



Medicare A News

Jurisdiction E
April 2025



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News

California Wildfires

A Public Health Emergency (PHE) was announced on January 10, 2025, providing flexibility to support beneficiaries in the State of California, effective retroactive to January 07, 2025, due to California Wildfires.

Review the [Emergency and Disasters](#) webpage for details.

CMS Telehealth Frequently Asked Questions (FAQ)

CMS published a Telehealth FAQ document on January 8, 2025. The answers provided may assist in provider questions. Take a moment to review the FAQs. The resource can be found on Noridian's Telehealth webpage or on CMS.

- [CMS Telehealth FAQ - 1/8/25](#)
- [Noridian Telehealth](#)

COBA Crossover Letters Available on NMP

Facilities may now "Opt-In" to receive Coordination of Benefits Agreements (COBA) crossover rejection letters on the Noridian Medicare Portal (NMP). These letters will ensure your facility is aware of any rejections that may have occurred for a claim from Benefits Coordination. To get started receiving these letters on NMP, the Provider Administrator for your facility, can follow the steps found on the [COBA Crossover Letters](#) page of the Portal Guide. Once the facilities PTANs have been "Opted-In" the letters will be viewable under the Claim Status tab of NMP on the [Crossover Rejection Letters](#) tab.

Federally Qualified Health Center (FQHC) MAC Assignment

Your FQHC MAC is specific to the region where you practice.

Noridian Healthcare Services

JE: CA, HI, NV, American Samoa, Guam, and Northern Mariana Islands

- New FQHCs will be under the A/B MAC assigned to their state
- [Out-of-Jurisdiction Providers \(OJP\)](#) may have NGS as their A/B MAC for FQHC institutional claims (CMS-1450) but Noridian for Part B professional claims (CMS-1500)
- Check the [Provider Enrollment, Chain and Ownership System \(PECOS\)](#) enrollment

News

- Refer to the [Contact Your MAC \(PDF\)](#) for more information

Resources:

- [Who are the MACs](#)
- [Provider Assignment](#)
- [CMS FQHC Center](#)
- [JE Part A - FQHC](#)

Holding Claims for Pricing Based on the April 2025 FISS Release

Effective April 1, 2025, Part A claims with dates of service on/after April 1, 2025 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 April 15, 2025.

Hyperbaric Oxygen Therapy (HBO) for Diabetic Wounds

HBO is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. Program reimbursement for HBO therapy is limited to that which is administered in a chamber, including the one-man unit. One of the covered conditions includes:

Diabetic wounds of the lower extremities in patients who meet the following three criteria:

- Patient has type I or type II diabetes and has a lower extremity wound that is due to diabetes
- Patient has a wound classified as Wagner grade III or higher
- Patient has failed an adequate course of standard wound therapy

Please see the full list of covered conditions in [National Coverage Determination \(NCD\) 20.29 Hyperbaric Oxygen Therapy](#).

Initial Certification and Recertification Outpatient Therapy - New Exception

Effective for claims on or after January 1, 2025, when a patient is referred for physical, occupational, or speech-language pathology therapy; by a physician or other qualified nonphysician practitioner:

News

- Signed and dated order or referral satisfies certification requirements, provided the order is **included** in patient's medical record
- Evidence that plan of care (POC) was submitted to the referring provider within 30 days of the initial evaluation

Under this new exception, once the therapist has transmitted the POC, the responsibility shifts to the referring provider to either return the signature or indicate any changes. If neither action is taken, silence is considered as consent to the therapist submitted POC.

This new rule emphasizes and trusts the therapist's clinical judgment, requiring only documentation of the order or referral.

There is **no requirement** for a physician or nonphysician practitioner (NPP) order or referral for patients to obtain outpatient therapy services, to clarify in § 424.24(c)(5) that references to an order or referral should not be interpreted as requiring an order or referral for outpatient physical therapy, occupational therapy, or speech-language pathology services.

Resources

- [eCFR: 42 CFR Part 424 Subpart B - Certification and Plan Requirements](#)
- [CMS Internet Only Manual \(IOM\), Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section, 220](#)

Medicare Diabetes Prevention Program (MDPP) 2025 Changes

The MDPP Expanded Model is intended to prevent Medicare beneficiaries with an indication of prediabetes from developing diabetes. Prevention of diabetes among this high-risk group of Medicare beneficiaries is expected to result in significant cost savings to the Medicare program.

Effective January 1, 2025, CMS has removed the MDPP bridge payment (HCPCS code G9890) from the 2025 fee schedule and updated the payment rates. Claims will be denied for HCPCS code G9890 for dates of service on or after January 1, 2025.

Additional updates can be found in the [Medicare Diabetes Prevention Program Expanded Model MLN Booklet \(MLN34893002\)](#).

News

CY 2025 Payment Rates HCPCS

G-Code	Payment Description	CY 2025
G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	\$26
G9887	Behavioral counseling for diabetes prevention, distance learning, group, 60 minutes	\$26
G9880	5% WL Achieved from baseline weight	\$149
G9881	9% WL Achieved from baseline weight	\$26
G9888	Maintenance 5% WL from baseline weight in months 7-12	\$8
G9890	Bridge Payment **	N/A

Reference

CR 13712 - Updating Calendar Year (CY) 2025 Medicare Diabetes Prevention Program (MDPP) Inflation Payment Rates

Patient Eligibility Unavailable on Interactive Voice Response (IVR)

In accordance with CMS Change Request (CR) [13754](#), to protect beneficiaries from possible fraud, the Centers for Medicare and Medicaid Services (CMS) has required all Medicare Administrative Contractors (MACs) to disable eligibility information from their IVR systems by March 2025.

Once disabled, CMS will require all providers and suppliers to check beneficiary eligibility through one of the following self-service tools:

- MAC secure online provider portal
- Billing agencies, clearinghouses, or software vendors
- Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS)

Providers will not be able to obtain patient eligibility information by calling Noridian. Neither Noridian's IVR nor representatives will be able to disclose patient eligibility over the phone. This includes beneficiary eligibility that was obtained under Option 1, Eligibility, such as:

- Part A and Part B entitlement dates
- Current/prior year Part B deductible information
- Current/prior year physical therapy and occupational therapy limit amount used
- ESRD coverage dates, dialysis and/or transplant date

News

- HH+H name, NPI, address and effective/termination dates
- Certain Preventive care details

To assist providers with this change, Noridian will be offering webinars about navigating Noridian's MAC portal, the Noridian Medicare Portal. Providers may register for these webinars at Noridian's [Schedule of Events](#).

Providers may also view Noridian's [Noridian Medicare Portal User Guide](#). Noridian encourages all impacted providers to ensure their staff are aware of this change.

Resources:

- [CR 13754](#)
- [Noridian Medicare Portal User Guide](#)
- [NMP webinar pages](#)

Proper Submission of DEX Z-Code® for Molecular Diagnostic Services (MoIDX) Claims

Effective May 1, 2025, MoIDX claims submitted without the DEX Z-Code® in loop SV202-7 for 837I electronic claims or in page 2 of DDE will RTP unprocessable. Claims submitted with the 1450 claim form continue to use Block 80. Any additional information (i.e. drug) can be added to loop 2300 NTE. More information on all MoIDX related items can be found on the [Molecular Diagnostic Services \(MoIDX\)](#) webpage.

Recovery Audit Contractor (RAC) Informational Letter Versus Demand Letter - Appeals Newsletter Part 13

This information explains the difference between RAC's Information Letter versus Noridian's Demand Letter. The RAC identifies potential Medicare overpayment, and they inform providers through an Informational Letter. RAC communicates with local Medicare Administrator Contractors (MACs) their findings and issues the provider a [Demand Letter](#).

Informational letter:

- RAC logo on the top right
- Notification of needed steps to have an open discussion with RAC claim findings
- Providers and facilities have 30 days from your Informational letter date to request a RAC discussion

News

- If there is no provider response, RAC will identify your claim as improper and report it to the local MAC
- MAC issues a Demand Letter outlining your appeal rights and repayment options
- Letter not subject to appeal

Demand letter:

- Informs provider of an improper Medicare payment
- Requests monies to be paid back
- Recovery Audit Program review result
- Allows 15 days to submit [rebuttal](#), per the Code of Federal Regulations (CFR)
- Instructions for rebuttal and recoupment included in Initial Request Letter
- Providers may appeal

Resources

- [CMS Medicare Fee for Service Recovery Audit Program](#)
- [Cotiviti Region 4 Discussion Fax Form](#)
- [JE Part A - Respond to a Demand Letter](#)
- [JE Part A Appealing Demand Letters](#)
- [JE Part A Redetermination](#)

Telehealth Evaluation and Management (E/M) services for 2025

When providing telehealth services, providers eligible to perform E/M services should continue to use the appropriate E/M codes through March 31, 2025. Medicare does not recognize the new American Medical Association (AMA) CPT® codes (98000-98015) for E/M telehealth services. These codes are listed under the CY 2025 Medicare Physician Fee Schedule, with a status indicator of 'I' - invalid status.

Medicare will only pay separately for brief virtual check-in encounter CPT® code 98016 replacing of HCPCS Level II code G2012, which CMS deleted at the end of 2024.

Telephone only codes, 99441-99443, have been deleted by CPT®. CMS did not replace these codes with any HCPCS codes.

Providers must have both audio and visual technology capabilities to perform telehealth services. Audio-only technology may be used in situations when the patient can't access or doesn't consent to use audio-video technology.

Audio-only Modifiers:

News

- 93 (Telehealth modifier defined as "synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system")
- FQ (Service was furnished using audio-only communication technology) - Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) performing mental health visits

Place of Service

- 02 - Telehealth provided other than in patient's home
- 10 - Telehealth provided in patient's home

Resources:

- [MLN901705 - Telehealth Services](#)
- CMS approved [List of Telehealth Services](#)
- RHC and FQHC: [SE22001 - Mental Health Visits via Telecommunications for Rural Health Clinics & Federally Qualified Health Centers](#)

Telehealth Waiver Extension - Through March 2025

The "American Relief Act, 2025"(the Act), includes a three-month waiver extension of limitations on Medicare coverage of telehealth services that were most recently extended through the end of 2024 by the Consolidated Appropriations Act, 2023.

The extended waivers include:

- Lifting geographic restrictions and maintaining the expanded list of originating sites including patients' homes.
- Expanding the list of distant site practitioners to include all practitioners who are eligible to bill Medicare for covered services (e.g., physical therapists, occupational therapists, speech-language pathologists, audiologists, marriage and family therapists, and mental health counselors).
- Allowing federally qualified health centers and rural health clinics to serve as distant-site providers of telehealth services.
- Allowing payment for audio-only telehealth services.
- Extending the waiver requirement for practitioners who provide behavioral and mental health via telehealth to provide in-person visits within six months of the first telehealth visit and annually thereafter.
- Extending Acute Care Hospital at Home waiver authorities.

Resource: [American Relief Act, 2025](#)

News

Therapy Services: Get Updates for CY 2025

CMS posted revised therapy services files for CY 2025:

- [Multiple procedure payment reduction rates \(ZIP\)](#) reflect the extension of the work geographic index floor of 1.0
- [Therapy Code List and Dispositions \(ZIP\)](#): disposition 10 clarifies that the telephone codes can be furnished by therapists as telehealth services but only through March 31, 2025

Visit [Therapy Services](#) for more information.

Source

- [MLN Connects](#) dated March 6, 2025

Tips to Having a Successful New Year with Fewer Appeals - Appeals Newsletter Part 14

Wouldn't it be nice to start the New Year right, and have fewer appeals? Follow the tips below and spend less time filing appeals and more time doing other tasks.

- Check [Noridian's reopening page](#) to determine what can be done as a reopening
- Do not file claims more than once
 - Wait for claim to process, and then complete reopening or appeal, if necessary
 - Ask billing service to not automatically rebill **any** claims.
- Attend Noridian webinars, or watch tutorials, to become familiar with medical necessity and appeals guidelines
 - [JE Schedule of Events](#)
 - [JE Webinar on Demand Recordings](#)
 - [Noridian Medicare Part A & B - YouTube](#)
- Communicate with outside providers
 - Send, or acquire, medical records (or advance beneficiary notice of non-coverage-ABN) **at time of referral**
 - Communicate with each other regarding who will bill
 - CMS requires provider performing work to bill, except [certain circumstances](#)
- Only appeal after 120 days with good cause
 - Unavoidable circumstances out of provider's control - major floods, fires, tornadoes, and other natural catastrophes
 - Incorrect or incomplete information about claim or appeal furnished by official sources (CMS, contractor, or Social Security Administration)

News

- For more information, review information on [CMS' website](#) for more good cause examples
- Modifiers related to hospice
 - GV - Attending physician is not employed or paid under agreement by the patient's hospice provider
 - GW - Services unrelated to hospice condition

Medical Policies and Coverage

2025 CPT/HCPCS Billing and Coding Article Updates

Date Posted: January 2, 2025

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

Effective Date: January 1, 2025

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

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A56119	Billing and Coding: Billing Limitations for Pharmacies	90695	90630 90654	90661
A58133	Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM)	G0564 G0565	N/A	N/A
A59055	Billing and Coding: Influenza Diagnostic Tests	0528U	N/A	N/A
A57512	Billing and Coding: Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor and Tremor Dominant Parkinson's Disease	61715	0398T	N/A

Medical Policies and Coverage

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A56071	Billing and Coding: In Vitro Chemosensitivity & Chemoresistance Assays	N/A	0564T	N/A
A57221	Billing and Coding: Plastic Surgery	N/A	N/A	15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 19316, 19350
A56514	Billing and Coding: Mohs Micrographic Surgery	N/A	N/A	88309
A57183	Billing and Coding: Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography	N/A	N/A	93320, 93321, 93325
A57224	Billing and Coding: Respiratory Care	N/A	N/A	94681, 94690
A57190	Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift	N/A	N/A	15822, 15823
A54969	Billing and Coding: Nerve Conduction Studies and Electromyography	N/A	N/A	95860, 95861, 95863, 95864, 95865, 95866, 95867, 95868, 95869, 95870, 95872

Medical Policies and Coverage

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A53296	Billing and Coding: Wound Care & Debridement - Provided by a Therapist, Physician, NPP or as Incident-to Services	N/A	N/A	29580
A58565	Billing and Coding: Wound and Ulcer Care	N/A	N/A	29580

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

2025 MoIDX CPT/HCPCS Billing and Coding Article Updates - Effective January 1, 2025

Date Posted: January 9, 2025

The following MoIDX Billing and Coding Articles have been revised under contractor numbers: 01111 (CA), 01211 (AS, GU, HI, NMI), 01311 (NV), and 01911 (CA, HI & Territories).

Effective Date: January 1, 2025

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

Medical Policies and Coverage

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A59521	Billing and Coding: MoIDX: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis	N/A	0456U	N/A
A59641	Billing and Coding: MoIDX: Proteomics Testing	0247U	N/A	0095U, 0365U, 0468U
A57331	Billing and Coding: MoIDX: Repeat Germline Testing	0529U	81433, 81436, 81438, 0380U	81432, 81434, 81435, 81437
A57384	Billing and Coding: MoIDX: Pharmacogenomics Testing	N/A	0380U	N/A
A58168	Billing and Coding: MoIDX: Molecular Testing for Solid Organ Allograft Rejection	81558	N/A	N/A
A58679	Billing and Coding: MoIDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	N/A	81433, 81436, 81438	81432, 81435, 81437

Visit the [Active MoIDX Billing and Coding Articles](#) webpage or the [Active MoIDX LCD](#) webpage to view the Billing and Coding Article or access it via the CMS [Medicare Coverage Database \(MCD\)](#).

Allergen Immunotherapy (AIT) with Subcutaneous Immunotherapy (SCIT) - Published for Review and Comments

Date Posted: February 10, 2025

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).

Medical Policies and Coverage

Medicare Coverage Database (MCD) Number: DL40050

LCD Title: Allergen Immunotherapy (AIT) with Subcutaneous Immunotherapy (SCIT)

Comment period: February 7, 2025 - March 23, 2025

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.

April 2025 CPT/HCPCS Billing and Coding Article Updates

Date Posted: March 27, 2025

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

Effective Date: April 1, 2025

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

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A57848	Billing and Coding: Tomosynthesis-Guided Breast Biopsy	N/A	N/A	C7501, C7502
A58865	Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound	A2035	Q4231	N/A

Medical Policies and Coverage

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A58133	Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM)	N/A	G0564, G0565	N/A

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

Billing and Coding: Cervical Fusion (A59624) - R3 - Effective July 7, 2024

Date Posted: January 16, 2025

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

Effective Date: July 7, 2024

Summary of Changes: Removal of CPT codes 22800, 22802, 22808, 22810, 22812.

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

Billing and Coding: Diagnostic and Therapeutic Colonoscopy (A57342)- R6 - Effective October 1, 2024

Date Posted: January 16, 2025

This Billing and Coding Article 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: Effective 10/1/2024 under Article Text: added information as it relates to CR 13017 as it relates to billing and coding for screening versus diagnostic colonoscopy.

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

Medical Policies and Coverage

Billing and Coding: Epidural Steroid Injections for Pain Management (A58993) - R4 - Effective June 19, 2022

Date Posted: March 21, 2025

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

Effective Date: June 19, 2022

Summary of Changes: Added the following sentence under Article Text, Coding Guidelines, "Do not use epidural CPT® codes to bill chemotherapy/complex drug administration."

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

Billing and Coding: Guardant360® (A58192) Retirement - Effective December 25, 2022

Date Posted: March 17, 2025

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

Effective Date: December 25, 2022

Summary:

This article is being retired. Please refer to the Billing and Coding: MoIDX: Plasma-Based Genomic Profiling in Solid Tumors A58973 Article.

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

Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (A57948) - R4 - Effective December 1, 2024

Date Posted: December 26, 2024

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

Effective Date: December 1, 2024

Summary of Changes: Under **ICD-10-CM Codes that Support Medical Necessity:** The following ICD-10 codes were added to Group 2: Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44 and Z68.45.

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

Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (A57948) - R4 - Effective December 1, 2024

Date Posted: January 30, 2025

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

Effective Date: December 1, 2024

Summary of Changes: Under **ICD-10-CM Codes that Support Medical Necessity:** The following ICD-10 codes were removed as they were added in error: Z68.41, Z68.42, Z68.43, Z68.44 and Z68.45.

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

Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55239) - R19 - Effective January 1, 2025

Date Posted: January 2, 2025

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

Effective Date: January 1, 2025

Summary of Article Changes:

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

Effective 01/01/2025 - 03/31/2025

Prialt (Ziconotide) = \$9.778

Ropivacaine = \$0.073

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.

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Billing and Coding: Intraocular Bevacizumab (A53008) - R17 - Effective January 1, 2025

Date Posted: January 2, 2025

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

Effective Date: January 1, 2025

Summary of Article Changes: Revision Effective Date: 01/01/2025

Either the short and/or long code description was changed for the following code(s). Please Note: Depending on which descriptor was used, there may not be any changes to the code display in this document: 92134

Revision Effective Date: 04/01/2023

ICD-10-CM CODES THAT SUPPORT MEDICAL NECESSITY:

Added: ICD-10-CM code H16.143, H35.3131, H35.373 to Group 1 Codes

CPT/HCPCS CODES:

Deleted: HCPCS code Q5129 from Group 1 Codes

01/01/2025: 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 [Billing and Coding Articles](#) webpage to view the complete listing of Billing and Coding articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R9 - Effective November 18, 2024

Date Posted: February 10, 2025

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

Effective Date: November 18, 2024

Summary of Changes:

Under **Article Text** revised Table 1 row 11 to add "Guardant Reveal (Guardant, Inc) single Plasma Test". This revision is due to covered test that has successfully completed a TA and is effective for 11/18/2024.

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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 Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer (A58718)- R5 - Effective September 11, 2024

Date Posted: January 23, 2025

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

Effective Date: September 11, 2024

Summary of Changes:

Under **CPT/HCPCS Codes Group 1: Paragraph** revised “MyProstate Score 2.0 (MPS 2.0) (PLA 0403U), performed on non-DRE urine specimens” to read “MyProstate Score 2.0 (MPS 2.0) (PLA 0403U), performed on first catch urine specimens”. Under **CPT/HCPCS Codes Group 2: Paragraph** revised “MyProstate Score 2.0 (MPS 2.0) (PLA 0403U), performed on non-DRE urine specimens” to read “MyProstate Score 2.0 (MPS 2.0) (PLA 0403U), performed on first catch urine specimens”. This revision is due to new covered assay that has successfully completed a TA and is effective 9/11/2024.

Under **CPT/HCPCS Codes Group 1: Paragraph** deleted “ExoDX Prostate assay (PLA 0005U), performed on non-DRE urine specimens”. Under **CPT/HCPCS Codes Group 1: Codes** deleted 0005U. Under **CPT/HCPCS Codes Group 2: Paragraph** deleted “ExoDX Prostate assay (PLA 0005U), performed on non-DRE urine specimens”. Under **CPT/HCPCS Codes Group 2: Codes** deleted 0005U. These additions were done in error and is effective 12/27/2023.

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 Diagnostic Tests (MDT) (A57526)- R21 - Effective January 1, 2025

Date Posted: January 16, 2025

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

Effective Date: January 1, 2025

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Summary of Changes:

Under **CPT/HCPCS Codes Group 1: Codes deleted** 81433, 81436, 81438, 0380U, 0428U, 0448U, 0456U. Added 81195, 81558, 0523U, 0529U, and 0530U. The description was revised for 81432, 81434, 81435, and 81437. **Under CPT/HCPCS Codes Group 2: Codes deleted** 0352U and added 81515, 0527U and 0528U. This revision is due to the 2025 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2025.

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 Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720)- R23 - Effective January 1, 2025

Date Posted: January 23, 2025

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

Effective Date: January 1, 2025

Summary of Changes:

Under **CPT/HCPCS Codes Group 5: Codes deleted** 0352U and added 81515 and 0527U. Under **CPT/HCPCS Codes Group 8: Codes** the description was revised for 87624. **Added** 87513, 87564, 87594, and 87626. Under **CPT/HCPCS Codes Group 11: Codes** added 0527U. This revision is due to the 2025 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2025.

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 Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720)- R24- Effective March 13, 2025

Date Posted: March 14, 2025

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

Effective Date: January 1, 2025

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Summary of Changes:

Under **CPT/HCPCS Codes Group 6: Codes** added 0528U. This revision is due to the 2025 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2025.

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

Billing and Coding: MoIDX: Plasma-Based Genomic Profiling in Solid Tumors (A58973)- R6 - Effective January 1, 2025

Date Posted: January 16, 2025

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

Effective Date: January 1, 2025

Summary of Changes:

Under **CPT/HCPCS Codes Group 1: Codes** deleted 0428U. This revision is due to the 2025 Annual/Q1 CPT/HCPCS Code Update and is effective for dates of service on or after 1/1/2025.

Under **CPT/HCPCS Codes Group 1: Codes** added 81462, 81463, 81464. This revision is due to the 2024 Annual/Q1 CPT/HCPCS Code Update and is effective for dates of service on or after 1/1/2024.

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

Billing and Coding: Peripheral Nerve Stimulation (A55530) - R10 - Effective August 27, 2018

Date Posted: January 2, 2025

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

Effective Date: August 27, 2018

Summary of Changes: Revision Effective Date: 08/27/2018

Under 'Group 1: Codes CPT/HCPCS Codes', deleted CPT 61885.

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

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Billing and Coding: Trigger Point Injections (TPI) (A57701) - R6 - Effective April 1, 2024

Date Posted: January 16, 2025

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

Effective Date: April 1, 2024

Summary of Changes:

Removed Type of Bill (TOB) 083X, Ambulatory Surgery Center (ASC), and Revenue Code 049X, Ambulatory Surgical Care - General Classification, as ASC's can no longer bill Part A. Therefore, the TOB and Revenue Code are no longer applicable.

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

Intervertebral Disc Repair Final LCD - Effective April 13, 2025

Date Posted: February 27, 2025

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:
L39960

LCD Title: Intervertebral Disc Repair

Effective Date: April 13, 2025

Summary of LCD: This is a non-coverage policy for all intervertebral disc injections (intradiscal/interdiscal) for management of chronic low back pain

Visit the [Proposed LCDs](#) webpage to access this LCD.

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Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ) Final LCD - Effective February 16, 2025

Date Posted: January 2, 2025

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:
L39810

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

Effective Date: February 16, 2025

Summary of LCD: The LCD outlines coverage for this service with specific details under Coverage Indications, Limitations and/or Medical Necessity.

Visit the [Proposed LCDs](#) webpage to access this LCD.

MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (L39001) - R3 - Effective January 30, 2025

Date Posted: February 6, 2025

This MolDX 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: January 30, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink for the seventh and eighty-third reference and changes were made to citations to reflect AMA citation guidelines. This revision is effective on 01/30/2025.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MolDX LCD](#) or access it via the CMS [Medicare Coverage Database \(MCD\)](#).

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MolDX: Molecular Testing for Detection of Upper Gastrointestinal Metaplasia, Dysplasia, and Neoplasia (L39262) - R1 - Effective March 13, 2025

Date Posted: March 14, 2025

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

Effective Date: March 13, 2025

Summary of Changes:

Under ***Summary of Evidence*** 2nd paragraph revised the 4th sentence.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MolDX LCD](#) or access it via the CMS [Medicare Coverage Database \(MCD\)](#).

MolDX: Molecular Testing for Risk Stratification of Thyroid Nodules (L39682) - R1 - Effective March 13, 2025

Date Posted: March 14, 2025

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

Effective Date: March 13, 2025

Summary of Changes:

Under ***Summary of Evidence*** 3rd paragraph revised the 1st sentence.

Visit the Noridian [Molecular Diagnostic Services](#) webpage to view the [Active MolDX LCD](#) or access it via the CMS [Medicare Coverage Database \(MCD\)](#).

MolDX: Plasma-Based Genomic Profiling in Solid Tumors (L39230) - R1- Effective March 6, 2025

Date Posted: March 7, 2025

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

Effective Date: March 6, 2025

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Summary of Changes:

Under ***Coverage Indications, Limitations, and/or Medical Necessity*** subheading ***Criteria for Coverage*** 7th bullet revised “NSLC” to “NSCLC”. Under Bibliography changes were made to citations to reflect AMA citation guidelines. Formatting and punctuation were corrected throughout the LCD. This revision is effective on 03/06/2025.

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

MoIDX: Prometheus® IBD sgi Diagnostic® Policy (L37299) - R8 - Effective March 13, 2025

Date Posted: March 14, 2025

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

Effective Date: March 13, 2025

Summary of Changes:

Under ***Summary of Evidence*** subheading ***Evolution of IBD Testing*** 3rd paragraph revised the 4th sentence.

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

Multi-Jurisdictional CAC Meeting Announcement - Peripheral Nerve Blocks s February 3, 2025, 2 - 4 p.m. ET

Date Posted: January 14, 2025

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

Palmetto GBA along with CGS Administrators, National Government Services (NGS), and Noridian Healthcare Solutions will host a Multi-Jurisdictional Contractor Advisory Committee (CAC) Meeting via teleconference/webinar on February 3, 2025, from 2 p.m. to 4 p.m. ET. Discussions will focus on Peripheral Nerve Blocks.

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 professionals to be informed of the evidence used in developing an LCD and promote

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communications between the MACs and the healthcare community. The CAC panel will discuss the clinical literature related to Peripheral Nerve Blocks. Discussions will occur between CAC panelists and Contractor Medical Directors. The public may attend; however, questions from the public will not be entertained.

Registration Information

Interested stakeholders are invited to listen via teleconference; however, advance [registration](#) is required. Registration will close on January 27, 2025. Once registered you will receive the teleconference/webinar information via email prior to the meeting. 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.

Multi-Jurisdictional Contractor Advisory Committee (CAC) Peripheral Nerve Blocks - Key Questions and References

Chronic Knee Osteoarthritis

Genicular Nerve Block

1. What is the evidence and/or society guidelines concerning the provision of nonsurgical (conservative) care prior to proceeding with therapeutic genicular nerve block, or a related procedure i.e., radiofrequency ablation or cryoneurolysis?
2. Is there evidence to support a minimum trial (time frame and number of therapies) of conservative therapy prior to proceeding to a genicular nerve block?
3. What is the evidence and/or society guidelines concerning absolute and relative contraindications to receiving a genicular nerve block? [McCormick (2018)]
4. What is the evidence (direct and indirect) regarding the efficacy and safety of different genicular block techniques e.g., anatomical landmark- vs. fluoroscopic- vs. ultrasound-guided procedures?
5. What is the evidence and/or society guidelines concerning factors likely to influence genicular nerve block outcomes? [number of needles/nerves blocked, size of needles, KL grade, etc.]
6. What is the evidence and/or society guidelines concerning the efficacy of genicular nerve blocks compared to placebo/sham, procedures?
7. What is the evidence and/or society guidelines concerning the frequency of therapeutic genicular nerve blocks?
8. What is the evidence and/or society guidelines concerning the provision of diagnostic genicular nerve blocks prior to radiofrequency ablation (RFA) procedures? [McCormick (2017), Jamison (2018)]

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Radiofrequency Ablation

1. What is the evidence and/or society guidelines concerning the efficacy of genicular RFA compared to genicular nerve blocks, placebo/sham, or other active interventions?
2. What is the evidence and/or society guidelines concerning the comparative safety and efficacy of different genicular RFA techniques e.g., conventional RFA vs. cooled RFA; anatomical landmark- vs. fluoroscopic- vs. ultrasound-guided procedures?) [Mittal (2021), Kapural (2022)]
3. What is the evidence and/or society guidelines concerning the frequency genicular RFA?

References

1. Jamison DE, Cohen SP. Radiofrequency techniques to treat chronic knee pain: a comprehensive review of anatomy, effectiveness, treatment parameters, and patient selection. J Pain Res. 2018;11:1879-1888. Published 2018 Sep 18. doi:10.2147/JPR.S144633. Full Text
2. McCormick ZL, Reddy R, Korn M, et al. A Prospective Randomized Trial of Prognostic Genicular Nerve Blocks to Determine the Predictive Value for the Outcome of Cooled Radiofrequency Ablation for Chronic Knee Pain Due to Osteoarthritis. Pain Med. 2018;19(8):1628-1638. doi:10.1093/pm/pnx286. Full Text
3. Mittal N, Catapano M, Peng PWH. Knee Ablation Approaches. Phys Med Rehabil Clin N Am. 2021;32(4):779-790. doi:10.1016/j.pmr.2021.05.012. Full Text
4. Kapural L, Minerali A, Sanders M, Matea M, Dua S. Cooled Radiofrequency Ablation Provides Prolonged Pain Relief Compared to Traditional Radiofrequency Ablation: A Real-World, Large Retrospective Clinical Comparison from a Single Practice. J Pain Res. 2022;15:2577-2586. Published 2022 Aug 31. doi:10.2147/JPR.S373877. Full Text

PNB of the Trunk

Intercostal Nerve Block in Thoracic Surgeries

1. Is there sufficient high-quality evidence to support the use of Intercostal Nerve Blocks for postoperative analgesia in thoracic surgeries, such as Video-Assisted Thoracoscopic Surgery and thoracotomy, compared to alternative regional anesthesia techniques like thoracic epidural analgesia, paravertebral block, and erector spinae plane block?

Context from Literature:

- Xu et al. (2024) and Shen et al. (2024) found Intercostal Nerve Block to be less effective than thoracic paravertebral block and paravertebral block/erector spinae block in reducing postoperative pain in Video-Assisted Thoracoscopic Surgery.

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- Wang et al. (2023) and Gams et al. (2023) reported that erector spinae block provided better analgesia and reduced opioid consumption more effectively than Intercostal Nerve Block.
- Vilvanathan et al. (2020) observed that thoracic epidural analgesia offered superior pain control over Intercostal Nerve Block in thoracotomy patients.
- Sung et al. (2024) found no significant difference between Intercostal Nerve Block and erector spinae block in pain scores, but Intercostal Nerve Block did not demonstrate superiority.

Considerations for Discussion:

- Evaluate the quality and sample sizes of the studies comparing Intercostal Nerve Block to other regional blocks.
- Discuss the consistency of findings across different studies and surgical procedures.
- Assess whether Intercostal Nerve Block should be preferred, equivalent, or secondary to other regional anesthesia techniques based on current evidence.

Effectiveness of Intercostal Nerve Block on Opioid Consumption and Patient Outcomes

2. Does the current literature support the effectiveness of Intercostal Nerve Block in reducing postoperative opioid consumption and improving patient-centered outcomes such as quality of recovery and patient satisfaction in various surgical procedures, including non-thoracic surgeries?

Context from Literature:

- Ma et al. (2022) and Luo et al. (2017) demonstrated that Intercostal Nerve Block significantly reduced opioid consumption and improved quality of life in pediatric patients undergoing the Nuss procedure.
- Altiparmak et al. (2023) reported higher quality of recovery scores and lower opioid requirements with Intercostal Nerve Block in modified radical mastectomy patients.
- Deng et al. (2021) found that Intercostal Nerve Block led to lower postoperative opioid use and fewer side effects in thoracic surgery.
- Mehmet Selim et al. (2024) and Gangadhar et al. (2024) showed mixed results in laparoscopic cholecystectomy, with some benefits observed when Intercostal Nerve Block was combined with other blocks.

Considerations for Discussion:

- Analyze the impact of Intercostal Nerve Block on opioid-sparing effects across different surgical populations.
- Discuss the relevance of improved patient satisfaction and quality of recovery in evaluating the efficacy of Intercostal Nerve Block.

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- Consider the applicability of these findings to broader patient populations and practice settings.

Limitations and Risks of Intercostal Nerve Block for Postoperative Analgesia

3. What are the limitations and potential risks associated with the use of Intercostal Nerve Block for postoperative analgesia, and does the evidence adequately address these concerns to support its widespread adoption in clinical practice?

Context from Literature:

- Several studies (Xu et al., 2024; Shen et al., 2024; Ueda et al., 2019) highlighted limitations such as small sample sizes, lack of blinding, and short follow-up periods.
- The risk of incomplete analgesia and the need for rescue analgesia were noted in some trials (Vilvanathan et al., 2020; Chen et al., 2023).
- Potential complications, although infrequent, were not extensively studied or reported in the literature provided.
- Heterogeneity in techniques, dosages, and patient populations raises questions about the generalizability of the results.

Considerations for Discussion:

- Evaluate the methodological quality and risk of bias in the existing studies on Intercostal Nerve Block.
- Discuss the potential risks or adverse effects associated with Intercostal Nerve Block compared to other analgesic techniques.
- Consider whether the current evidence sufficiently mitigates concerns to recommend Intercostal Nerve Block as a standard practice.

Ganglion Impar Block for Coccydynia

4. Is there sufficient high-quality evidence to support Ganglion Impar Block as an effective treatment for chronic coccydynia in patients unresponsive to conservative management?

Context:

Multiple studies report significant pain reduction following Ganglion Impar Block in patients who did not benefit from conservative treatments. However, many of these studies have limitations such as small sample sizes, lack of control groups, short follow-up durations, and potential biases.

Considerations:

- Does the current literature provide robust and generalizable evidence for the efficacy of Ganglion Impar Block?

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- How do methodological weaknesses in the studies impact the confidence in Ganglion Impar Block as a standard treatment option?
- Are the observed benefits clinically significant and sustainable over the long term?

Pudendal Nerve Block for Chronic Pain

5. Is there sufficient evidence to support the routine use of pudendal nerve blocks for reducing postoperative pain and analgesic requirements in adult patients undergoing perineal surgeries such as hemorrhoidectomy and gynecological procedures compared to standard anesthesia techniques?

Context from Literature:

- Supporting studies include work by Li et al. (2021), Xia et al. (2023), and Dengler et al. (2021), showing significant pain reduction in patients receiving pudendal nerve blocks.
- Conflicting evidence exists, such as Giugale et al. (2021), who found no significant difference in pain scores or opioid consumption with pudendal nerve blocks in vaginal prolapse repairs.

Considerations for Discussion:

- Discuss the balance of evidence, particularly in surgical populations with mixed outcomes. Should pudendal nerve blocks be considered as a standard practice in these contexts?

Cryoneurolysis and Radiofrequency Ablation for Chronic Pain

6. Is there sufficient evidence supporting cryoneurolysis over radiofrequency ablation for the treatment of chronic pain conditions, such as facet joint pain?

Context from Literature:

- Several studies (e.g., Truong et al., 2024) suggest no significant long-term benefit of cryoneurolysis compared to placebo in managing chronic low back pain. Meanwhile, radiofrequency ablation continues to show more reliable outcomes in long-term pain relief (Manchikanti et al., 2024).

Considerations for Discussion:

- Given the mixed evidence, should cryoneurolysis be considered an alternative to radiofrequency ablation, and what are the indications for its use?

Nerve Entrapments and Peripheral Nerve Blocks

7. In patients with nerve entrapment syndromes, such as anterior cutaneous nerve entrapment or lateral femoral cutaneous nerve entrapment (meralgia paresthetica), does the literature support peripheral nerve blocks as a superior treatment compared to conservative therapies or surgical options?

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Context from Literature:

- Studies by Mol et al. (2018) and Kiliç et al. (2020) show significant pain reduction following nerve blocks in patients with various nerve entrapments, such as abdominal wall or groin pain.

Considerations for Discussion:

- Evaluate the applicability of peripheral nerve blocks as a long-term solution for nerve entrapments and the implications for treatment protocols.

References

Intercostal Blocks

1. Altiparmak B, Korkmaz Toker M, Uysal AI, Dere Ö, Uğur B. Evaluation of ultrasound-guided rhomboid intercostal nerve block for postoperative analgesia in breast cancer surgery: a prospective, randomized controlled trial. *Reg Anesth Pain Med.* 2020;45(4):277-282. [Closed Access]
2. Deng W, Hou XM, Zhou XY, Zhou QH. Rhomboid intercostal block combined with sub-serratus plane block versus rhomboid intercostal block for postoperative analgesia after video-assisted thoracoscopic surgery: a prospective randomized-controlled trial. *BMC Pulm Med.* 2021;21(1):68. Full Text
3. Gams P, Bitenc M, Danojevic N, Jensterle T, Sadikov A, Groznik V, Sostaric M. Erector spinae plane block versus intercostal nerve block for postoperative analgesia in lung cancer surgery. *Radiol Oncol.* 2023;57(3):364-370. Full Text
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Head, Neck, and Upper Extremity

Carpal Tunnel Syndrome

1. Is there evidence to support the use either block and/or steroid for acute pain in patients with carpal tunnel syndrome?
2. Is there evidence to support peripheral nerve blocks for treatment of chronic pain in patients with carpal tunnel syndrome?
3. Is there evidence to support number frequency of peripheral nerve blocks for successful treatment of carpal tunnel syndrome?

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8. Awan AS, Khan A, Afridi SA, et al. Early Response of Local Steroid Injection Versus Mini Incision Technique in Treatment of Carpal Tunnel Syndrome. *J Ayub Med Coll Abbottabad.* 2015;27(1):192-196. Full Text

Occipital Neuralgia Nerve Block

1. Is there evidence to support blocks as a mechanism to diagnose occipital neuralgia?
2. Is there evidence to support of block application to effectively relieve pain as compared to standard of care in patients with occipital neuralgia? If so, is there evidence to support number and frequency of block application to effectively relieve pain in patients with occipital neuralgia?

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4. Lambru G, Stubberud A, Rantell K, Lagrata S, Tronvik E, Matharu MS. Medical treatment of SUNCT and SUNA: a prospective open-label study including single-arm meta-analysis. *J Neurol Neurosurg Psychiatry.* 2021;92(3):233-241. Full Text

Stellate Ganglion

1. Is there evidence to support stellate ganglion blocks for hot flashes as compared to standard of care therapies? If so, is there evidence to support number and frequency of block application to effectively relieve pain?
2. Is there evidence to support stellate ganglion blocks for spasticity as compared to standard of care? If so, is there evidence to support number and frequency of block application to effectively relieve pain?

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3. Is there evidence to support stellate ganglion blocks for PTSD as compared to standard of care therapies? If so, is there evidence to support number and frequency of block application to effectively relieve pain?
4. Is there evidence to support stellate ganglion blocks in adults with complex regional pain syndrome as compared to standard of care? If so, is there evidence to support number and frequency of block application to effectively relieve pain?
5. Is there evidence to support stellate ganglion block in patients with Bell's Palsy? If so, is there evidence to support number and frequency of block application to effectively relieve pain?
6. Is there evidence to support stellate ganglion blocks for postherpetic neuralgia? If so, is there evidence to support number and frequency of block application to effectively relieve pain?
7. Is there evidence to support stellate ganglion blocks in relieving acute postoperative pain? If so, is there evidence to support number and frequency of block application to effectively relieve pain?

References

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 11. Kuroda H, Katagiri N, Kagawa K, et al. Comparison of Lidocaine and Mepivacaine for Variation in Regional Tissue Oxygenation in Stellate Ganglion Block: A Randomized, Double-Blind, Crossover Trial. *Cureus.* 2023;15(10):e47938. Full Text
 12. Kawabata K, Sago T, Oowatari T, Shiiba S. Prolonged blockade of the cervical sympathetic nerve by stellate ganglion block accelerates therapeutic efficacy in trigeminal neuropathy. *J Oral Sci.* 2022;64(1):6-10. Full Text
 13. Hanling SR, Hickey A, Lesnik I, et al. Stellate Ganglion Block for the Treatment of Posttraumatic Stress Disorder: A Randomized, Double-Blind, Controlled Trial. *Reg Anesth Pain Med.* 2016;41(4):494-500. Full Text
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 15. Wen B, Wang Y, Zhang C, Fu Z. Effect of stellate ganglion block on postoperative recovery of gastrointestinal function in patients undergoing surgery with general anaesthesia: a meta-analysis. *BMC Surg.* 2020;20(1):284. Full Text
 16. Zhao Y, Xiao X. Efficacy of ultrasound-guided stellate ganglion block in relieving acute postoperative pain: a systematic review and meta-analysis. *J Int Med Res.* 2024;52(5):3000605241252237. Full Text

Trigeminal Neuralgia

1. Is there evidence to support peripheral nerve blocks for short term use in patients with trigeminal neuralgia? If so, is there evidence to support number and frequency of block application to effectively relieve pain?
2. Is there evidence to support peripheral nerve blocks for diagnostic blocks in patients with trigeminal neuralgia? If so, is there evidence to support number and frequency of block application to effectively relieve pain?
3. Is there evidence to support peripheral nerve blocks for refractory trigeminal neuralgia cases? If so, is there evidence to support number and frequency of block application to effectively relieve pain?

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References

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6. Di Stani F, Ojango C, Dugoni D, et al. Combination of pharmacotherapy and lidocaine analgesic block of the peripheral trigeminal branches for trigeminal neuralgia: a pilot study. *Arq Neuropsiquiatr*. 2015;73(8):660-664. Full Text

Radiofrequency, Trigeminal Neuralgia

1. Is there evidence that supports radiofrequency ablation decreases pain in patients with trigeminal neuralgia? If so, is there evidence to support number and frequency of block application to effectively relieve pain?
2. Is there evidence that demonstrates radiofrequency ablation may aid in prevention of surgery in the patient with trigeminal neuralgia? If so, is there evidence to support number and frequency of block application to effectively relieve pain?
3. Is there evidence that demonstrates the duration of effect of radiofrequency ablation in patients with trigeminal neuralgia?

References

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Multi-Jurisdictional Peripheral Nerve Blocks Contractor Advisory Committee (CAC) Meeting Agenda

Monday, February 3, 2025, 2:00- 4:00 PM ET

Teleconference/Webinar Only

Facilitators:

- Dr. Michael Hopkins and Dr. Judy Volkart (Palmetto GBA)

Welcome and Introduction:

- Dr. Michael Hopkins and Dr. Judy Volkart

Participating Medicare Administrative Contractors (MACs):

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

Discussion of Evidence and Key Questions

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

Concluding Remarks

- Dr. Michael Hopkins and Dr. Judy Volkart

Medical Policies and Coverage

Open Public Meeting Announcement - Allergy Immunotherapy (AIT) with Subcutaneous Immunotherapy (SCIT) - March 6, 2025

Date Posted: February 10, 2025

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 March 6, 2025, from 1:00 PM CT to 3:00 PM CT.

Advance [registration](#) is required.

- Registration deadline to present comments on the LCD will close on February 27, 2025, at 11:59 pm CDT.
- General Registration deadline to participate by listen-only mode will close on March 5, 2025, at 11:59 pm CDT.

Proposed Local Coverage Determination (LCD) and Billing and Coding Article:

- Allergen Immunotherapy (AIT) with Subcutaneous Immunotherapy (SCIT), DL40050
- Billing and Coding: Allergen Immunotherapy (AIT) with Subcutaneous Immunotherapy (SCIT), DA59976

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

Policy Revision(s) for Local Coverage Determinations - Effective February 14, 2025

Date Posted: February 20, 2025

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

Policy Revision(s) for Local Coverage Determinations - Effective February 14, 2025

Date Posted: February 20, 2025

The following Local Coverage Determinations (LCDs) have been revised under contract 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
L37616	Lab: Cystatin C Measurement
L35163	Plastic Surgery
L39058	Platelet Rich Plasma Injections for Non-Wound Injections
L39881	Artificial Intelligence Enabled CT Based Quantitative Coronary Topography (AI-QCT)/Coronary Plaque Analysis (AI-CPA)
L39810	Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ)

Effective Date: February 14, 2025

Summary of Changes: Changed 'gender' to 'sex' throughout the LCD where applicable. Visit the Noridian [Active LCDs](#) webpage to view the document or access it via the CMS [Medicare Coverage Database \(MCD\)](#).

Self-Administered Drug Exclusion List (A53032) - R41 - Effective January 1, 2025

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

Effective Date: January 1, 2025

Summary of Changes:

EXCLUDED CPT/HCPCS CODES:

Added: CPT/HCPCS codes Q9998 Injection, ustekinumab-aekn (selarsdi), 1 mg*; Q9996 ustekinumab-ttwe (pyzchiva); J0139 Injection, adalimumab, 1 mg; Q5142 Injection, adalimumab-ryvk biosimilar, 1 mg; Q5143 Injection, adalimumab-adbm, biosimilar, 1 mg; Q5140 Injection, adalimumab-fkjp, biosimilar, 1 mg; Q5141 Injection, adalimumab-aaty, biosimilar, 1 mg; Q5144 Injection, adalimumab-aacf (idacio), biosimilar, 1 mg; and Q5145 Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg

Deleted: CPT/HCPCS codes Q5132 Abrilada injection, adalimumab-afzb (abrilada); Q5131 Adalimumab-aacf (Idacio®); and J0135 Injection, adalimumab, 20 mg

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

Medical Policies and Coverage

To view the complete listing of billing and coding 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 Final LCD - Effective February 16, 2025

Date Posted: January 2, 2025

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:
L36668

LCD Title: Urine Drug Testing

Effective Date: February 16, 2025

Summary of LCD: The LCD outlines coverage for this service with specific details under Coverage Indications, Limitations and/or Medical Necessity.

Visit the [Proposed LCDs](#) webpage to access this LCD.

MLN Connects

MLN Connects - January 8, 2025

[MLN Connects Newsletter: Jan 8, 2025](#)

News

- Medicare Part B Vaccine Administration: CY 2025 Payment Amounts
- Historically Excepted Tribal Federally Qualified Health Centers: CY 2025 Payment Rate
- DMEPOS: Adding New Product Category to CMS-855S Enrollment Form on January 27
- Hospitals: Apply for Additional Residency Positions by March 31
- Opioid Treatment Programs: Get the Latest Updates
- Advanced Primary Care Management Services: Get Information about Billing Medicare
- Medicare Wellness Visits: Get Your Patients Off to a Healthy Start

Compliance

- Opioid Treatment Program: Bill Correctly for Opioid Use Disorder Treatment Services
- Infusion Pumps: Prevent Claim Denials

Claims, Pricers, & Codes

- Medicare Part B Drug Pricing Files & Revisions: January Update
- Rural Health Clinics & Federally Qualified Health Centers: You May Need to Resubmit Claims
- Medicare Part A Place of Service: Use the Correct Codes
- PrEP for HIV Billing: CMS Requires Diagnosis Codes

MLN Matters® Articles

- Billing Instructions: Expedited Determinations Based on Medicare Change of Status Notifications
- Clinical Laboratory Fee Schedule: 2025 Annual Update
- Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations Policy
- How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211 - Revised

MLN Connects

Publications

- Ground Ambulance Data Collection System: Cohort Analysis
- Intravenous Immune Globulin Items & Services - Revised
- Medicare Provider Enrollment - Revised

MLN Connects - February 14, 2025

[MLN Connects Newsletter: Feb 14, 2025](#)

News

- Complex Non-Chemotherapeutic Drug Administration: Determining Payment for Services

Claims, Pricers & Codes

- Ambulance Fee Schedule: CY 2025 Inflation Factor
- Integrated Outpatient Code Editor Version 26.0
- New Place of Service Code for Facilities Providing Programs of All-Inclusive Care for the Elderly: Not Applicable to Medicare
- Home Health Consolidated Billing: CY 2025 HCPCS Code Update

MLN Matters® Articles

- Ambulatory Surgical Center Payment Update - January 2025
- HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement: April 2025 Quarterly Update
- Hospital Outpatient Prospective Payment System: January 2025 Update
- Payment for Medicare Part B Preventive Vaccines & Their Administration for Rural Health Clinics &
- Federally Qualified Health Centers
- Travel Allowance Fees for Specimen Collection - 2025 Updates

MLN Connects - February 24, 2025

[MLN Connects Newsletter: Feb 24, 2025](#)

Compliance

- Mechanical Ventilation: Bill Correctly for Inpatient Claims

MLN Connects

Claims, Pricers & Codes

- Discarded Drugs & Biologicals: Orphan Drugs with Increased Applicable Percentage for Calendar Quarters in 2023
- Hospital Outpatient Prospective Payment System: Correcting Error to Code C1739

Events

- Medicare Cost Report E-Filing System Webinar - March 19

MLN Connects - February 28, 2025

Hospitals: Actions to Make Healthcare Prices Transparent

Update: On February 25, the White House issued an [Executive Order](#) to empower patients with clear, accurate, and actionable healthcare pricing information. Read the [fact sheet](#) for more information, which indicates the Departments of the Treasury, Labor, and Health and Human Services will:

- Ensure hospitals and insurers disclose actual prices, not estimates, and take action to make prices comparable across hospitals and insurers, including prescription drug prices
- Update their enforcement policies to ensure hospitals and insurers are in compliance with requirements to make prices transparent

Existing CMS guidance: [Hospital Price Transparency](#) regulations require each hospital operating in the U.S. to provide 1) a comprehensive machine-readable file with the standard charges for all items and services the hospital provides and 2) a display of shoppable services in a consumer-friendly format.

Additional resources available:

- [Hospital Price Transparency Tools](#): CMS offers a suite of tools to aid hospitals in implementing hospital price transparency. These tools are designed to help facilitate compliance with regulations and enhance the accessibility of pricing information. The Online Validator ensures machine-readable files meet CMS template layouts and data specifications, enabling hospitals to identify and fix errors before publication. The HPT TXT Generator helps hospitals create the required cms-hpt.txt file, which contains information about the hospital and a direct link to the machine-readable file.
- [Data Dictionary GitHub Repository](#): Here hospitals can access the CMS templates and data dictionary with technical instructions for encoding required standard charge information and get technical support.

MLN Connects

- For any questions related to hospital price transparency, email PriceTransparencyHospitalCharges@cms.hhs.gov.

Compliance: CMS is planning a more systematic monitoring and enforcement approach, per the Executive Order. Consistent with standing CMS policies, non-compliance will be addressed with swift enforcement. See a list of [enforcement actions](#) to date and see a list, updated quarterly, of [enforcement activities and their outcomes](#) undertaken by CMS since the January 1, 2021, effective date.

MLN Connects - March 6, 2025

[MLN Connects Newsletter: March 6, 2025](#)

News

- Therapy Services: Get Updates for CY 2025
- Hospitals: Apply for Additional Residency Positions by March 31

Compliance

- Oral Anticancer & Antiemetic Drugs: Prevent Claim Denials

Claims, Pricers & Codes

- Updated ICD-10 Medicare Severity Diagnosis-Related Group Version 42.1
- Inpatient Psychiatric Facilities Prospective Payment System: April 2025 Coding Updates

MLN Matters® Articles

- Roster Billing for Hepatitis B: July 2025 Release

MLN Connects - March 13, 2025

[MLN Connects Newsletter: Mar 13, 2025](#)

News

- Medicare Shared Savings Program: Application Deadlines for January 1, 2026, Start Date

MLN Connects

Claims, Pricers & Codes

- ICD-10 Coordination & Maintenance Committee: Submit Procedure Code Comments by April 18

From Our Federal Partners

- CHAMPVA Claims: Enroll in Direct Deposit to Avoid a Payment Pause

MLN Connects - March 25, 2025

[MLN Connects Newsletter: Mar 25, 2025](#)

News

- ESRD: Payment for Phosphate Binders Effective January 1, 2025
- Hospitals: Apply for Additional Residency Positions by March 31
- Skilled Nursing Facilities: Revalidation Deadline is May 1
- Promote Kidney Health During National Kidney Month
- Colorectal Cancer: Screening Saves Lives
- Improve Your Search Results for CMS Content

Compliance

- Bacterial Culture Lab Test: Prevent Claim Denials

Claims, Pricers & Codes

- Medicare Part B Drug Pricing Files & Revisions: April Update
- National Correct Coding Initiative: April Update
- Rural Health Clinics: Submitting Quality Reporting Category II HCPCS Codes Effective April 1

Publications & Multimedia

- Complying with Medical Record Documentation Requirements - Revised
- Medicare Coverage of Diabetes Supplies – Revised

MLN Connects

MLN Connects - March 27, 2025

[MLN Connects Newsletter: Mar 27, 2025](#)

News

- Extension of Medicare Provisions
- Final National Coverage Determination: Transcatheter Tricuspid Valve Replacement
- Nutrition-Related Health Conditions: Recommend Medicare Preventive Services

Claims, Pricers, & Codes

- Discarded Drugs & Biologicals: Deleted HCPCS Code

MLN Matters® Articles

- Clinical Laboratory Fee Schedule & Laboratory Services Subject to Reasonable Charge Payment: April 2025 Quarterly Update
- HCPCS Codes & Clinical Laboratory Improvement Amendments Edits: April 2025
- Improving Payment Accuracy for Physician Services in Skilled Nursing Facilities
- Processing Hospice Claims - Principal Diagnosis Code Reporting Update: Medicare Claims Processing Manual, Chapter 11, Sections 30.3, 40.2 & 50
- Roster Billing for Hepatitis B: July 2025 Release - Revised

Publications & Multimedia

- Hospital Price Transparency
- 2025 Medicare Part C and Part D Reporting Requirements and Data Validation - Revised

MLN Matters

Billing Instructions: Expedited Determinations Based on Medicare Change of Status Notifications

Related CR Release Date: December 27, 2024

MLN Matters Number: MM13918

Effective Date: October 11, 2024

Related Change Request (CR) Number: CR 13918

Implementation Date: February 15, 2025

Related CR Transmittal Number: R13026CP

CR 13918 tells you about:

- When patients are eligible to appeal a hospital status change
- Quality Improvement Organization (QIO) role in the appeals process
- Claims processing based on QIO appeal decision

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13918](#).

CLFS & Laboratory Services Subject to Reasonable Charge Payment: April 2025 Quarterly Update

Related CR Release Date: March 13, 2025

MLN Matters Number: MM13966

Effective Date: April 1, 2025

Related Change Request (CR) Number: CR 13966

Implementation Date: April 7, 2025

Related CR Transmittal Number: R13104CP

CR 13966 tells you about:

- When the next Clinical Laboratory Fee Schedule (CLFS) reporting period for Clinical Diagnostic Laboratory Tests (CDLTs) begins
- New and deleted CPT codes effective April 1, 2025

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13966](#).

MLN Matters

Clinical Laboratory Fee Schedule: 2025 Annual Update

Related CR Release Date: December 13, 2024

MLN Matters Number: MM13889

Effective Date: January 1, 2025

Related Change Request (CR) Number: CR 13889

Implementation Date: January 6, 2025

Related CR Transmittal Number: R12992CP

CR 13889 tells you about:

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

Make sure your billing staff knows about these changes and instructions effective January 1, 2025.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13889](#).

HCPCS Codes Used for SNF CB Enforcement: April 2025 Quarterly Update

Related CR Release Date: January 10, 2025

MLN Matters Number: MM13945

Effective Date: April 1, 2025

Related Change Request (CR) Number: CR 13945

Implementation Date: April 7, 2025

Related CR Transmittal Number: R13038CP

CR 13945 tells you about:

- Updates to the lists of HCPCS codes that are subject to the consolidated billing (CB) provision of the Skilled Nursing Facility (SNF) Prospective Payment System (PPS)
- Additions, deletions, and revisions of certain radiation therapy, ESRD-related service, chemotherapy, blood clotting factor, remote therapeutic monitoring, and colorectal screening codes from the Medicare Part A and Part B SNF files

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13945](#).

MLN Matters

Hospital OPPS: January 2025 Update

Related CR Release Date: January 3, 2025

MLN Matters Number: MM13933

Effective Date: January 1, 2025

Related Change Request (CR) Number: CR 13933

Implementation Date: January 6, 2025

Related CR Transmittal Number: R13032CP

CR 13933 tells you about:

- Coding updates
- Device pass-through status updates
- Comprehensive Ambulatory Payment Classification changes
- Updates related to drugs, biologicals, and pharmaceuticals
- Changes to Outpatient Prospective Payment System (OPPS) Pricer logic

Make sure your billing staff knows about these updates effective January 1, 2025.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13933](#).

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

Related CR Release Date: January 18, 2024

MLN Matters Number: MM13473 Revised

Effective Date: January 1, 2024 & January 1, 2025

Related Change Request (CR) Numbers: CR 13473 & CR 13705

Implementation Date: February 19, 2024 & January 6, 2025

Related CR Transmittal Numbers: R12461CP & R13015OTN

Note: CMS added information on how to use G2211 with modifier 25 for certain Medicare Part B services starting January 1, 2025 (pages 2, 3 & 4). CMS also added the CR 13705 effective & implementation dates, transmittal number, and link. Substantive content changes are in dark red.

CR 13473 tells you about:

- Correct use of HCPCS code G2211 and modifier 25
- Documentation requirements for G2211
- Patient coinsurance and deductible
- How to use G2211 with modifier 25 for certain Part B services

MLN Matters

Make sure your billing staff knows about these changes.

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

January 2025 Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

Related CR Release Date: September 13, 2024

Effective Date: January 1, 2025

Implementation Date: January 6, 2025

Related Change Request (CR) Number: CR 13802

Related CR Transmittal Number: R12840CP

CR 13802 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 \(CR\)13802](#).

Payment for Medicare Part B Preventive Vaccines & Their Administration for RHCs & FQHCs

Related CR Release Date: January 16, 2025

MLN Matters Number: MM13923

Effective Date: July 1, 2025

Related Change Request (CR) Number: CR 13923

Implementation Date: July 7, 2025

Related CR Transmittal Number: R13055CP

CR 13923 tells you about:

- Hepatitis B vaccines are paid like other Part B preventive vaccines starting January 1, 2025
- New claim-based payments for Part B preventive vaccines and their administration are starting July 1, 2025
- Updates to the [Medicare Claims Processing Manual](#), Chapter 18, section 10.2

MLN Matters

Make sure your billing staff knows about the vaccine payment policies for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13923](#).

Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations Policy

Related CR Release Date: December 19, 2024

MLN Matters Number: MM13898

Effective Date: October 23, 2024

Related Change Request (CR) Number: CR 13898

Implementation Date: February 3, 2025

Related CR Transmittal Number: R13003BP

CR 13898 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 \(MM\)13898](#).

Travel Allowance Fees for Specimen Collection - 2025 Updates

Related CR Release Date: January 10, 2025

MLN Matters Number: MM13947

Effective Date: January 1, 2025

Related Change Request (CR) Number: CR 13947

Implementation Date: January 6, 2025

Related CR Transmittal Number: R13037CP

CR 13947 tells you about:

- CY 2025 specimen collection fees and travel allowance mileage rate
- Determining eligibility for the specimen collection fee
- Travel allowance policies

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13947](#).

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)

Contacts, Resources, and Reminders

Implementation Process

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

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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](#)