final Rule. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13740](#).

RARC, CARC, MREP and PC Print Update

Related CR Release Date: February 8, 2024

Effective Date: July 1, 2024

Implementation Date: July 1, 2024

Related Change Request (CR) Number: CR 13517

Related CR Transmittal Number: R12498CP

CR 13517 updates the Remittance Advice Remark Code (RARC) and Claims Adjustment Reason Code (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 \(CR\)13517](#).

MLN Matters

Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations Policy

Related CR Release Date: August 21, 2024

Effective Date: June 27, 2024

Implementation Date: November 25, 2024

MLN Matters Number: MM13750

Related Change Request (CR) Number: CR 13750

Related CR Transmittal Number: R12801BP

CR 13750 tells you about:

- Updated Medicare coverage requirements for pneumococcal vaccinations
- Changes to align with the Advisory Committee on Immunization Practices (ACIP) recommendations for pneumococcal vaccination coverage

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13750](#).

Contacts, Resources, and Reminders

Noridian Part A Customer Service Contact

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

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

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

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

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

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

Medicare Learning Network Matters Disclaimer Statement

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

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

Sources for “Medicare A News” Articles

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

Contacts, Resources, and Reminders

[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 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

Contacts, Resources, and Reminders

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.

Contacts, Resources, and Reminders

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

Contacts, Resources, and Reminders

Jurisdiction E Part A Quarterly Ask the Contractor Meetings (ACM)

ACMs 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.

ACM dates, times, toll-free number, and Q&As are available on the [Jurisdiction E Part A Ask the Contractor Meetings \(ACM\)](#) 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, ACMs are general in nature. No CEUs are provided.

By completing and submitting the Noridian Part A [ACM Question Submission Form](#), providers may ask question(s), up to five (5) days prior, to be answered during the next ACM. 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 ACMs do not address Medicare Part B or Durable Medical Equipment (DME) inquiries.

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

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