Medicare A News

Jurisdiction E
October 2025

NORIDIAN HEALTHCARE SOLUTIONS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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ACM Questions and Answers - July 17, 2025

Written Questions

Q: CPT code 93318 and 93355 are transesophageal echocardiogram services performed intraoperatively, real time, for monitoring cardiac function and guidance for structural heart procedures. Because these are not diagnostic imaging services, do they require a separate written report to support the technical charge, or can the performance of monitoring and guidance be documented in the procedure note by proceduralist?
A: CPT codes 93318 and 93355 describe intraoperative transesophageal echocardiography (TEE) services used for real-time cardiac monitoring and procedural guidance. While these services are not diagnostic imaging in the traditional sense, documentation expectations differ based on code descriptions and published guidance:

- CPT 93318 described as TEE for monitoring purposes, including continuous assessment of cardiac function and immediate therapeutic decision-making. The CPT descriptor does not reference a separate written report. AAPC commentary notes that when performed intraoperatively (e.g., by anesthesiologist), this service may be considered part of the broader procedural documentation
- CPT93355 includes TEE for guidance during structural heart interventions. The CPT descriptor explicitly includes image acquisition, interpretation, and a report. The RUC vignette and AAPC guidance both reference the preparation of a complete report and communication of findings to the procedural team.
    - 93318 may be documented within the procedural or anesthesia note
    - 93355 is expected to include a separate written report

Q: From the February 1, 2025, Cardiac and Pulmonary Rehabilitation webinar, treatment plans must be signed, established, and reviewed by the physician every 30 days. When does the initial treatment plan that contains the exercise prescription need to be signed? It has been my understanding that this is an order for exercise and must be signed prior to or on the first day of a Cardiac Rehab session. To bill, each session must include some sort of aerobic exercise combined with strengthening or stretching. I am hearing different expectations on the timing of signature with the prescription. Please advise.
A: It is a CMS requirement that a physician review, sign and date the initial treatment plan (ITP) (which includes the exercise prescription) prior to or on (i.e., no later than) the first billable cardiac rehabilitation session and at least every 30 calendar days thereafter, including discharge.

Q: We are an FQHC offering optometry services. Some cataract surgery patients are referred to an ophthalmologist but later request post-op care at our FQHC with their optometrist.

If the ophthalmologist sends a letter naming the optometrist and stating post-op care begins one day after surgery, is that enough documentation? Or is a formal transfer form with signatures from the patient, ophthalmologist, and optometrist required?

Since CPT 66984-55 is not a PPS-eligible service, how should we bill? Should we use E/M codes with G0559 if applicable and submit a PPS code, or bill Part B fee-for-service?

A: FQHCs are not subject to Medicare's global surgery billing rules but must follow documentation requirements during the global period. Since cataract surgery is a major procedure with a 90-day global period. The surgeon is typically responsible for post-op care unless a formal, documented co-management agreement is in place. If an optometrist at an FQHC takes over post-op care, a written transfer agreement must be signed by the surgeon (ophthalmologist), optometrist, and patient. The optometrist bills CPT code 66984 with Modifier 55 (to indicate post-op care only) on a CMS-1500 form with place of service (POS) 50, including the transfer date, post-op care dates, and number of days in Item 19. Reminder: Routine co-management is not allowed, and each case must be clinically justified and clearly documented. Post-op care cannot be billed under Prospective Payment System (PPS) using modifier 55 or HCPCS G0559. These must be billed under the Medicare Physician Fee Schedule (MPFS). For reporting only post-op care, FQHCs may use CPT code 99024 (no payment) on the UB-04, when required. If a patient had surgery elsewhere and is in the global period, make sure to determine if the service is part of the global package. If included, FHQC cannot bill separately, but may include for reporting purposes only using CPT 99024. For details, refer to MLN907166 for "Post-Operative Claims-Based Reporting Requirements - CPT Code 99024." Additionally, if the FQHC provides services to a patient who had surgery elsewhere and is still within the global surgical period, the FQHC must ascertain if those are included in the global billing. The CMS Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 40.1B outlines which services are not included in the global package and may be billed separately. Otherwise, if the service is not included, the FQHC may bill for the visit using the appropriate FQHC PPS code (e.g., G0466-G0470).

Q: I have a question regarding a scenario we've encountered. When a patient has signed an Advance Beneficiary Notice (ABN) and received the service, and then gets billed, they will contact the doctor's office. The doctor's office then reaches out to us requesting an update to the billing with a new diagnosis. In this situation, are we still permitted to appeal the claim after all services have been provided?

A: Yes, a provider can still appeal a claim even after the services have been provided. In some cases, it may be more appropriate to request a reopening rather than a formal appeal- especially when correcting minor errors or omissions, such as a diagnosis code. Appeal rights remain intact if the request is submitted within the required timeframes.

Signing an ABN does not automatically grant appeal rights. Appeal rights are triggered only if a claim is submitted to Medicare and denied, fully or partially.

Q: If a patient was previously an MSP43 due to disability and then ages into Medicare, do they automatically change to MSP12?
A: Disability will end the month before the month in which a beneficiary attains full retirement age as defined in CFR 404.409 - CFR 404.321 When a period of disability begins and ends.

- When a provider submits the claim, if the beneficiary, or family member, is still working, providers will append Value Code 12 for working aged instead of Value Code 43 for disability.

Q: As a CAH that does Method II billing, can we bill both G0439 both professional and technical charge on a UB04? We started billing both components and our claims are being rejected by Medicare.
A: Typically, when a preventive service is posted to a beneficiary's utilization history, separate entries are posted for a "professional" service (the professional claim for the delivery of the service itself) and a "technical" service (the institutional claims for a facility fee). However, in the case of Annual Wellness Visits (AWV) services, since there is no separate payment for a facility fee, the AWV claim will be posted as the "professional" service only, regardless of whether it is paid on professional or institutional claim. As a CAH Method II, you will need to only bill the professional charge for G0439 with revenue code 096X, 097X or 098X.

- Medicare Claims Processing Manual, Chapter 18, Section 140.6

Q: Are CAHs required to bill Information Only Bills to Medicare for Inpatients with MAOs? Is there some other reason we should be billing these other than EHR incentive payments? I called the provider contact center; I was told that CAHs were required to bill Information Only Bills, and I was directed to 100-04, Chapter 3, Section 300.2. This section is about EHR incentive payments. It was my understanding CAHs could only get this incentive for a certain number of years.
A: This practice is known as "shadow-billing," and is for more than just the calculation of EHR incentive payments. CMS mandates that all hospitals, including CAHs, submit claims to both the Medicare Advantage plan and Medicare. The submission to Medicare is on an 11X bill type and is marked with Condition Code 04. This bill allows the inpatient days to be captured and included in the disproportionate share and low-income patient calculations. The information also is used for computation of the hospital's Indirect Medical Education payment. For additional information, see the Noridian Medicare website > Browse by Topic > Claims > Medicare Advantage Inpatient Claim "Shadow Billing."

Q: If a beneficiary is not entitled to Part A and is admitted as inpatient to a CAH is the patient responsible for the whole inpatient stay since they have no Part A coverage? Or are providers required to follow 0121 billing process per Internet Only Manuals 100-02, Chapter 6, Section 10 and 100-04, Chapter 4, Section 240?
A: Medicare pays for hospital (including CAH) inpatient Part B services in the circumstances specified in the CMS Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 6, Section 10. Whether or not the hospital has submitted a claim to Part A for payment, the hospital is required to submit a Part A claim indicating that the provider is liable under section 1879 of the Act for the cost of the Part A services. In the situation you describe, the hospital will need to follow billing process for inpatient ancillary services detailed on Noridian's website: Browse by Topic > Claims > Quick Reference Billing Guide > Inpatient Ancillary Services.

Q: I am seeking clarification on the billing process when a patient has two imaging visits on the same day. For example, if a patient has an outpatient chest X-ray and then later the same day, has a chest CT done in the ER, are the charges required to be on the same claim form, or can they be billed on two separate claim forms?
A: Since these services are being performed by the same hospital system and are not identical services, they would appear on a single outpatient Part A bill with the appropriate revenue and other codes to distinguish the separate services.

Q: I have a question regarding billing for patient infusion services and paracentesis. If a patient receives infusion services (revenue code 260) and a paracentesis on the same day, should these be billed separately or on the same claim form that they share the same diagnosis?
A: Generally speaking, yes. If the services are provided on the same date or as part of the same encounter, these would support single-claim billing of outpatient services. Noridian advises the provider to consult the NCCI Policy Manual to ensure compliance with the specific requirements for billing infusion services and paracentesis on the same day. NCCI PTP edits allows paracentesis CPT 49082 (diagnostic/therapeutic) and infusion services on same day with a modifier (e.g., Modifier 59 or X subsets: XE, XP, XS, XU)) to indicate that the services were separate and distinct procedures, and documentation clearly support the medical necessity for both services.

Q: I have a question regarding a patient being seen as an outpatient in a PPS facility. The patient has two different diagnoses and is receiving both occupational and physical therapy on the same day. Could you clarify if I can bill these services on separate claims, or if they are required to be billed on a single claim form?
A: The therapy services you describe are considered repetitive services by CMS. To that end, your answer is contained in the Medicare Claims Processing Manual, Chapter 1, General Billing Requirements, Section 50.2.2 Frequency of Billing for Providers Submitting Institutional Claims with Outpatient Services. Repetitive Part B services

furnished to a single individual by providers that bill institutional claims shall be billed monthly (or at conclusion of treatment). The instructions in this subsection also apply to hospice services billed under Part A, though they do not apply to home health services. Consolidating repetitive services into a single monthly claim reduces CMS processing costs for relatively small claims and in instances where bills are held for monthly review.

Q: I am seeking clarification on claim responsibility in specific scenario. If a patient is admitted to the PPS hospital at 6:58 a.m., elects Hospice at 4:35 p.m. on the same day, and then expires the same day, who is responsible for inpatient admission on the 6:58 a.m. claim?
A: The hospital would be responsible for billing the services from admission up until the hospice election time. Between that time and time of death, the hospital could only bill for the "treatment of non-terminal conditions" indicated with the usage of Condition Code 07.

- IOM 100-04, Chapter 11- Processing Hospice Claims, Section 50- Billing and Payment for Services Unrelated to Terminal Illness

Q: The Noridian Supplemental Medical Review Contractor (SMRC) had a project for Select Carotid Artery Screening (CPT 93880) (project number 01-096). We were unable to locate any clinical indication guidelines or documentation requirements (i.e., national coverage determination or local coverage determination) to justify the medical necessity of the procedure. Are there any clinical indication guidelines or documentation requirements for jurisdiction JE?
A: Within the 01-096 project, JE was excluded from this review due to no local coverage guidance.

Q: According to the National Coverage Determination (NCD) 20.7 for Percutaneous Transluminal Angioplasty (effective date 10/11/2023, implementation date 05/13/2024), under Section 4 - Concurrent with Carotid Stent Placement, it states: *"First-line evaluation of carotid artery stenosis must use duplex ultrasound."* Does this imply a duplex ultrasound must be completed first, before a computed tomography imaging (CT) or magnetic resonance imaging (MRI) can be performed? Or can a CT or MRI be completed without a duplex ultrasound?
A: Duplex is the definitive diagnostic tool for carotid stenosis and the diagnosis of obstructive and functional symptomatic plaque, neither of which is defined by MR of CTA. The latter two of are considered more diagnostic of intracerebral carotid and its branches disease. So, yes for diagnostic criteria indicating treatment indicated as well as other testing considered, duplex of the extra cranial arteries is the definitive diagnostic test and first line investigative tool.

Q: If the follow-up copy of the Important Message from Medicare (IM) has not been delivered to the Medicare beneficiary patient within the delivery time frame (due to the

miscalculation of the beneficiary's lifetime reserve days), what happens to the patient's claim? Are we still able to submit a claim to Medicare?
A: The timing of the follow-up copy of the IM must be provided to the beneficiary within two calendar days of discharge, up to as late as four hours prior to discharge. If the patient is not given the IM within the required timeframe, this may impact the hospital's liability in a QIO review. A miscalculation of LRDs may impact the patient's appeal rights, but not the hospital's submission of the claim itself. If the LRDs were inappropriately applied, then the beneficiary should be notified if the revised application could potentially impact their election or revocation of LRDs. The patient's window of opportunity for revocation of LRDs in a situation without this error is normally within 90 days of discharge. However, if the error is discovered late, the hospital may still have to offer the revocation, and any claim filed to Medicare would have to take these factors into account.

Q: According to Transmittal 13255 (Change Request 14081) - Internet-Only Manual (IOM) Update: Addition of Section 70.2 to Publication 100-04, Chapter 17 -Billing Zero Charges for Drug Line Items Provided at No Cost, dated June 6, 2025, it states: "Under such circumstances, to avoid drug administration code denials, a drug code must be present on the same or prior claim and $0.00 should be entered for the billed amount of the drug." Previously, when a drug is provided at no cost to the patient, it was billed to the payer with a "token charge," such as $0.01. With the new transmittal, do we have to bill the drug line item with a $0.00 charge? Or can we continue to bill the drug line item with a $0.01 charge?
A: Up until the implementation of CR 14081, the "token charge" of $0.01 was being used as a workaround by the claims systems because they weren't set up to process the billing of zero-dollar charges for these drugs. Under the update, the system now accepts the zero-dollar charge. Keeping in line with this policy instruction, providers should no longer be using the $0.01 amount in this billing scenario.

- Change Request 14081

Q: There are minimal instructions on issuing the HINN 1. If hospitals do not have utilization management staff after 9 p.m. or sometimes on the weekends and we're able to issue the HINN 1 as soon as they return and we only bill the patient for services after the completion of the HINN 1 is this compliant? Or should we issue a HINN 12 and bill the patient only after the HINN 12 is completed?
A: The answers to both questions are NO. The timing of HINN 1 issuance affects the first day of liability. If issued before admission, the beneficiary is liable (if admitted) for customary charges during the stay. If issued by 3 p.m. on the admission day, the beneficiary is liable for services only after receiving the notice. If issued after 3 p.m., liability begins the following day. In all cases, liability excludes services eligible for Part

B payment. The HINN 12 is misapplied in this example, as it pertains to potential Noncovered Continued Stay and is used with Hospital Discharge Appeal Notices.

Q: We've noticed that the TPE process has changed. Historically, we received a notification letter via USPS and fax requesting we contact the auditor with our contact information should questions arise during the audit and to arrange education, if necessary, post audit. Now we are not receiving this letter at all. We are receiving ADRs for a TPE audit via esMD. This week an auditor emailed our Chief Compliance Officer requesting additional documentation for a specific audit. If the point of TPE audits is to probe and educate, why has Noridian removed contact with the auditor from the team who manages the audits and arranges education? Is there a reason why the notification letter has been done away with?

A: Medical Review Part A sends notification letters via USPS when a file is initiated and does not utilize fax. Before starting a review, staff verify facility addresses and phone numbers using the billing system and/or facility contact forms if applicable. If contact information cannot be confirmed by phone, letters are mailed to the address listed in the billing system. Providers should contact the Provider Contact Center to update address or ADR delivery preferences, as Medical Review cannot make these changes. If someone outside the audit team within your facility receives a letter, they should forward it to the correct contact. Notification letters include clinician contact information and request a call to confirm the audit point of contact. Facilities with multiple audit contacts should communicate this to the clinician. Providers are encouraged to use the Noridian Medicare Portal to access letters at any time.

Note: This process applies only to Part A; other lines of business may differ.

Verbal Questions

Q: According to Local Coverage Article A53024, Billing and Coding: JW and JZ Modifier Billing Guidelines, in revision 7, it states that effective January 10, 2023, the units billed should correspond with smallest dose vial available for purchase from the manufacturers that could provide the appropriate does for the patient while minimizing any waste. However, in the most recent version, which is Revision eight, effective March 21, 2024, the statement is removed. The required use of the smallest available vial sizes also are not indicated in the Medicare Claims Processing Manual, Chapter 17, Sections 40 through 40.1. Does this mean that CMS no longer requires the smallest vial size commercially available to be used?

A: Although language was removed from the Billing and Coding article, Noridian would point to similar expectations by CMS as stated in the Publication 100-04, Medicare Claims Processing Manual, Chapter 17, Section 40. *"The CMS encourages physicians, hospitals and other providers and suppliers to care for and administer drugs and*

biologicals to patients in such a way that they can use drugs or biologicals most efficiently, in a clinically appropriate manner."

In addition, items/services provided to Medicare beneficiaries would need to be considered reasonable and necessary as per SSA 1862(a)(1)(A) which is further clarified in Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.2; with the definition of "Reasonable and Necessary" to include an item/service that "meets, but does not exceed, the beneficiary's medical need."

Q: We are an inpatient rehab facility attached to a hospital in Southern California. We've been looking at the documentation of our physician history and physical (H&Ps). When the H&P is completed on rehab, it must be signed and dated within 24 hours of admission. If the physician finds out more information and adds that to the H&P after 24 hours, does that change the time stamp, thus putting it out of compliance?
A: If a provider documented the H&P within 24 hours of the IRF admission and then corrected/amended the document we would still review this document. Medical Review reviews documents in their entirety, taking into consideration all aspects including when a note was initiated (if identifiable), when signed, and any amendments/corrections that were completed if applicable. If a document was amended or corrected Noridian reviews the document per the Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.5. The H&P is still required under the Conditions of Participation at 42 CFR § 482.24(c)(4)(i)(A).

Q: Regarding code 94762 (overnight oximetry) in a Critical Access Hospital (CAH), it appears we can charge the technical component, but we are receiving denials on the professional component. Are we able to bill an evaluation and management (E/M) code instead? The billing provider has reassigned billing rights to the CAH and is using revenue code 0983.
A: After further review, the service code 94762 has a PC/TC indicator of three (technical component only, professional component is not applicable). This is common for certain diagnostic tests or procedures where the physician's interpretation is not separately billable or not required. To capture physician work time, you could bill an appropriate E/M code in addition to 94762. The choice of the E/M code will depend on the specific circumstances of the encounter. Be sure to document the medical necessity and the distinct services provided when billing multiple codes for a single encounter. The GY modifier is only used to indicate that the service is statutorily excluded.

News

Alert: Medicare Fraud Scheme Involving Phishing Fax Requests

CMS has identified a fraud scheme targeting Medicare providers and suppliers. Scammers are impersonating CMS and sending phishing fax requests for medical records and documentation, falsely claiming to be part of a Medicare audit.

Important: CMS does not initiate audits by requesting medical records via fax. Protect your information. If you receive a suspicious request, don't respond.

Legitimate requests for medical records are typically sent via mail or courier services, not fax.

Valid requests for records will provide the name of the beneficiary, as well as relevant details such as date of service, claim number, or services or items billed, so the receiver can provide the appropriate records.

Valid requests will include the name of the requester, such as the Medicare Administrative Contractor (MAC), Durable Medical Equipment MAC (DME MAC), Unified Program Integrity Contractor (UPIC), Recovery Audit Contractor (RAC), Comprehensive Error Rate Testing (CERT) program or Supplemental Medical Review Contractor (SMRC). These entities may use the CMS logo on their cover sheets or letterhead, in addition to the requesting companies name and/or logo.

If you receive phone calls in follow-up to this fax, these are not valid. CMS will never call requesting records. Please inform the caller that you will not be complying as the request is not valid or ignore the calls.

If you think you received a fraudulent or questionable request, work with your Medical Review Contractor to confirm it's real.

August is Suicide Prevention Awareness Month

The Substance Abuse and Mental Health Services Administration (SAMHSA) created a digital toolkit to help providers talk to Medicare beneficiaries about suicide, raise awareness, and normalize seeking mental health help.

The SAMHSA webpage has suicide prevention resources, a Partner Toolkit for the suicide prevention hotline (988), and a suicide prevention resource center. The site provides links to resources to spot warning signs, access information about suicidal ideation, and SAMHSA's suicide prevention initiatives.

For CY2025, CMS finalized HCPCS G0560 for safety planning with the beneficiary. This can be billed in 20-minute increments, and services must be personally performed by the billing provider.

News

Medicare pays for Psychotherapy for Crisis using the CPT codes 90839 and 90840. This service can help a Medicare beneficiary who is actively exhibiting suicidal thoughts or actions.

CAH Claims Receiving Reason Code 31006 or 31007 in Error - Resolved 09/09/25

Provider/Supplier Type(s) Impacted: Method II Critical Access Hospitals (CAHs)

Reason Codes: 31006 and 31007

Claim Coding Impact: Not applicable.

Description of Issue: CAH claims are receiving reason codes 31006 or 31007 in error when the reassigned physician's National Provider Identifier (NPI) is accurately reported in the Provider Enrollment, Chain and Ownership System (PECOS).

Noridian Action Required: Noridian inactivated reason codes 31006 and 31007 until the issue is corrected.

Provider/Supplier Action Required: Not applicable.

Proposed Resolution/Solution: Noridian will adjust the impacted claims on/before 08/26/2025.

08/28/25 - Noridian initiated adjustments on 08/18/25, however another mass adjustment must be initiated. Noridian will provide an update when the additional mass adjustment has been initiated.

09/09/25 - The additional mass adjustments were initiated on 09/04/25.

Date Reported: 08/13/25

Date Resolved: 09/09/25

CERT Awareness Month: 2025 CERT Documentation Deadline

The Part A, Part B, Durable Medical Equipment (DME), Home Health and Hospice, and Railroad Board Medicare Administrative Contractors (MACs) are working together to promote the importance of complying with CERT documentation requests. This is the first of four articles in our CERT Awareness Month.

Providers and suppliers must send all requested documentation to the CERT Review Contractor (RC) by **Thursday, August 7, 2025**, for claims submitted July 1, 2023 - June 30, 2024. Favorable CERT decisions ensure proper payment and lowers the national improper payment rate. Send questions to CERTQuestion@noridian.com.

Resources

- CERT RC C3HUB
- Collaborative Patient Care is a Provider Partnership

CERT Awareness Month: Steps to Take if You Get a Cert Documentation Request

The Part A, Part B, Durable Medical Equipment (DME), Home Health and Hospice, and Railroad Board Medicare Administrative Contractors (MACs) are working together to promote the importance of complying with CERT documentation requests. This is the second of four articles in our CERT Awareness Month.

To be compliant and ensure a timely response to CERT review contractor (RC) documentation requests:

- Review the CERT RC letter request for these important sections
    - Action: Medical Records Required
        - This is the list of records to support claim payment
    - *When: "Date"*
        - This is the deadline to provide medical records to the CERT RC
- Prepare the records for submission
    - Locate and assemble all records listed on the CERT RC's letter
    - Identify if anything is missing and if so, take action to obtain the needed record(s)
    - Make copies and keep the originals
- Submit the information by the deadline
    - Follow instructions on the CERT RC's letter
    - Place the CERT RC's bar-coded cover sheet in front of your records

Follow up by accessing the CERT RC C3HUB. The Claim Status Search feature will confirm if the CERT RC got your records. Failure to submit the requested documentation to the CERT RC may result in a recoupment of payment.

Resources

- CERT Background
- Complying With Medical Records Documentation Requirements Fact Sheet
- Provider Minute: The Importance of Proper Documentation

News

CERT Awareness Month: Verify Your Medical Records Correspondence Address

The Part A, Part B, Durable Medical Equipment (DME), Home Health and Hospice, and Railroad Board (RRB) Medicare Administrative Contractors (MACs) are working together to promote the importance of complying with CERT documentation requests. This is the third of four articles in our CERT Awareness Month.

If you have a payment recoupment for a CERT error, but didn't get a CERT Review Contractor (RC) documentation request, verify your Provider Enrollment, Chain, and Ownership System (PECOS) Medical Records Correspondence Address. Please refer to the CERT RC's C3HUB "Letters and Contact Information" and "How to Submit Address Updates."

**For Part B RRB claims, refer to Palmetto RRB's Update an Enrollment Record to ensure your provider information is up-to-date with the RRB Specialty MAC.*

Updating address information with the CERT RC will only update for the current claim under review. Any additional CERT RC claim reviews will revert to your current MAC contact information for CERT RC requests.

Resource

- CERT Background

CERT Awareness Month: We Appreciate Your Efforts

The Part A, Part B, Durable Medical Equipment (DME), Home Health and Hospice, and Railroad Board Medicare Administrative Contractors (MACs) are working together to promote the importance of complying with CERT documentation requests. This is the last of four articles in our CERT Awareness Month.

Thank you for your attention to this national MAC effort to promote CERT documentation awareness and compliance. We created this article series to help you understand CERT processes. For additional information, contact CERTPartAQuestion@noridian.com.

Resources

- CERT Background
- CERT RC C3HUB
- CERT Reports
- CERT Task Force

News

CMS 2552-10 Transition to Automated Tentative Settlements

Effective July 14, 2025, all CMS Form 2552-10 cost reports received on or after this date will feature a redesigned Tentative Settlement (TS) letter. These calculations will now be automated through the System for Tracking Audit and Reimbursement (STAR), replacing the previous manual process. This automation applies to both as-filed and amended cost reports.

The new TS letters will incorporate payment data from the Healthcare Integrated General Ledger Accounting System (HIGLAS) for the applicable fiscal year end (FYE). All cost reports, whether submitted electronically or by mail, will be processed through STAR. TS letters will continue to be sent to each provider's designated STAR contact, maintaining the existing communication protocol.

Important Guidance for Worksheet E-1 Reporting

With this transition, it is essential that providers follow the cost report instructions carefully when recording interim lump sum and biweekly payments on Worksheet E-1. Accurate reporting is critical to ensure correct tentative settlements.

Key requirements:

- Do not record lump sum payments on Worksheet E-1, Line 1.
- Lump sum payments must be reported on the subscripts of Lines 3 and 5.
- Payments should be recorded as issued, organized separately by date, Part A or Part B, and provider unit, not grouped together.
- The automated calculation interfaces with the CMS financial system and will only include or exclude lump sum payments if they are recorded correctly.
- If a provider is submitting an amended cost report, they should also include previous tentative settlement amounts on Worksheet E-1. This ensures continuity and accuracy in the automated calculation process.

Failure to comply with these instructions may result in an incorrect tentative settlement.

If you have any questions, please contact our Provider Contact Center (PCC) for assistance.

CMS Extends G0511 Billing for Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) until September 30, 2025

FQHCs and RHCs may continue billing HCPCS code G0511 (General Care Management Services) through September 30, 2025, if more time is needed to update billing systems. Providers already billing individual HCPCS or CPT codes with applicable add-on codes for care coordination should continue doing so. Facilities must choose one billing

method and apply it consistently through September 30, 2025. G0511 may be billed multiple times per month if all program requirements are met and no double counting occurs. These services may be billed alone or with other payable services. Payment is made under the Physician Fee Schedule (PFS) with FQHC patients paying 20 percent coinsurance and RHC patients paying a deductible and 20 percent coinsurance.

G0511 is comprised of the following services:

- Chronic Care Management (CCM) - 99487, 99490, 99491 (Add-on codes: 99437, 99439, 99489)
- Principal Care Management (PCM) - 99424, 99426 (Add-on codes: 99425, 99427)
- Chronic Pain Management (CPM) - G3002 (Add-on code: G3003)
- General Behavioral Health Integration (BHI) - 99484, G0323 (Add-on code: N/A)
- Remote Physiological Monitoring (RPM) - 99091, 99453, 99454, 99457, 99474 (Add-on code: 99458)
- Remote Therapeutic Monitoring (RTM) - 98975, 98976, 98977, 98980 (Add-on code: 98981)
- Community Health Integration (CHI) - G0019 (Add-on code: G0022)
- Principal Illness Navigation (PIN) - G0023 (Add-on code: G0024)
- Principal Illness Navigation - Peer Support (PIN-PS) - G0140 (Add-on code: G0146)
- Advanced Primary Care Management (APCM) - G0556, G0557, G0558 (Add-on code: N/A)

Resources

- CMS Federally Qualified Health Centers (FQHC) Center
- CMS Medicare Learning Network - MLN006397 April 2025 Federally Qualified Health Center
- CMS MLN006398 July 2025 Information for Rural Health Clinics

Connecting Beneficiaries and Suicide Prevention Resources

Suicide is the 10th leading cause of death in the United States. To provide impactful suicide prevention services, there are two critical components.

1. Creating insightful assessments
    - SAMHSA SAFE-T Suicide Assessment Five Step Evaluation and Triage - Substance Abuse and Mental Health Services Administration (SAMHSA)
        - Important points to consider at each step
        - Suicide Prevention Resources, such as 988 Suicide and Crisis Lifeline

        - Assessments at first contact, subsequent suicidal ideation or pertinent clinical change, and prior to changes in behavioral health treatment and inpatient discharge
    - SAMHSA Toolkit with social media shareables
2. Connecting survivors with community resources
    - Accessibility and visibility of resources is crucial to those needing support
        - Major barrier to seeking help is finding and having access to support
        - Establishing clear pathways to care encourages help-seeking and saves lives
    - With suicidal thoughts, connection, thorough planning, and dedicated follow-up care create safety and support
    - Promoting evidence-based care is key to suicide prevention
    - Working together on a safety plan provides a sense of control and hope
    - Provide culturally aware approaches to suicide prevention
    - Examine how other states are working to strengthen their communities

Documentation Requirements for Laboratory Providers

Noridian offers a "**Documentation Requirements**" checklist to support laboratory providers in submitting complete and accurate records. Providers are responsible for ensuring all required documentation is properly compiled and submitted to the appropriate contractor upon request.

For a detailed checklist, visit Laboratory Documentation Requirements.

Documentation Requirements for Radiation Therapy

Noridian offers a "**Documentation Requirements**" reference guide to support radiation oncology providers in submitting complete and accurate records. Providers are responsible for ensuring that all required documentation is submitted to the appropriate contractor upon request.

For a detailed checklist, visit our Radiation Therapy Documentation Requirements webpage.

Documentation Requirements Guide for Outpatient Therapy Providers

Noridian offers a "Documentation Requirements" reference guide to support outpatient therapy providers in submitting complete and accurate records. Providers are

responsible for ensuring all required documentation is properly compiled and submitted to the appropriate contractor upon request.

For a detailed checklist, visit our Outpatient Therapy Documentation Requirements webpage.

How to Locate Reclassifications (RECLASS) and Provider Type in the Inpatient Prospective Payment System (IPPS) Final Rule

Providers can easily locate their RECLASS and Provider Type information using the Inpatient Prospective Payment System (IPPS) Final Rule files published by CMS. The example below uses the FY 2026 IPPS Final Rule, but the same steps apply to Final Rules from FY 2021 through FY 2026, all of which are available on the CMS website.

Step-by-Step Instructions

1. **Download the ZIP File**
    - Visit the CMS IPPS Final Rule page
    - Click on the most recent finalized and applicable rule:
        - Hospital Inpatient Prospective Payment System (IPPS)
        - Long-Term Care Hospital Prospective Payment System (LTCH PPS)
    - For the most up-to-date files, refer to the top of the page.
    - For historical files, use the navigation menu on the left-hand side.
    - Click on "Final Rule Data Files - Impact File and Supporting Data Files" for the most current finalized fiscal year.
    - Select the "Final Rule Impact File (ZIP)" link to download.
2. **Open the Impact File Spreadsheet**
    - Extract the ZIP file.
    - Open the Excel file and locate the tabs labeled "Variable Descriptions" and "Final" (e.g., "FY 2026 Final").
3. **Understand the Columns**
    - In the "Variable Descriptions" tab, find the definitions for RECLASS and Provider Type.
    - These definitions explain what each code value represents.
4. **Look Up Your Provider**
    - Switch to the "FY FR" tab.
    - Use the search or filter function to find your provider by number.
    - Once located, check:
        - Column K for RECLASS
        - Column AI for Provider Type

5. **Interpret the Values**
    - Refer back to the "Variable Descriptions" tab to understand what the codes in Columns K and AI mean for your provider.

Reminder: Always refer directly to the CMS website for the most current and finalized data.

Additional Clarification:

It has been verified by the Medicare Geographic Classification Review Board (MGCRB) that providers may use either the most recent impact file information available on the CMS website or documentation from the Medicare Administrative Contractor (MAC) to support their classification status.

Hyperbaric Oxygen (HBO) Therapy Resources

Noridian offers information on coverage, noncovered conditions, documentation requirements, billing and coding guidance, tips and more, all on one page.

View these resources under Browse by Topic > Wound Care > Hyperbaric Oxygen (HBO) Therapy.

IDM Login Issues and System Access

IDM Login Issues: What You Need to Know

Providers accessing MCReF and PS&R may encounter issues when using outdated or bookmarked links to the IDM login screen. These issues stem from recent changes in the Identity Management (IDM) system and how it handles redirects and cookies.

Bookmarking Best Practices

To avoid login issues and ensure uninterrupted access, do not bookmark the IDM login screen. Instead, use the official system URLs listed below or bookmark the page after logging in.

Provider System URLs:

- MCReF
- PS&R

Additional IDM Tips for Providers

- Keep your IDM account active by signing in at least every 60 days.
- Ensure timely password updates and role recertifications.

- If you are a Security Official (SO), make sure to recertify users annually to maintain access.

If you need help identifying your organization's Security Official or have questions about IDM access, please contact the PS&R/MCReF IDM support desk.

Information for Critical Access Hospitals

The critical access hospital (CAH) bills for facility and professional outpatient services only when physicians or practitioners reassign their billing rights to the CAH.

Learn how CAHs can prevent Fiscal Intermediary Shared System (FISS) reason codes 31006 and 31007 (indicating that providers don't have a reassignment on file in the Provider Enrollment, Chain, and Ownership System (PECOS)) claim denials:

- CAHs must submit the reassignment application through PECOS or the paper Form CMS-855I
- Starting in January 2026, we'll deny CAH claims for professional services if a reassignment isn't in PECOS

More Information:

- Information for Critical Access Hospitals (PDF) booklet revised to add reassignment information
- Editing for Duplicate Processing for Practitioner Professional Services and CAH Professional Services (PDF) Medicare Administrative Contractor instruction
- Medicare Part B Overpaid and Beneficiaries Incurred Cost-Share Overcharges of Over $1 Million for the Same Professional Services Office of the Inspector General report

Source: CMS *MLN Connects* dated August 21, 2025

Mandatory SNF Off-Cycle Revalidation EXTENDED to January 1, 2026

Skilled Nursing Facilities (SNF) must now submit the updated CMS-855A with the new SNF Attachment by January 1, 2026. SNFs are required to provide expanded details about ownership, managerial control, and associated relationships to ensure compliance with Section 1124(c).

Noridian recommends that SNF providers complete the off-cycle revalidation process as soon as possible in PECOS to benefit from shorter processing times. CMS created instructions for completing your application via PECOS to assist with this process.

By submitting now, you ensure a smoother process and reduce the risk of delays or complications that could impact your approval and enrollment.

For more information, please review the Guidance for SNF Attachment on form CMS-855A.

CMS recommends that SNFs contact their legal counsel or other professional advisor (e.g., provider enrollment business advisor) with questions regarding whether specific persons or entities within their organization should be disclosed.

We want you to avoid any negative consequences of missing the deadline August 1st. Failure to revalidate may result in a stay, which is an interim status representing a pause in enrollment where we will reject claims you submit with dates of service within the stay period. Enrollment may be deactivated 60-75 days after the due date, requiring you to re-enroll with Medicare. Noridian will process the application as if it were a new enrollment.

Checking Application Status

Noridian Customer Service requires providers to use the Enrollment Application Status Search self-service tool to access application related details.

The Enrollment Application Status Search tool allows providers and suppliers to follow his/her enrollment application progress. Simply enter the Application/Reference Number or Web Tracking ID into the search field and select "View Application Status."

Noridian Provider Enrollment Contact Information

Our Enrollment Contact Center (ECC) representatives are ready to help with enrollment application questions. For the fastest service, submit your form using PECOS.

> Jurisdiction E Provider Enrollment Contact Center
>
> 877-908-8431
>
> Monday - Friday 8 a.m. until 6 p.m. CT

Still have questions?

Review our Webinars: Review our on-demand webinar, "Skilled Nursing Facilities Enrollment Tips" at your convenience, or register for an upcoming live session through our Schedule of Events page.

Contact CMS: Parties that have policy questions beyond the guidance in this document may e-mail SNFDisclosures@cms.hhs.gov.

Resources

- Guidance for SNF Attachment on form CMS-855A
- CMS-855A with new SNF Attachment
- CMS instructions for completing your application via PECOS

Materials Available from the Sept. 17 National Ambulance Coalition Meeting

The presentation from the September 17, 2025, National AB MAC Ambulance Provider/Supplier Coalition Meeting has been posted as a PDF to the Noridian website. The PDF handout contains over 100 questions and answers that were submitted prior to the event. You can find the materials in the Educational Resources section of the Ambulance homepage.

NCCI Policy Manual Awareness

Attention Billers, Compliance Officers and Coders: Are you aware of the CMS National Correct Coding Initiative (NCCI) Policy Manual that contains chapters, CPT and HCPCS codes, and scenarios for most Medicare coding and so much more? The manual supports accurate coding and compliance with Medicare rules and helps to avoid denials and billing errors.

Did you know these were available?

- **Surgery** Chapters 3 through 8 (10000-69999) divided by system code ranges for integumentary, musculoskeletal, respiratory, digestive, etc.
- **Radiology and Radiation Oncology** Chapter 9 (70000-79999) includes both Radiology with diagnostic imaging, computed tomography (CT), nuclear medicine, radiopharmaceuticals, etc., and Radiation Oncology with brachytherapy, physics consultation, stereotactic radiosurgery (SRS), intensity modulated radiation treatment (IMRT), etc.
- **Supplemental Services** Chapter 12 (A0000-V9999) includes information for some drug HCPCS (e.g., J7321), pulmonary rehab, diabetes medical nutrition therapy, and a plethora of miscellaneous information.

Read more at CMS https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual.

News

Preadmission Screening Refresh: What To Know

The preadmission screening (PAS) is one of the key pieces of front-end documentation that supports medical necessity of Inpatient Rehabilitation Facility (IRF) services. Completed within 48 hours of admission, it serves as a detailed comprehensive review of the patient's condition and medical history. More information on the PAS is available on Noridian's IRF home page.

Recovery Audit Contract Announcement

On April 28, 2025, CMS awarded Cotiviti GOV Services LLC the Recovery Audit Program Contract (RAC) for Region 4 that includes Noridian Jurisdictions E and F. Cotiviti GOV Services LLC is the incumbent contractor for this region.

CMS anticipates Cotiviti will begin conducting reviews in the summer of 2025. Visit the Cotiviti RAC website for more information and to learn about their Provider Portal.

To contact Cotiviti Region 4:

Phone: 833-510-9689

Fax: 203-529-2995

Email questions

CMS Medicare Fee for Service Recovery Audit Program

Redetermination Versus Reconsideration Forms - Appeals Newsletter Part 16

The Appeals team has identified that incorrect forms are being submitted for appeals. To ensure appeals are processed efficiently, it is critical to use the correct forms and submit them to the appropriate location. This article provides a summary of where appeals should be sent and which forms must be used for redeterminations and reconsiderations. To avoid submitting the incorrect form, Noridian encourages all providers to submit their appeals through the Noridian Medicare Portal (NMP).

Redetermination

- Complete via Direct Data Entry (DDE)
- Redetermination Form
    - Check Redetermination box (Type of Request section)
    - Send to:
      Redeterminations Medicare Part A

Attn: Redeterminations
PO Box 6770
Fargo, ND 58108-6770

- Fax Redetermination requests to: 701-277-7852

Reconsideration

- Reconsideration Form
  - Send to:
    Maximus Federal Services
    3750 Monroe Ave.
    Part A West-Suite 706
    Pittsford, NY 14534

Appeals Resources

- Noridian Appeals Tutorials
- CMS Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 29, Appeals of Claims Decision

Reminder to Use "Browse by Provider Type" for Radiation Oncology

Accurate billing for Radiation Oncology services begins with a thorough review of applicable coverage criteria. Providers should review all relevant guidelines prior to claims submission to ensure services meet medical necessity and the appropriateness of the services rendered.

When requested submit complete supporting documentation, including clinical records and treatment plans. For detailed guidance on billing, coding, and documentation requirements, refer to the educational resources available under "Browse by Provider Type" for Radiation Oncology services.

The Noridian Educational Experience is Live

We are pleased to announce that the Noridian Educational Experience is now live. This platform is designed to support your ongoing learning and professional development through a wide range of self-paced training modules. Whether you're looking to expand your knowledge or earn Continuing Education Unit (CEU) credits, the Noridian Educational Experience offers comprehensive curriculums tailored to meet your needs.

Registration is open exclusively to providers and suppliers within Noridian's jurisdictions. Please note that a valid National Provider Identifier (NPI) and Provider Transaction Access Number (PTAN) are required to complete the registration process.

Understanding Digital Mental Health Treatments

Starting with calendar year (CY) 2025, CMS added coverage for digital mental health treatment.

Devices must have FDA clearance under 21 Code of Federal Regulations (CFR) 882.5801. These computerized behavioral therapy devices are prescription-only devices intended to provide computerized versions of condition-specific behavioral therapy, in conjunction with outpatient treatments.

Digital mental health treatment (DMHT) uses devices provided **"incident to"** professional behavioral health services with treatment under a behavioral health or therapy plan of care.

1. Billing practitioner must prescribe or order DMHT device cleared under section 510(k) of the Food, Drug, and Cosmetic Act
2. Patient can use DMHT devices at home or in an outpatient setting, if FDA classification allows

HCPCS Codes

- **G0552:** Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan Contractor pricing
- **G05532:** First 20 minutes of monthly treatment management services related to the device's use.
- **G0554:** Each additional 20 minutes of monthly treatment management services related to device's use.

POS 02 and 10 cannot be used for these non-face-to-face services and are excluded from the list of reimbursable telehealth services.

Resource

- CMS Medicare Learning Network (MLN) 1986542 Medicare and Mental Health Coverage

2025 Q3 MolDX CPT/HCPCS Billing and Coding Article Updates - Effective July 1, 2025

Date Posted: July 3, 2025

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

Effective Date: July 1, 2025

Summary of Changes: The following MolDX 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
A59641	Billing and Coding: MolDX: Proteomics Testing	0568U, 0573U	NA	NA
A57526	Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	0552U, 0553U, 0554U, 0555U, 0556U, 0557U, 0560U, 0561U, 0562U, 0563U, 0564U 0565U, 0566U, 0567U, 0569U, 0571U	0240U, 0241U, 0369U, 0370U, 0373U, 0374U	0285U
A57331	Billing and Coding: MolDX: Repeat Germline Testing	81308, 81349, 81353, 81374, 81377, 81381, 81383, 0335U, 0567U	NA	NA

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

Medical Policies and Coverage

Allergen Immunotherapy (AIT) with Subcutaneous Immunotherapy (SCIT) Final LCD - Effective October 26, 2025

Date Posted: September 11, 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: L40050

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

Effective Date: October 26, 2025

Summary of LCD: This Local Coverage Determination (LCD) has been developed to create a policy consistent with current evidence and covers allergen immunotherapy. This LCD outlines limited coverage for this service with specific details under ***Coverage Indications, Limitations and/or Medical Necessity***.

Visit the Proposed LCDs webpage to access this LCD.

Billing and Coding: Artificial Hearts and Percutaneous Endovascular Cardiac Assist Procedures and Devices (A59657) - R2 - September 30, 2024

Date Posted: July 31, 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: September 30, 2024

Summary of Article Changes: Revision Effective Date: 09/30/2024

Due to ICD-10 Annual Update:

Under **Group 2 ICD-10 Codes** Q23.8 was deleted from Group 2

06/17/2025: *At this time the 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.

Medical Policies and Coverage

Billing and Coding: Billing Limitations for Pharmacies (A56119) Retirement - Effective September 18, 2025

Date Posted: September 18, 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: September 18, 2025

Summary: This article is being retired due to outdated, updated and/or expanded information. Updated direction regarding these services will be moved to our Noridian POE website in the future.

Visit the CMS Medicare Coverage Database (MCD) to access the Retired articles.

Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (A57948) - R6 - Effective January 1, 2025

Date Posted: July 24, 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: Effective January 1, 2025, CPT code 64568 was added to Group 1 CPT codes.

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) - R21 - Effective July 1, 2025

Date Posted: July 3, 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: July 1, 2025

Summary of Article Changes:

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

Effective 07/01/2025 - 09/30/2025

Prialt (Ziconotide) = $10.129

Ropivacaine = $0.061

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: Investigational Device Exemptions (IDE) - IDE Documentation Requirements for Studies with an FDA Approval dated January 01, 2015, or later (A54919) - R8 - Effective October 1, 2015

Date Posted: July 3, 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: October 01, 2015

Summary of Article Changes: Under Article Text: updated the zip code to be 58108-6782 and removed the link to the IDE form.

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: Micro-Invasive Glaucoma Surgery (MIGS) (A57863) - R8 - Effective November 17, 2024

Date Posted: July 31, 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 17, 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 is no longer applicable.

At this time the 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 Medicare Coverage Database (MCD).

Billing and Coding: MolDX: Abbott RealTime IDH1 and IDH2 testing for Acute Myeloid Leukemia (AML) (A55711) - R7 - Effective June 1, 2023

Date Posted: September 25, 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: June 1, 2023

Summary of Article Changes: Under Article Text, added the generic drug name (ivosidenib) in Paragraph 2.

Visit the Noridian Active MolDX Billing and Coding Articles and Educational Articles webpage to view the Billing and Coding article or access it via the CMS MCD.

Billing and Coding: MolDX: Biomarkers in Cardiovascular Risk Assessment (A57037) - R7 - Effective October 1, 2025

Date Posted: August 28, 2025

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

Effective Date: October 1, 2025

Summary of Changes:

Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** deleted E78.01 and E88.1. Added E78.010, E78.011, and E78.019. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2025.

Under ***CMS National Coverage Policy*** revised the following regulation: CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.1 Independent Laboratory Specimen Drawing, §60.2 Travel Allowance. This revision is effective 10/1/2025.

Updated ***Associated Documents*** to remove Billing and Coding: MolDX: ApoE Genotype.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Genetic Testing in Heritable Thoracic Aortic Disease (A59868) - R1 - Effective August 17, 2025

Date Posted: September 25, 2025

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

Effective Date: August 17, 2025

Summary of Changes:

Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** added Q79.63. This revision is effective 8/17/2025.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Germline testing for use of PARP inhibitors (A55294) - R12 - Effective October 1, 2025

Date Posted: September 4, 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: October 1, 2025

Summary of Article Changes:

Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** added C50.A0, C50.A1, C50.A2, and Z85.4A. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2025.

Under ***Associated Documents*** updated Related Local Coverage Documents

Visit the Noridian Active MolDX Billing and Coding Articles and Educational Articles webpage to view the Billing and Coding article or access it via the CMS MCD.

Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (A58679) - R9 - Effective October 1, 2025

Date Posted: September 4, 2025

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

Effective Date: October 1, 2025

Summary of Changes:

Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** added C50.A0, C50.A1, C50.A2, Z85.4A, and Z86.00A. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2025.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R11 - Effective July 1, 2025

Date Posted: July 10, 2025

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

Effective Date: July 1, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1: Codes*** added 0569U. This revision is due to the 2025 Q3 CPT/HCPCS Code Update and is effective 7/01/2025.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R12 - Effective July 31, 2025

Date Posted: July 31, 2025

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

Effective Date: July 31, 2025

Summary of Changes:

Under ***Article Text*** revised Table 1 row 3 to remove "Whole Exome" and replaced with "Bespoke Assay Design" to Signatera and RaDaR test names. Revised row 4 to read "Guardant360 Response (Guardant, Inc)". Revised row 5 to add "in accordance with NCD 90.2". Revised row 9 to remove "Whole Exome Design" and replaced with "Bespoke Assay Design" to Signatera and RaDaR test names. Revised row 11 to read "NavDX single Plasma Test (Naveris, Inc)" and "Guardant Reveal single Plasma Test (Guardant, Inc)". Under subheading **Additional Test-specific Indications, Limitations and Instructions** revised first sentence to remove "Natera" and replaced with "Signatera". Revised "Guardant" to read "Guardant Reveal". Revised second sentence to remove "Natera" and "Naveris" and replaced with "Signatera" and "NavDX". Revised third sentence to read "Guardant Response". Removed "Natera" and replaced with "Signatera". Formatting and punctuation errors were corrected throughout the article. This revision is effective 7/31/2025.

Under ***Article Text*** revised Table 1 row 3 to add "Oncodetect Bespoke Assay Design + Plasma Test Bundle (Exact Sciences Corp)". Revised row 6 to add "Oncodetect Plasma Test Bundle (Exact Sciences Corp)". Revised row 9 to add "Oncodetect Bespoke Assay Design + single Plasma Test (Exact Sciences Corp)". Revised row 10 to add "Oncodetect single Plasma Test (Exact Sciences Corp)". Under subheading **Additional Test-specific Indications, Limitations and Instructions** revised first sentence to add "Oncodetect". This revision is due to a new covered test that has successfully completed a TA and is effective for 4/18/2025.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R13 - Effective October 1, 2025

Date Posted: September 4, 2025

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

Effective Date: October 1, 2025

Summary of Changes:

Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** added Z85.4A. Under ***ICD-10 Codes that Support Medical Necessity Group 2: Codes*** added Z85.4A. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2025.

Under ***Article Text*** revised Table 1 row 9 to add "Pathlight Recurrence Monitoring Bespoke Assay Design + Plasma Test (SAGA Diagnostics)". Revised row 10 to add "Pathlight Recurrence Monitoring single Plasma Test (SAGA Diagnostics)". Under subheading ***Additional Test-specific Indications, Limitations and Instructions*** revised 2nd sentence to add "Pathlight". Under ***ICD-10 Codes that Support Medical Necessity Group 3: Codes*** added Z85.3 This revision is due to a new covered test that has successfully completed a TA and is effective for 3/28/2025.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT) (A57526) - R24 - Effective August 14, 2025

Date Posted: August 14, 2025

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

Effective Date: August 14, 2025

Summary of Changes:

Under CPT/HCPCS Codes Group 1: Codes added 0008U. This revision is effective 4/17/2022.

Under CPT/HCPCS Codes Group 1: Codes added 0252U. This revision is effective 7/1/2021.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R26 - Effective July 1, 2025

Date Posted: July 3, 2025

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

Effective Date: July 1, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1: Codes*** deleted 0240U and 0241U. Under CPT/HCPCS Codes Group 6: Codes added 0563U and 0564U. This revision is due to the 2025 Q3 CPT/HCPCS Code Update and is effective 7/1/2025.

Under ***ICD-10 Codes that Support Medical Necessity Group 11: Codes*** added B01.9, B01.81, B02.7, B02.8, B02.31, B02.33, B02.34, B02.30, B02.32, B02.39. This revision is effective 5/27/2025.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R27 - Effective October 1, 2025

Date Posted: August 28, 2025

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

Effective Date: October 1, 2025

Summary of Changes:

Under ***ICD-10 Codes that Support Medical Necessity Group 2: Codes*** added B88.09 and R10.85. Under ***ICD-10 Codes that Support Medical Necessity Group 5: Codes*** deleted R10.2. Added R10.20, R10.21, R10.22, R10.23, R10.24, and R10.8A3. Under ***ICD-10 Codes that Support Medical Necessity Group 6: Codes*** added D71.1, D71.8 and D71.9. Under ***ICD-10 Codes that Support Medical Necessity Group 7: Codes*** added D71.1, D71.8 and D71.9. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2025.

Under ***ICD-10 Codes that Support Medical Necessity Group 5: Codes*** added O09.90, O09.91, O09.92, O09.93, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, and Z34.93. This revision is effective 9/2/2025.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R29 - Effective October 1, 2025

Date Posted: September 11, 2025

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

Effective Date: October 1, 2025

Summary of Changes:

Revision History R27 was inappropriately posted.

The correct Revision History for these updates is R28.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis (A59872) - R1 - Effective August 17, 2025

Date Posted: September 25, 2025

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

Effective Date: August 17, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1: Codes*** added 81404. This revision is effective 8/17/2025.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft Rejection (A58168) - R11 - Effective July 24, 2025

Date Posted: July 24, 2025

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

Effective Date: July 24, 2025

Summary of Changes:

Under ***Article*** Text added "Eurofins" to the manufacturer name for the 7th row. This revision is effective 7/24/2025.

Under ***Article*** Text revised the test and manufacturer name for the 9th row on the table. This revision is effective 6/17/2025.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Oncotype DX® Colon Cancer (A54484) - R4 - Effective November 1, 2019

Date Posted: September 25, 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: November 1, 2019

Summary of Article Changes: Under Article Text, updated the Part B claim instructions from SV101 to SV101-7.

Under ICD-10-CM Codes that Support Medical Necessity, replaced the statement with 'N/A'.

Visit the Noridian Active MolDX Billing and Coding Articles and Educational Articles webpage to view the Billing and Coding article or access it via the CMS MCD.

Billing and Coding: MolDX: Pharmacogenomics Testing (A57384) - R16 - Effective July 1, 2025

Date Posted: July 3, 2025

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

Effective Date: July 1, 2025

Summary of Changes:

Under ***Article Text*** revised Table 1 to add new row for CYP2D6 for metoprolol tartrate and metoprolol succinate. This revision is due to CPIC guidelines and is effective 7/1/2024.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Pigmented Lesion Assay (A58052) - R3 - Effective December 23, 2021

Date Posted: September 25, 2025

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

Effective Date: December 23, 2021

Summary of Changes:

Updated Article Guidance: ***Article Text*** to replace "Box" to "Item."

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Plasma-Based Genomic Profiling in Solid Tumors (A58973) - R9 - Effective July 1, 2025

Date Posted: July 10, 2025

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

Effective Date: July 1, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1: Codes*** added 0571U. This revision is due to the 2025 Q3 CPT/HCPCS Code Update and is effective 7/1/2025.

Under ***CPT/HCPCS Codes Group 1: Codes*** deleted 0409U. This is effective 7/1/2025.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Plasma-Based Genomic Profiling in Solid Tumors (A58973) - R10 - Effective July 1, 2025

Date Posted: September 25, 2025

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

Effective Date: July 1, 2025

Summary of Changes:

Updated ***CPT/HCPCS Codes: Group 2*** Paragraph Formatting, punctuation, and typographical errors were corrected.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Prometheus® IBD sgi Diagnostic® Policy (A57516) - R4 - Effective October 20, 2022

Date Posted: September 25, 2025

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

Effective Date: October 20, 2022

Summary of Changes:

Updated ***CMS National Coverage Policy*** Formatting, punctuation, and typographical errors were corrected.

Visit the Noridian Molecular Diagnostic Services webpage to view the Active MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: Proteomics Testing (A59641) - R10 - Effective August 14, 2025

Date Posted: August 14, 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: August 14, 2025

Summary of Article Changes:

Under ***CPT/HCPCS Codes Group 1: Codes*** added 81538. This revision is effective 1/31/2024.

Visit the Noridian Active MolDX Billing and Coding Articles and Educational Articles webpage to view the Billing and Coding article or access it via the CMS MCD.

Billing and Coding: Pulmonary Rehabilitation Services (A56152) - R8 - Effective October 1, 2023

Date Posted: September 25, 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: October 1, 2023

Summary of Article Changes: Under Group 1 Medical Necessity ICD-10-CM Codes Asterisk Explanation, removed the following verbiage: 'specific symptom(s) or condition(s).

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: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers - Coding and Billing (A54929) - R12 - Effective October 1, 2023

Date Posted: September 25, 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: October 1, 2023

Summary of Article Changes: Under Contractor (Additional) Diagnosis Codes (ICD-10-CM) Allowed by the NCD - Group II (Attest with Modifier - KX), added the leading parentheses to the 11th bullet.

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.

Medical Policies and Coverage

Local Coverage Determination (LCD) Finalized - Effective November 2, 2025

Date Posted: September 18, 2025

The following Local Coverage Determination (LCD) has 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
L36351	Lab: Special Histochemical Stains and Immunohistochemical Stains

Medicare Coverage Database Number	Billing and Coding Article Title
A57611	Billing and Coding: Lab: Special Histochemical Stains and Immunohistochemical Stains

Medicare Coverage Database Number	Response to Comments
A60312	Response to Comments: Lab: Special Histochemical Stains and Immunohistochemical Stains

Effective Date: November 2, 2025

View Active LCDs on our website or the Medicare Coverage Determination (MCD).

Micro Invasive Glaucoma Surgery L38299 - R6 - Effective November 17, 2024

Date Posted: September 18, 2025

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: November 17, 2024

Summary of Changes:

Under Coverage Indications, Limitations and/or Medical Necessity, Limitation of Coverage #3 changed i to is.

Visit the Noridian Active LCDs webpage to view the Active LCD or access it via the CMS MCD.

MolDX: MGMT Promoter Methylation Analysis (L36188) - R6 - Effective August 7, 2025

Date Posted: August 7, 2025

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

Effective Date: August 7, 2025

Summary of Changes:

Formatting, punctuation, and typographical errors were corrected throughout the LCD.

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 Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis (L39467) - R2 - Effective August 7, 2025

Date Posted: August 7, 2025

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

Effective Date: August 7, 2025

Summary of Changes:

Updated to remove ***Related National Coverage Document*** 90.2 - Next Generation Sequencing (NGS). This was added in error. This is effective 8/7/25.

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

Medical Policies and Coverage

MolDX: Biomarker Testing for Risk Stratification in DCIS - Published for Review and Comments

Date Posted: July 17, 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).

Medicare Coverage Database (MCD) Number: DL40144

LCD Title: MolDX: Biomarker Testing for Risk Stratification in DCIS

Comment period: July 17, 2025 - August 31, 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 MolDX LCDs webpage for email and mail specifics.

MolDX: Breast Cancer Index® (BCI) Gene Expression Test (L37822) - R5 - Effective July 3, 2025

Date Posted: July 3, 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: July 3, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink for the 21st reference and changes were made to citations to reflect AMA citation guidelines.

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

MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (L36180) - Retirement - Effective August 17, 2025

Date Posted: August 21, 2025

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

Medicare Coverage Database (MCD) Number: L36180

Effective Date: August 17, 2025

Rationale: L36180 MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease and A57421 Billing and Coding: MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease will be retired on 8/17/2025 because the information in the LCD and article have been incorporated within the MolDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms L39923 LCD and related article.

Visit the Retired LCDs webpage to access the retired LCDs.

MolDX: HLA-DQB1*06:02 Testing for Narcolepsy (L36551) - R5 - August 24, 2023

Date Posted: August 21, 2025

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

Effective Date: August 24, 2023

Summary of Changes:

Under ***CMS National Coverage Policy*** updated section heading for 3rd regulation, and revised the following regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests to include section 80.1.1. Under ***Bibliography*** changes were made to citations to reflect AMA citation guidelines. This revision is effective on 8/24/2023.

Updated ***CMS National Coverage Policy*** to reflect changes for a revision on 8/24/23. This revision is effective 8/24/23.

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

MolDX: Local Coverage Determinations (LCDs) Finalized - Effective August 17, 2025

Date Posted: July 3, 2025

The following MolDX 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	MolDX LCD Title
L39944	MolDX: Genetic Testing for Heritable Thoracic Aortic Disease
L39948	MolDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis
L39923	MolDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms

Medicare Coverage Database Number	MolDX Billing and Coding Article Title
A59868	Billing and Coding: MolDX: Genetic Testing in Heritable Thoracic Aortic Disease
A59872	Billing and Coding: MolDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis
A59835	Billing and Coding: MolDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms

Medicare Coverage Database Number	Response to Comments
A60206	Response to Comments: MolDX: Genetic Testing for Heritable Thoracic Aortic Disease
A60201	Response to Comments: MolDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis
A60227	Response to Comments: MolDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms

Effective Date: August 17, 2025

View Active MolDX LCDs on our website or the CMS MCD.

MolDX: Molecular Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer (L39005) - R2 - Effective July 3, 2025

Date Posted: July 3, 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: July 3, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink for the 62nd reference and changes were made to citations to reflect AMA citation guidelines.

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 Syndromic Panels for Infectious Disease Pathogen Identification Testing (L39001) - R4 - Effective July 3, 2025

Date Posted: July 3, 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: July 3, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink for the 78th and 84th reference and changes were made to citations to reflect AMA citation guidelines.

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 Solid Organ Allograft Rejection - Published for Review and Comments

Date Posted: July 17, 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).

Medicare Coverage Database (MCD) Number: DL40060

LCD Title: MolDX: Molecular Testing for Solid Organ Allograft Rejection

Comment period: July 17, 2025 - August 31, 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 MolDX LCDs webpage for email and mail specifics.

Medical Policies and Coverage

MolDX: Molecular Testing for Solid Organ Allograft Rejection (L38629) - R1 - Effective July 10, 2025

Date Posted: July 10, 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: July 10, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink for the 1st reference.

Under ***CMS National Coverage Policy*** updated section headings and descriptions. Under ***Bibliography*** deleted duplicate references #27 and #31 and changes were made to citations to reflect AMA citation guidelines as it was missed in the previous update. Formatting, punctuation, and typographical errors were corrected throughout the LCD.

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

MolDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms (L39923) - R1 - Effective July 3, 2025

Date Posted: September 25, 25

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

Effective Date: July 3, 2025

Summary of Changes:

Under ***Coverage Indications, Limitations and/or Medical Necessity*** updated paragraph 6, number 3. with symbol ≤.

Updated ***Related Local Coverage Documents*** added Billing and Coding: MolDX: BCR-ABL.

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

Medical Policies and Coverage

MolDX: Open Public Meeting Announcement Multiple LCDs - October 8, 2025

Date Posted: August 28, 2025

These policies have 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 a MolDX Open Public Meeting on October 8, 2025, from 2- 4pm CT.

Advance registration is required for both General Registration or Registration for presentations or comments.

- Registration deadline to present comments or presentations on any MolDX LCD will close on October 1, 2025, at 11:59 pm CDT.
- General Registration deadline to participate by listen-only mode will close on October 7, 2025, at 11:59 pm CDT.

Proposed MolDX Local Coverage Determination (LCDs) and Billing and Coding Articles:

Medicare Coverage Database Number	LCD Title
DL40222/DA60239	MolDX: Non-Next Generation Sequencing Targeted Molecular Panel Tests for Predictive Testing in Cancer
DL40197/DA60217	MolDX: Biomarker Testing for Risk Stratification in Metabolic Dysfunction-Associated Steatotic Liver Disease and Metabolic Dysfunction-Associated Steatohepatitis
DL40242/DA60272	MolDX: Genetic Testing for Hereditary Thrombophilia

View meeting details and register now from the MolDX Open Public Meeting webpage.

MolDX: Pharmacogenomics Testing (L38335) - R2 - Effective July 3, 2025

Date Posted: July 3, 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: July 3, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink for the 40th reference and changes were made to citations to reflect AMA citation guidelines.

Updated ***Analysis of Evidence (Rationale for Determination) paragraphs*** #1, #5, and #8 to mirror the paragraphs used presently by the MolDX team at Palmetto GBA as part of an annual review. Revision history dates and language may not exactly match the MolDX PGBA revision history. However, these revisions do not change coverage or guidance.

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

MolDX: Phenotypic Biomarker Detection from Circulating Tumor Cells (L38643) - R2 - Effective July 3, 2025

Date Posted: July 3, 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: July 3, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink for the 67th reference and changes were made to citations to reflect AMA citation guidelines.

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

MolDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer (L38327) - R3 - Effective July 3, 2025

Date Posted: July 3, 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: July 3, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink for the 12th reference and changes were made to citations to reflect AMA citation guidelines.

This revision is effective on 07/03/2025.

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

MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer (L38647) - R2 - Effective July 3, 2025

Date Posted: July 3, 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: July 3, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink for the 12th reference and changes were made to citations to reflect AMA citation guidelines.

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

MolDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease (L38339) - R3 - Effective July 3, 2025

Date Posted: July 3, 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: July 3, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink for the 16th reference and changes were made to citations to reflect AMA citation guidelines.

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

Multi-Jurisdictional CAC Meeting Announcement - Cardiac Percutaneous Lithotripsy - August 20, 2025, 2:30 pm - 4:30 pm CT

Date Posted: June 23, 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, Novitas, WPS, NGS, CGS and FCSO will host a Multi-Jurisdictional Contractor Advisory Committee (CAC) Meeting via Microsoft Teams Webinar on August 20, 2025, from 2:30 pm - 4:30 pm CT. Discussions will focus on Cardiac Percutaneous Lithotripsy.

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 communication between the MACs and the healthcare community. The CAC panel will discuss clinical literature related to [LCD Name]. 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.

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.

Multi-Jurisdictional CAC Meeting Announcement - MolDX: Molecular Testing for Detection of Upper Gastrointestinal Metaplasia, Dysplasia, Neoplasia: Agenda

September 04, 2025|1:00 p.m. - 3:00 p.m. CT

Teleconference Only

Agenda

1. Welcome and Introductions
    - Dr. Gabriel Bien-Willner
2. Key Questions and Discussion
    - CAC Members and Contractor Medical Directors (CMDs)
3. Closing Remarks and Adjournment

- Dr. Gabriel Bien-Willner

Date Posted: July 17, 2025

Multi-Jurisdictional CAC Meeting Announcement - MolDX: Molecular Testing for Detection of Upper Gastrointestinal Metaplasia, Dysplasia, Neoplasia - September 4, 2025, 1 - 3 p.m. CT

Date Posted: July 17, 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, CGS Administrators, Noridian Healthcare Solutions and WPS Government Health Administrators will host a Multi-Jurisdictional Contractor Advisory Committee (CAC) Meeting via Microsoft Teams Webinar on September 04, 2025, from 1 - 3 p.m. CT. Discussions will focus on MolDX: Molecular Testing for Detection of Upper Gastrointestinal Metaplasia, Dysplasia, Neoplasia.

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 communications between the MACs and the healthcare community. The CAC panel will discuss the clinical literature related to MolDX: Molecular Testing for Detection of Upper Gastrointestinal Metaplasia, Dysplasia, Neoplasia. 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 September 3, 2025, 11:59 PM.

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.

Medical Policies and Coverage

Multi-Jurisdictional Contractor Advisory Committee (CAC) Meeting Announcement - Implantation of Anterior Segment Intraocular Nonbiodegradable Drug-eluting System - November 12, 2025, 2 - 4 pm CT

Date Posted: September 26, 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).

CGS Administrators, National Government Services, Wisconsin Physicians Service, Noridian Healthcare Solutions, and Palmetto GBA will host a multi-jurisdictional CAC Meeting on November 12, 2025, from 2 - 4 pm CT. Discussions will focus on Implantation of Anterior Segment Intraocular Nonbiodegradable Drug-eluting System.

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 communication between the MACs and the healthcare community. The CAC panel will discuss the clinical literature related to Implantation of Anterior Segment Intraocular Nonbiodegradable Drug-eluting System. 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.

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.

Multi-Jurisdictional Contractor Advisory Committee (CAC) Coronary Intravascular Lithotripsy (IVL) - Agenda

August 20, 2025, 2:30 - 4:30 p.m. CT

Teleconference/Webinar Only

Facilitators

- Dr. Gina Mullen (NGS) and Dr. Meredith Loveless (CGS)

Welcome and Introduction

- Dr. Gina Mullen

Participating Medicare Administrative Contractors (MACS)

- National Government Services
- CGS Administrators
- Palmetto GBA
- Noridian Healthcare Solutions
- WPS
- Novitas Solutions
- First Coast

Discussion of Evidence and Key Questions

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

Concluding Remarks

- Dr. Gina Mullen and Dr. Meredith Loveless

Multi-Jurisdictional Contractor Advisory Committee (CAC) Coronary Intravascular Lithotripsy (IVL) - Bibliography

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Multi-Jurisdictional Contractor Advisory Committee (CAC) Coronary Intravascular Lithotripsy (IVL) - Key Questions

1. Does the evidence demonstrate that Intravascular Lithotripsy (IVL) is effective for the treatment of severely calcified coronary vessels? ADDIN EN.CITE.DATA 1-11 Is there evidence for use in moderately severe calcified coronary vessels?12
2. How do we classify the severity of plaque (such as moderate or severe- e.g. calcium angles, plaque without motion)? What definition should be used, and does it make a difference in the outcomes? ADDIN EN.CITE.DATA 11-19
3. What is the best success measurement for this procedure as it does not seem to be measured consistently in literature? e.g. flow, pressure across the width of the stent, residual diameter stenosis less than 50%, 30%, 20%?
4. What is the best method to evaluate the lesion needed for Intravascular Lithotripsy? E.g. Fractional Flow Reserve (FFR) by CT or invasive, optical coherence tomography, intravascular ultrasound. This is measured by different techniques in many of these articles and does it make a difference in the results?
5. The evidence does not necessarily compare the same artery to the same artery- are there standards on which arteries are appropriate for treatment based on the current evidence?
6. Are there standards set on the techniques for current standard of care procedures (such as rotational or laser atherectomy, cutting balloons, high-pressure balloons, etc.), and do these standards affect the outcomes of these procedures?
7. Please define the a) patient population and b) angiographic criteria for which lithotripsy would be the preferred procedure or alternative to the current procedures (rotational or laser atherectomy, cutting balloons, high pressure ballons, etc.) for calcified coronary artery lesions. Please opine in context to these issues:
   Shockwave Coronary Lithotripsy (IVL) System with Shockwave C2 Coronary

Intravascular Lithotripsy (IVL) Catheter PMA was approved based on the DISRUPT CAD III trial. PMA # P200039. Clinical Trials# NCT03595176. IDE# G180146 (2019). Approval for this device and procedure is indicated for lithotripsy-enabled, low-pressure balloon dilatation of **severely calcified**, stenotic **de novo** coronary arteries prior to stenting. This PMA has very detailed inclusion and exclusion criteria (e.g. lesion site, no ostial lesions, no LM, no totally occluded lesions, target vessel diameter and length, patients without YHA Class III or IV CHF, no chronic dialysis, or creatinine >2.5 , etc.) FDA S008. 12.13.2022. Approval for the addition of a sterile sleeve and labeling modifications, including an increase in the maximum pulse count from 80 to 120. There is limited data regarding outcomes, safety, or MACE with this increase to 120 maximum pule count.?1,20

8. Will lithotripsy be an alternative or adjunct to the established current procedures at the same time of the initial procedure for these severely calcified, stenotic de novo coronary artery lesions?
9. Are there different considerations for treatment depending on the location of the Coronary Artery calcification (CAC) aka which artery is affected? How does IVL compare to the Coronary Artery Bypass Grafting (CABG) for left main CAC? Is there evidence to show IVL is safe for use in left main disease?3,13,14,16,21-23
10. Is there long -term outcome data regarding IVL sufficient to support this procedure? Please opine on any long-term outcome data regarding restenosis rates, frequency or need for repeat cardiac intervention procedures or CABG, or MACE compared to the current standard of care procedures (rotational or laser atherectomy, cutting balloons, high pressure ballons, etc.) for calcified coronary artery lesions? How does the safety profile compare to other calcium modification interventions? ADDIN EN.CITE.DATA 11-14,16-19,24,25
11. Based on the evidence what (if any) measures that should be used to improve safety (eg. Intravascular ultrasound)? US and point system?21,26,27
12. How does intravascular lithotripsy compare to other calcium modification techniques for management of this condition? ADDIN EN.CITE.DATA 11-14,16-19,25,28 Are there certain factors/criteria that is considered when choosing the calcium modification technique that will be used?
13. The comparators vary in the studies for instance some articles use rotational atherectomy or orbital atherectomy as the comparator while others do not- how does this impact the outcomes?
14. The technology is FDA approved for severely calcified de novo coronary lesions prior to stenting. There are many reports of off-label use. Based on the evidence what limitations should be considered for this technology? ADDIN EN.CITE.DATA 12-14,18,19,22-24,28-32
    a. Combined with other calcium modification devices18
    b. Used peri-procedure with stent in place29

c. Anatomical locations13,21,30 (eg. bifurcation, LM)
d. Acute coronary syndrome18,23,24,29,33,34
e. Lesions size
f. Total occlusion12

15. Does the use of calcium modification devices improve Percutaneous Coronary Intervention (PCI) outcomes? For what duration is outcome data available?17,22,24,31
16. Are there different considerations for treatment depending on the location of the CAC aka which artery is affected? How does IVL compare to the CABG for left main CAC? Is there evidence to show IVL is safe for use in left main disease? What are the percentage failures at 1, 5, 10 years?
17. What are the contraindications for Intravascular Lithotripsy? 34
18. Is it appropriate to perform these procedures in Ambulatory Surgery or Office-Based centers without surgical back-up and if so who (if any) would or would not be eligible?20
19. Please opine the additional training and certification requirements for physicians and medical staff (radiology or imaging technicians and RNs, etc.)?
20. What ICD-10 codes do you think are appropriate for this technology?

Open Meeting Announcement - MolDX: Biomarker Testing for Risk Stratification in DCIS - August 27, 2025

Date Posted: July 17, 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 August 27, 2025, from 2 p.m. to 4 p.m. CT.

Advance registration is required.

- Registration deadline to present comments on an LCD will close on August 20, 2025, at 11:59 pm CDT.
- General Registration deadline to participate by listen-only mode will close on August 26, 2025, at 11:59 pm CDT.

Proposed Local Coverage Determination (LCD)

- MolDX: Biomarker Testing for Risk Stratification in DCIS DL40144

View meeting details and register now from the MolDX Open Public Meeting webpage.

Medical Policies and Coverage

Open Meeting Announcement - MolDX: Molecular Testing for Solid Organ Allograft Rejection - August 26, 2025

Date Posted: July 17, 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 August 26, 2025, from 2 p.m. to 4 p.m. CT.

Advance registration is required.

- Registration deadline to present comments on an LCD will close on August 19, 2025, at 11:59 pm CDT.
- General Registration deadline to participate by listen-only mode will close on August 25, 2025, at 11:59 pm CDT.

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

- MolDX: Molecular Testing for Solid Organ Allograft Rejection DL40060
- Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft Rejection DA60152

View meeting details and register now from the MolDX Open Public Meeting webpage.

Open Public Meeting Announcement Multiple LCDs - October 30, 2025

Date Posted: September 25, 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 October 30, 2025, from 2-4 pm CT.

Advance registration is required.

- Registration deadline to present comments on the LCD will close on October 23, 2025, at 11:59 pm CDT.
- General Registration deadline to participate by listen-only mode will close on October 29, 2025, at 11:59 pm CDT.

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

- Peripheral Nerve Blocks and Procedures for Chronic Pain
- Temporary Nontherapeutic Ambulatory Cardiac Monitoring Devices

View meeting details and register now from the Open Meeting webpage.

Medical Policies and Coverage

Policy Revision for Local Coverage Determination Facet Joint Interventions for Pain Management - Effective July 17, 2025

Date Posted: July 17, 2025

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

Medicare Coverage Database Number	LCD Title and Revision Number
L38801	Facet Joint Interventions for Pain Management

Effective Date: July 17, 2025

Summary of Changes: Typographical and grammatical updates were made throughout the LCD as well as updates to hyperlinks found in the Bibliography.

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

Policy Revision(s) for Local Coverage Determinations and Associated Billing and Coding Articles - Effective August 14, 2025

Date Posted: August 14, 2025

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

Medicare Coverage Database Number	LCD Title and Revision Number
L37086	Transcranial Magnetic Stimulation (TMS) - R5
L36668	Urine Drug Testing - R13
L36692	Vitamin D Assay Testing - R7

Medicare Coverage Database Number	Billing and Coding Article Title and Revision Number
A57692	Billing and Coding: Transcranial Magnetic Stimulation (TMS) - R3
A55001	Billing and Coding: Urine Drug Testing - R23
A57718	Billing and Coding: Vitamin D Assay Testing - R6

Effective Date: August 14, 2025

Summary of Changes:

CONTRACTOR INFORMATION:

Added: JF contractor information

This update is to consolidate JE and JF to have one unified document and policy number.

Visit the Noridian Active LCDs webpage or Noridian Billing and Coding Articles webpages to view the document or access it via the CMS Medicare Coverage Database (MCD).

Policy Revision(s) for Local Coverage Determinations and Associated Billing and Coding Articles - Effective September 11, 2025

Date Posted: September 11, 2025

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

Medicare Coverage Database Number	LCD Title and Revision Number
L34203	Cataract Surgery in Adults - R5
L39758	Cervical Fusion - R2
L38824	Colon Capsule Endoscopy (CCE) - R2
L38709	Computed Tomography Cerebral Perfusion Analysis (CTP) - R1

Medical Policies and Coverage

Medicare Coverage Database Number	LCD Title and Revision Number
L39240	Epidural Steroid Injections for Pain Management - R2
L34218	Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma - R6
L39960	Intervertebral Disc Repair - R1
L37616	Lab: Cystatin C Measurement - R6
L37729	Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor and Tremor Dominant Parkinson's Disease - R6
L39058	Platelet Rich Plasma Injections for Non-Wound Injections - R5
L36861	Polysomnography and Other Sleep Studies - R6
L38902	Wound and Ulcer Care - R2

Medicare Coverage Database Number	Billing and Coding Article Title and Revision Number
A57195	Billing and Coding: Cataract Surgery in Adults - R8
A59624	Billing and Coding: Cervical Fusion - R4
A58436	Billing and Coding: Colon Capsule Endoscopy (CCE) - R4
A58223	Billing and Coding: Computed Tomography Cerebral Perfusion Analysis (CTP) - R4
A58993	Billing and Coding: Epidural Steroid Injections for Pain Management - R6
A57079	Billing and Coding: Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma - R2
A59882	Billing and Coding: Intervertebral Disc Repair - R1
A57643	Billing and Coding: Lab: Cystatin C Measurement - R6

Medicare Coverage Database Number	Billing and Coding Article Title and Revision Number
A57512	Billing and Coding: Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor and Tremor Dominant Parkinson's Disease - R5
A58788	Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections - R3
A57697	Billing and Coding: Polysomnography and Other Sleep Studies - R4
A58565	Billing and Coding: Wound and Ulcer Care - R9

Effective Date: September 11, 2025

Summary of Changes:

CONTRACTOR INFORMATION:

Added: JF contractor information

This update is to consolidate JE and JF to have one unified document and policy number.

Visit the Noridian Active LCDs webpage or Noridian Billing and Coding Articles webpages to view the document or access it via the CMS Medicare Coverage Database (MCD).

Policy Revision(s) for Multiple Billing and Coding Articles - Effective September 25, 2025

Date Posted: September 25, 2025

The following Billing and Coding Articles have been revised 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
A55478	Billing and Coding: Abbreviated Daytime Sleep Study (e.g. PAP-NAP)

Medical Policies and Coverage

Medicare Coverage Database Number	Billing and Coding Article Title and Revision Number
A54061	Billing and Coding: Arthroscopic Lavage and Arthroscopic Debridement for Osteoarthritic Knees
A59657	Billing and Coding: Artificial Hearts and Percutaneous Endovascular Cardiac Assist Procedures and Devices
A53026	Billing and Coding: Bariatric Surgery Coverage
A55584	Billing and Coding: Billing Medicare for the SphenoCath® and Other Similar Devices
A59752	Billing and Coding: Cryoneurolysis Instructions
A53322	Billing and Coding: Fracture Care
A55754	Billing and Coding: Home PT/INR Monitoring (G0249) Billing and Coding
A54635	Billing and Coding: Hydration Services
A56340	Billing and Coding: Implantable Automatic Defibrillators
A55215	Billing and Coding: Incident To Clarification for OPPS and CAH Outpatient
A59055	Billing and Coding: Influenza Diagnostic Tests
A55061	Billing and Coding: IUD (Hormone-Eluting) for Endometrial Hyperplasia - CPT 58999
A53024	Billing and Coding: JW and JZ Modifier Billing Guidelines
A59819	Billing and Coding: Leadless Pacemakers

Effective Date: September 25, 2025

Summary of Changes:

CONTRACTOR INFORMATION:

Added: JF contractor information

This update is to consolidate JE and JF to have one unified document and policy number.

Medical Policies and Coverage

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.

Proposed LCDs - Published for Review and Comments

Date Posted: August 28, 2025

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

Medicare Coverage Database Number	LCD Title
DL40222	MolDX: Non-Next Generation Sequencing Targeted Molecular Panel Tests for Predictive Testing in Cancer
DL40197	MolDX: Biomarker Testing for Risk Stratification in Metabolic Dysfunction-Associated Steatotic Liver Disease and Metabolic Dysfunction-Associated Steatohepatitis
DL40242	MolDX: Genetic Testing for Hereditary Thrombophilia

Comment Period: August 28, 2025 - October 12, 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 MolDX LCDs webpage for email and mail specifics.

Proposed LCDs - Published for Review and Comments

Date Posted: September 25, 2025

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

Medicare Coverage Database Number	LCD Title
DL40265	Peripheral Nerve Blocks and Procedures for Chronic Pain
DL40255	Temporary Nontherapeutic Ambulatory Cardiac Monitoring Devices

Comment Period: September 25, 2025 - November 8, 2025

View the CMS MCD to access Proposed LCDs not released to final LCDs.

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

Self-Administered Drugs - Process to Determine Which Drugs Are Not Usually Self-administered By the Patient (A53893) - R3 - Effective October 1, 2015

Date Posted: September 18, 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: October 1, 2015

Summary of Article Changes:

TITLE:

Revised: From Self-Administered Drugs - "Process to Determine Which Drugs Are Not Usually Self-administered By the Patient" to "Self-Administered Drugs - Process to Determine Which Drugs Are Usually Self-administered By the Patient"

This title update does not change any coverage or guidance.

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.

Medical Policies and Coverage

Updates to JE/JF Local Coverage Determinations (LCDs) and Billing and Coding Articles (BCAs)

In the coming weeks, all Noridian LCDs and BCAs for Medicare Part A and B will be updated to combine Jurisdiction E and Jurisdiction F into a single document. The current JF versions will be retired and consolidated into the JE versions.

Per the Centers for Medicare & Medicaid Services (CMS), this update is considered non-substantive and does not alter the intent of coverage or non-coverage outlined in any LCD.

Once these updates are reflected in the Medicare Coverage Database, the Noridian website will also be revised to display the new unified documents.

MLN Connects

MLN Connects - July 3, 2025

MLN Connects Newsletter: July 3, 2025

Proposed Payment Rules

- ESRD: CY 2026 Proposed Rule - Submit Comments by August 29
- Home Health: CY 2026 Proposed Rule - Submit Comments by August 29

News

- CMS Launches New Model to Target Wasteful, Inappropriate Services in Original Medicare
- National Health Care Fraud Takedown Results in 324 Defendants Charged in Connection with Over $14.6 Billion in Alleged Fraud
- Skilled Nursing Facilities: Revalidation Deadline August 1
- Hospice Quality Reporting Program: Vendor Update Slide Deck & Errata for Data Specifications Effective October 1

MLN Matters® Articles

- Inpatient Rehabilitation Facility Prospective Payment System: FY 2026 Pricer Update
- Hospital Outpatient Prospective Payment System: July 2025 Update

Publications & Multimedia

- Screening, Brief Intervention & Referral to Treatment (SBIRT) Services - Revised

Information for Patients

- CMS Notifies Individuals Potentially Impacted by Data Incident

MLN Connects - July 10, 2025

MLN Connects Newsletter: July 10, 2025

News

- Hospital Price Transparency: Respond to Accuracy & Completeness RFI by July 21
- Alert: Medicare Fraud Scheme Involving Phishing Requests Via Fax and Other Means

- Transcatheter Edge-to-Edge Repair for Tricuspid Valve Regurgitation: Final National Coverage Determination

Compliance

- Medicare Improperly Paid Suppliers for Intermittent Urinary Catheters
- Acute Care Hospital Outpatient Services for Hospice Enrollees: Reduce Improper Payments

Claims, Pricers & Codes

- HCPCS Application Summaries & Coding Decisions: Drugs & Biologicals

From Our Federal Partners

- Providers Accepting CHAMPVA: You Must Get Paid by EFT

MLN Connects - July 15, 2025

CMS Proposes Physician Payment Rule to Significantly Cut Spending Waste, Enhance Quality Measures, and Improve Chronic Disease Management for People with Medicare

MLN Connects - July 16, 2025

CY 2026 Proposed Payment Rule

CMS Proposes Bold Reforms to Modernize Hospital Payments, Strengthen Transparency, and Put Patients Back in Control

News

CMS Expands Access to Lifesaving Gene Therapies Through Innovative State Agreements

MLN Connects - July 17, 2025

MLN Connects Newsletter: July 17, 2025

News

- CMS Announces Resources, Flexibilities to Assist with Public Health Emergency in State of Texas

MLN Connects

- Skilled Nursing Facilities: Revalidation Deadline Extended to January 1
- Join an Accountable Care Organization

Compliance

- Ostomy Supplies: Prevent Claim Denials

Claims, Pricers & Codes

- Core-Based Statistical Area: Revised ZIP Code Files

Publications & Multimedia

- Chronic Care Management Services - Revised
- Patients in Custody Under a Penal Authority - Revised

MLN Connects - July 24, 2025

MLN Connects Newsletter: July 24, 2025

News

- 2025 Quality Conference Highlights
- July 2025 Provider Specific Data for Public Use Files

Compliance

- Remote Patient Monitoring: Use & Bill Correctly

Publications & Multimedia

- Hospice Fast Facts

MLN Connects - July 31, 2025

MLN Connects Newsletter: July 31, 2025

News

- White House, Tech Leaders Commit to Create Patient-Centric Healthcare Ecosystem
- Medicare & Medicaid at 60: Strengthening Health Care for the Future
- Skilled Nursing Facilities: Revalidation Deadline Extended to January 1

MLN Connects

Compliance

- Opioid Use Disorder: Learn about Services to Help Your Patients Continue Treatment

MLN Matters® Articles

- Acute Kidney Injury Renal Dialysis Billing: Additional Revenue Codes
- Laboratory National Coverage Determination Edit Software Updates: October 2025

MLN Connects - August 4, 2025

MLN Connects Newsletter: 5 FY 2026 Final Payment Rules - Monday, August 4, 2025

FY 2026 Final Payment Rules

- Hospital Inpatient Prospective Payment System & Long-Term Care Hospital Prospective Payment System
- Inpatient Rehabilitation Facility Prospective Payment System
- Inpatient Psychiatric Facility Prospective Payment System & Quality Reporting Updates
- Skilled Nursing Facility Prospective Payment System
- Hospice Wage Index, Payment Rate Update & Quality Reporting Program Requirements

MLN Connects - August 7, 2025

MLN Connects® Newsletter for Thursday, August 7, 2025

News

- Laboratories: Switch to Electronic Fee Coupons & CLIA Certificates
- Improve Your Search Results for CMS Content

Fraud, Waste & Abuse

- Crushing Fraud

Compliance

- Evaluation & Management Services: Prevent Claim Denials

MLN Connects

Claims, Pricers & Codes

- Ambulance Claims: Revised July ZIP Code Files
- Skilled Nursing Facility Prospective Payment System: FY 2025 Pricer Update

Events

- CMS Listening Session: Opportunities to Enhance Real-Time Claims Processing & EDI Cybersecurity Controls - August 13

MLN Matters® Articles

- Billing the Laboratory Specimen Collection Travel Allowance to the 10th of a Mile
- National Coverage Determination 20.37: Transcatheter Tricuspid Valve Replacement
- Ambulatory Surgical Center Payment System: July 2025 Update - Revised

MLN Connects - August 14, 2025

MLN Connects® for Thursday, August 14, 2025

News

- FY 2026 SNF VBP Program: Download Your August 2025 Performance Score Reports

Compliance

- Skilled Nursing Facilities: Identify & Prevent Improper Part D Payments for Drugs

Claims, Pricers & Codes

- Method II Critical Access Hospitals
- Incarcerated Beneficiaries: Update to National Uniform Billing Committee Condition Code 63

MLN Matters® Articles

- Bypassing Common Working File Edits on Inpatient Medicare Part B Ancillary 12X Claims: Effective Date Change

Publications & Multimedia

- Medicare Preventive Services - Revised
- Combating Medicare Parts C & D Fraud, Waste & Abuse - Revised

MLN Connects

MLN Connects - August 21, 2025

MLN Connects® Newsletter for Thursday, August 21, 2025

News

- Information for Critical Access Hospitals
- 2023 Doctors & Clinicians Preview Period Closing August 21
- Nursing Home Care Compare Updates: Temporary Pause
- Ambulance Fee Schedule Ground Ambulance Services: Updated List of Advanced Life Support, Level 2 Procedures

Fraud, Waste & Abuse

- Crushing Fraud Chili Cook-Off Competition

Claims, Pricers & Codes

- Seasonal Flu Vaccine Pricing for 2025-2026 Season
- Integrated Outpatient Code Editor: Correcting Errors for Reason Code W7113
- Home Health Prospective Payment System Grouper: October Update

Publications & Multimedia

- Evaluation and Management Services - Revised
- Part C Organization Determinations, Appeals & Grievances - Revised
- Part D Coverage Determinations, Appeals & Grievances - Revised

MLN Connects - August 28, 2025

MLN Connects® Newsletter for Thursday, August 28, 2025

News

- HHS Drives Reform to Restore Patient-Centered Care, Announces Request for Nominations of Members to Serve on Federal Healthcare Advisory Committee

Claims, Pricers & Codes

- Rural Health Clinic & Federal Qualified Health Center: Adjusting Claims for Care Coordination Services
- HCPCS Application Summaries & Coding Determinations: Non-Drug & Non-Biological Items and Services

MLN Connects

MLN Matters® Articles

- Home-Based Noninvasive Positive Pressure Ventilation to Treat Chronic Respiratory Failure Due to Chronic Obstructive Pulmonary Disease
- ICD-10 & Other Coding Revisions to National Coverage Determinations: January 2026 Update
- National Coverage Determination 20.38: Transcatheter Edge-to-Edge Repair for Tricuspid Valve Regurgitation

Publications & Multimedia

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

MLN Connects - September 4, 2025

MLN Connects® Newsletter for Thursday, September 4, 2025

Fraud, Waste & Abuse

- Ambulatory Surgical Centers: Prior Authorization Pilot Demonstration

Compliance

- DME: Complying with Proof of Delivery Requirements

Claims, Pricers & Codes

- National Correct Coding Initiative: October Update

MLN Matters® Articles

- Implementing the Transforming Episode Accountability Model: Skilled Nursing Facility 3-Day Rule Waiver

Publications & Multimedia

- Complying with Medicare Signature Requirements – Revised

MLN Connects

MLN Connects - September 11, 2025

MLN Connects® Newsletter for Thursday, September 11, 2025

News

- Clinical Laboratory Fee Schedule: Submit Comments & Reconsideration Requests by October 9

Fraud, Waste & Abuse

- CMS IDea Challenge: Submit Interest Form by September 26

Compliance

- Orthopedic Footwear: Prevent Claim Denials

Claims, Pricers & Codes

- COVID-19 Vaccine Pricing for 2025-2026 Season
- Ambulatory Surgical Center: Medicare Approved New High-Cost Gene Therapy Drug
- Medicare Part B Drug Pricing Files & Revisions: October Update
- Medicare Physician Fee Schedule Database: October Update
- Clinical Laboratory Fee Schedule: Revised Third Quarter File

MLN Matters® Articles

- National Fee Schedule for Vaccine Administration: October 2025 Update

MLN Connects - September 18, 2025

MLN Connects® Newsletter for Thursday, September 18, 2025

- **News**
- Information for Critical Access Hospitals
- Prostate Cancer: Talk to Your Patients about Screening

MLN Matters® Articles

- Clinical Laboratory Fee Schedule & Laboratory Services Subject to Reasonable Charge Payment: October 2025 Update
- DMEPOS Fee Schedule: October 2025 Quarterly Update

MLN Connects

Publications & Multimedia

- Evaluation and Management Services - Revised
- Ground Ambulance Data Collection System Codebook - Updated

MLN Connects - September 25, 2025

MLN Connects® Newsletter for Thursday, September 25, 2025

News

- Outpatient Therapy Services: Clarifying Qualifications for Speech-Language Pathologists
- Cognitive Assessment: Recommend Medicare-Covered Services for Your Patients

Fraud, Waste & Abuse

- Duplicate Enrollment in Medicaid & Marketplace: New Fast Facts

Compliance

- Manual Wheelchairs: Prevent Claim Denials

Claims, Pricers & Codes

- Clinical Laboratory Fee Schedule: COVID-19 & Influenza Virus Types A and B Test Code
- Drug Claims: Billing for Zero Charges

MLN Matters® Articles

- Hospice Payments: FY 2026 Update
- Inpatient & Long-Term Care Hospital Prospective Payment Systems: FY 2026 Changes
- Medicare Claims Processing Manual, Chapter 18 Update: Hepatitis C Virus Preventive & Screening Services
- Medical Severity Diagnosis-Related Groups Subject to Inpatient Prospective Payment System Replaced Devices Policy: FY 2026 Update

From Our Federal Partners

- Ebola Outbreak in the Democratic Republic of the Congo

MLN Matters

Acute Kidney Injury Renal Dialysis Billing: Additional Revenue Codes

Related CR Release Date: July 24, 2025

MLN Matters Number: MM14159

Effective Date: January 1, 2025

Related Change Request (CR) Number: CR 14159

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13319CP

Related CR Title: Allowing Additional Revenue Codes for Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury (AKI) beginning in Calendar Year (CY) 2025

CR 14159 tells you about:

- We allow you to bill revenue codes 084X or 85X for AKI patients
- Use condition code 84 for AKI and a secondary condition code to indicate the site of car

Make your billing staff aware of changes to home dialysis billing for patients with acute kidney injury (AKI) starting January 1, 2025.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14159.

Billing the Laboratory Specimen Collection Travel Allowance to the 10th of a Mile

Related CR Release Date: July 24, 2025

MLN Matters Number: MM14130

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14130

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13320CP

CR 14130 tells you about:

- Allowing you to bill HCPCS code P9603 calculated to the 10th of a mile
- How to properly bill to the 10th of a mile
- When to bill using a whole number of miles

Make sure your billing staff knows about these changes effective January 1, 2026.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14130.

MLN Matters

Bypassing CWF Edits on Inpatient Medicare Part B Ancillary 12X Claims: Effective Date Change

Related CR Release Date: July 31, 2025

MLN Matters Number: MM14185

Effective Date: January 5, 2026 - Effective for any date of service processed on or after January 5, 2026

Related Change Request (CR) Number: CR 14185

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13341OTN

CR 14185 tells you about:

- The bypass logic applies to claims processed on or after January 5, 2026
- MACs will have time to reprocess claims you resubmit that they previously rejected in error

Make sure your billing staff knows about these updates to the effective date for the bypass of Common Working File (CWF) editing on inpatient Medicare Part B ancillary 12X claims previously added with CR 13810.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14185.

CLFS Subject to Reasonable Charge Payment: October 2025 Update

Related CR Release Date: September 5, 2025

MLN Matters Number: MM14211

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14211

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13362CP

CR 14211 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 October 1, 2025

Make sure your billing staff knows about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14211.

MLN Matters

DMEPOS Fee Schedule: October 2025 Quarterly Update

Related CR Release Date: September 5, 2025

MLN Matters Number: MM14214

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14214

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13388CP

CR 14214 tells you about:

- Added and deleted HCPCS codes
- Corrected 2024 deflation factors originally found in the January 2025 DMEPOS fee schedule quarterly update

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

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14214.

Fiscal Intermediary Shared System (FISS) Changes to Automate the Application of Condition Code ZC for CAR T-Cell and Other Immunotherapy Cases Involving a Clinical Trial of a Different Product

Related CR Release Date: January 10, 2025

Effective Date: October 1, 2020 - Effective for claims with discharge dates on or after October 1, 2020

Implementation Date: July 7, 2025

Related Change Request (CR) Number: CR 13926

Related CR Transmittal Number: R13043OTN

CR 13926 automates the application of payer-only condition code ZC to the claim for Chimeric Antigen Receptor (CAR) T-cell and other immunotherapy cases mapping to Medicare Severity Diagnosis Related Group (MS-DRG) 018, where the product was purchased in the usual manner, but the case involves the clinical trial of a different product. Condition code ZC is used to indicate to the Inpatient Prospective Payment System (IPPS) Pricer that the payment adjustment factor is not to be applied to the case.

Make sure your billing staff knows about these changes.

View the complete CMS Change Request (CR)13926.

MLN Matters

Hospital OPPS: July 2025 Update

Related CR Release Date: June 23, 2025

MLN Matters Number: MM14091

Effective Date: July 1, 2025

Related Change Request (CR) Number: CR 14091

Implementation Date: July 7, 2025

Related CR Transmittal Number: R13258CP

CR14091 includes coding and billing changes for:

- New COVID-19, influenza, and respiratory syncytial virus vaccines
- COVID-19 monoclonal antibody therapy products, proprietary laboratory analyses (PLA) codes, and Hospital Outpatient Prospective Payment system (OPPS) device categories
- Status indicator changes
- Drugs, biologicals, and radiopharmaceuticals
- Skin substitutes

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

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14091.

ICD-10 & Other Coding Revisions to NCDs: January 2026 Update (1 of 2)

Related CR Release Date: August 21, 2025

MLN Matters Number: MM14197

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14197

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13375OTN

CR 14197 provides a maintenance update of ICD-10 conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Make sure your billing staff knows about updates to NCDs) with new or deleted ICD-10 diagnosis codes effective January 1, 2026.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14197.

MLN Matters

ICD-10 & Other Coding Revisions to National Coverage Determinations: January 2026 Update (2 of 2) - Revised

Related CR Release Date: August 26, 2025

MLN Matters Number: MM14194 Revised

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14194

Implementation Date: January 5, 2026

Related CR Transmittal Numbers: R13360OTN & R13383OTN

Note: CMS made no substantive changes to the article other than to update the CR release date, transmittal numbers, and transmittal links.

CR 14194 provides a maintenance update of ICD-10 conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received.

Make sure your billing staff knows about updates to NCDs) with new or deleted ICD-10 diagnosis codes effective January 1, 2026.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14194.

Implementing the TEAM: Skilled Nursing Facility 3-Day Rule Waiver

Related CR Release Date: August 15, 2025

MLN Matters Number: MM14098

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14098

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13301DEMO & R13368DEMO

CR 14098 tells you about:

- CMS will allow acute care hospitals who participate in the model to discharge patients without a 3-day hospital stay to a qualified SNF or swing bed provider, including a CAH
- The patient must meet the eligibility criteria for Transforming Episode Accountability Model (TEAM) and have a qualifying outpatient procedure or hospital inpatient stay prior to admission to the SNF

- The admission date to the SNF must happen no later than 30 days after the hospital or outpatient department discharges the patient
- We'll pay for services when the SNF claim meets certain payment criteria, including submitting the claim with the required TEAM demonstration code A9

Make sure your billing staff knows about the details, participation, and payment for the new TEAM running from January 1, 2026 - December 31, 2030.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14098.

Inpatient Rehabilitation Facility PPS: FY 2026 Pricer Update

Related CR Release Date: June 20, 2025

MLN Matters Number: MM14132

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14132

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13279CP

CR 14132 tells you about:

- FY 2026 IRF Prospective Payment System (PPS) rates
- Rural transition policy
- Wage index cap

Make sure your billing staff knows about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14132.

IPPS & LTCH PPS: FY 2026 Changes

Related CR Release Date: September 4, 2025

MLN Matters Number: MM14203

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14203

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13398OTN

CR 14203 tells you about:

- Inpatient Prospective Payment System (IPPS)
- LTCH Prospective Payment System (PPS)

- Certain hospitals that CMS excludes from the IPPS

Make sure your billing staff knows about these FY 2026 updates.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14203.

Laboratory National Coverage Determination Edit Software Updates: October 2025

Related CR Release Date: July 21, 2025

MLN Matters Number: MM14153

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14153

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13292CP

Related CR Title: Changes to the Laboratory National Coverage Determination (NCD) Edit Software for October 2025

CR 14153 tells you about:

- Make sure your billing staff knows about National Coverage Determinations (NCDs) with added and deleted ICD-10-CM codes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14153.

Medicare Claims Processing Manual, Chapter 18 Update: HCV Preventive & Screening Services

Related CR Release Date: September 18, 2025

MLN Matters Number: MM14119

Effective Date: June 27, 2024

Related Change Request (CR) Number: CR 14119

Implementation Date: October 20, 2025

Related CR Transmittal Number: R13423CP

CR 14119 tells you about:

- Incorporating place of service (POS) code 19 as an approved setting for Hepatitis C Virus (HCV) screening services
- Adding HCPCS code G0567 for HCV screening procedures

MLN Matters

Make sure your billing staff knows about these updates to the Medicare Claims Processing Manual effective June 27, 2024.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14119.

MS-DRGs Subject to Inpatient Prospective Payment System Replaced Devices Policy: FY 2026 Update

Related CR Release Date: July 17, 2025

MLN Matters Number: MM14136

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14136

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13309CP

CR 14136 tells you about:

- Additions
- Conforming title changes

Make sure your billing staff knows about updates to the list of Medicare Severity Diagnosis-Related Groups (MS-DRGs) subject to the FY 2026 Inpatient Prospective Payment System (IPPS) payment policy for replaced devices offered without cost or with a credit.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14136.

National Coverage Determination 20.37: TTVR

Related CR Release Date: July 31, 2025

MLN Matters Number: MM14149

Effective Date: March 19, 2025

Related Change Request (CR) Number: CR 14149

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13343CP & R13343NCD

CR 14149 tells you about:

- Criteria
- Coverage with evidence development (CED) study criteria
- Claims processing requirements

Make sure your billing staff knows about the national coverage of transcatheter tricuspid valve replacement (TTVR).

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14149.

National Fee Schedule for Vaccine Administration: October 2025 Update

Related CR Release Date: August 14, 2025

MLN Matters Number: MM14195

Effective Date: January 24, 2025 & October 1, 2025

Related Change Request (CR) Number: CR 14195

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13365CP

CR 14195 tells you about coding updates for:

- AVTOZMA® for post-exposure prophylaxis or COVID-19 treatment
- Newly FDA-approved products not yet assigned to a unique HCPCS Level II code

Make sure your billing staff knows about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14195.

NCD 20.38: Transcatheter Edge-to-Edge Repair for T-TEER

Related CR Release Date: August 14, 2025

MLN Matters Number: MM14200

Effective Date: July 2, 2025

Related Change Request (CR) Number: CR 14200

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13366CP & R13366NCD

CR 14200 tells you about:

- Criteria
- Coverage with evidence development (CED) study criteria
- Claims processing requirements

Make sure your billing staff knows about National Coverage Determination (NCD) of transcatheter edge-to-edge repair for tricuspid valve regurgitation (T-TEER).

Make sure your billing staff know about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14200.

Contacts, Resources, and Reminders

Noridian Part A Customer Service Contact

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

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

Fax Numbers - View fax numbers and submission guidelines.

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

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

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

Medicare Learning Network Matters Disclaimer Statement

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

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

Sources for "Medicare A News" Articles

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

Manuals webpage. CMS Change Requests and the date issued will be referenced within the "Source" portion of applicable articles.

CMS has implemented a series of educational articles within the Medicare Leaning 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.

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