

➤ Medicare B News

Jurisdiction E
April 2023

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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2022 1099 Tax Forms Available on NMP

The 2022 1099-INT and/or 1099-MISC are now available on the Noridian Medicare Portal (NMP). The 1099 inquiry is available through the Financials function.

1099s on the portal are a courtesy copy of the official 1099 form that was mailed to your facility. View the [1099 Inquiry](#) section of the Portal Guide to download your copy today.

A2011-A2018 - Priced Per Invoice

The below list of codes is priced per invoice. This update is effective for dates of service April 1, 2022 and after for A2011-A2013 and effective for dates of service October 1, 2022 and after for A2014-A2018. More information on how to submit an invoice can be found on our [Avoiding Denials on Priced per Invoice Claims](#) page.

A2011, *Supra sdrm, per square centimeter*

A2012, *Suprathel, per square centimeter*

A2013, *Innovamatrix fs, per square centimeter*

A2014, *Omeza collagen matrix, per 100 mg*

A2015, *Phoenix wound matrix, per square centimeter*

A2016, *Permeaderm b, per square centimeter*

A2017, *Permeaderm glove, each*

A2018, *Permeaderm c, per square centimeter*

CMS Medicare Secondary Payer (MSP) Alert

To our providers, physicians, and suppliers:

CMS is encountering a severe issue where several providers, physicians and other suppliers are **denying** services and treatment to Medicare beneficiaries, due to an open MSP record on Common Working File (CWF). This practice must **not** be followed. Please share the following immediately with any billing, coding and revenue cycle staff involved.

It has come to CMS's attention again that there are some providers, physicians and other suppliers who are denying services to beneficiaries due to an open Medicare Secondary Payer record on the beneficiary Medicare record.

- Providers and suppliers shall **not deny** medical services or entry to a Skilled Nursing Facility (SNF) or hospital after you discover that there is an open or closed Group Health Plan (GHP), whether the beneficiary is entitled due to
 - Age
 - Disability

- End Stage Renal Disease (ESRD)
- Non-Group Health Plan (NGHP-Liability {L})
- No-Fault (NF)
- Workers' Compensation (WC)
- MSP record found in HIPAA Eligibility Transaction System (HETS) 270/271, or on CWF. You must continue to see Medicare beneficiaries if a claim that was previously mistakenly denied by Medicare, due to an MSP occurrence. These claims may be appealed through the appeal process.
- If services are covered under an open GHP or related to an NGHP, MSP accident or injury incident, bill the primary insurer first.
 - Situations where providers bill for services related to a new accident or injury, and not related to existing NGHP MSP record found on HETS or CWF
 - May need to use the same diagnosis codes that are found on the NGHP record in HETS and CWF
- Submit these claims to secondary Medicare, **after** you submit these claims to the appropriate GHP and/or NGHP insurer.
 - NGHP insurer may deny these claims if claim not related to the original accident or injury, or the case has not been settled
- After submitting these claims to Medicare, Medicare may mistakenly deny these services because the diagnosis codes on the claim are related to the diagnosis codes found on the NGHP MSP record on HETS and CWF.
 - Appeal inappropriately denied claims with Noridian.
- Physicians, providers, and other suppliers must provide an explanation or reason code to justify services **not related** to the accident or injury on record.
 - **Continue** to see or provide services to the beneficiary if those claims are mistakenly denied
- A Workers' Compensation Medicare Set Aside (WCMSA) MSP record is not a reason to deny services, but instead provides information, as to who is the appropriate primary payer for that situation.
- WCMSA is an agreement between the CMS and the CMS beneficiary about what value of settlement funds must be spent for care related to all settled WC injuries or illnesses before Medicare begins primary payment for those settled injuries or illnesses.
 - Must first verify, via the HETS 270/271 transaction, whether "W" WCSA record exists
 - Indication showing "W" MSP WCMSA record exists, the patient should have WCMSA that may pay for services, and then, the provider bills patient directly

- If WCMSA does not pay for all of the services, due to total benefits exhaustion, provider may submit Medicare bill indicating what the WCMSA paid
- Medicare may then pay as primary or secondary payer, dependent upon WCMSA status and how much it paid on the claim
 - Providers submits a bill with regular billing procedures indicating occurrence code 24 (insurance denied) and the date of denial in FL 31-36
 - Plus, supplementary statement calling attention that WCMSA denied payment or annotates FL 80, remarks, with the reason

Billing No-fault, Liability and Worker's Compensation Claims

When providers, physicians and other suppliers render services for beneficiaries who have an open NGHP found on CWF, and in HETS, they must bill as follows:

- NGHP record shows indicator of “Y” identifying there is Ongoing Responsibilities for Medicals (ORM), do **not** bill Medicare.
 - Bill NGHP insurer first as they are the proper primary payer for claims related to the accident or injury.
- If the NGHP record shows an indicator of “N” or “BLANK” (identifying there is no ORM), bill the NGHP insurer first. If the NGHP insurer denies the claim and identifies the reason for the denial on the remittance advice, the denial should be placed on your claim to Medicare.
 - Assists Medicare in determining to make **conditional** payment during the promptly payment period
- If there is an open employer Group Health Plan record on CWF and HETS, always bill the GHP insurer **first**, even before you bill the NGHP for both ORM and non-ORM claims.

Critical Access Hospital (CAH) Provider Reassignment

Providers performing outpatient services in a Critical Access Hospital (CAH) cannot submit services separately to Part B Medicare when billing reassignment has been signed over to the CAH. The Office of Inspector General (OIG) [report](#) identified improper Medicare payments to CAHs and healthcare professionals for the same CAH services.

As stated in CMS Internet Only Manual, Medicare Claims Processing Manual Publication [100-04, Chapter 4, Section 250.2](#): practitioners must sign an attestation that clearly states that they will not bill Medicare Part B for any services furnished in the CAH outpatient department once the reassignment has been given to the CAH.

[CMS MLN Information for Critical Access Hospitals](#) provides correct billing, compliance requirements and references to follow for healthcare professionals providing outpatient services in a CAH.

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Source: CMS [MLN Connects](#) dated March 23, 2023

DMEPOS Fee Schedules and Labor Payment - 2023 Update

Updates to the DMEPOS [Jurisdiction listing](#) for 2023 have been published. This resource, updated quarterly, shows which Medicare Administrative Contractors (MACs) have jurisdiction over which Healthcare Common Procedural Coding System (HCPCS) codes.

DMEPOS: Updates to Face-to-Face Encounter and Written Order Prior to Delivery List

Get the updated Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) [Required Face-to-Face Encounter & Written Order Prior to Delivery List](#) effective April 17, 2023, including 10 new items. Visit the CMS DMEPOS Order Requirements website for more information.

Source: CMS [MLN Connects](#) dated January 19, 2023

HCPCS Code G0249 Denied in Error - Resolved 01/20/23

Provider/Supplier Type(s) Impacted: Not applicable

Reason Codes: Not applicable

Claim Coding Impact: G0249

Description of Issue: Noridian identified an issue that denied HCPCS code G0249 with CO-16, M51, N704. This impacted claims processed on or after 12/21/22.

Noridian Action Required: Noridian corrected the issue on 01/06/23.

Provider/Supplier Action Required: No action is required.

Proposed Resolution/Solution: Noridian will mass adjust the impacted claims.

01/20/23 - Noridian initiated the mass adjustments.

Date Reported: 01/10/23

Date Resolved: 01/20/23

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HCPCS J7326 Paid Incorrectly - Resolved 02/08/23

Provider/Supplier Type(s) Impacted: Any Part B providers billing HCPCS code J7326.

Reason Codes: n/a

Claim Coding Impact: n/a

Description of Issue: Drug and Biological HCPCS code J7326 was contractor priced for dates of service July 1, 2022 through January 11, 2023 rather than using the CMS provided fee.

Noridian Action Required: Noridian corrected the claim system pricing logic.

Provider/Supplier Action Required: Providers should review their remittance notices and comply with any recoupment requests.

Proposed Resolution/Solution: The claims pricing logic was corrected. Noridian will identify affected claims and reprocess them automatically.

02/08/23 - Noridian initiated the mass adjustments.

Date Reported: 01/11/23

Date Resolved: 02/08/23

Hospitals: Revised Beneficiary Notices Required April 27

The Office of Management and Budget approved the following notices and instructions for renewal:

- Important Message from Medicare (CMS-10065)
- Detailed Notice of Discharge (CMS-10066)
- Medicare Outpatient Observation Notice (CMS-10611)

CMS added revised standardized nondiscrimination language required on CMS forms and notices; other information on the notices remains the same. Starting April 27, 2023, providers must use the new versions of the notices.

See [Beneficiary Notices Initiative](#) for the new forms and instructions and additional information, including Spanish versions of the notices.

Source: CMS [MLN Connects](#) dated January 26, 2023

March Into Medicare Basics - Part B On-Demand Webinars Available

Noridian presented a two-day Symposium with Medicare basic topics on March 8 and 9, 2023. The eight sessions are available on the Education and Outreach section of the website, under Webinar on Demand Recordings. These self-paced recordings will be available for six months to assist providers and facilities to educate staff.

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[Webinars on Demand](#)

- Instrumental Medicare Secondary Payer (MSP) Basics (A/B)
- Route to the Finish Line - CMS and Noridian Web Tours
- A Back March - Appeals Basics Part B
- Noridian Medicare Portal (NMP) Tour
- Getting Out in Front - Claims Submission and Remittance Advice
- High Stepping with Ease - The Review Processes
- Parading Into Preventive Services
- Marching Performance in Medicare Physician Fee Schedule (MPFS) Indicators

Providers and facilities are encouraged to attend our webinars and/or to view webinar and tutorial recordings available to assist with proper billing and team member education.

MBI Claim Denials CO16 and N382 Due to Outdated MBI Numbers

To protect patient's private information, Medicare beneficiaries will receive a new Medicare Beneficiary Identifier (MBI) number if they report their Medicare card lost or stolen. When a patient receives a new MBI number, providers must immediately switch to billing with the new MBI. Billing with the old MBI may result in receiving the below CARC and RARC rejection codes:

- CO16: Claim/Service lack information or has submission/billing error(s).
- [N382](#): Missing/Incomplete/Invalid patient identifier

If you receive a denial with the above remark codes, please verify the patient's MBI using the NMP [MBI Lookup Tool](#).

Resources:

- X12 [Claim Adjustment Reason Code \(CARC\)](#)
- X12 [Remittance Advice Remark Code \(RARC\)](#)

Medicare Ground Ambulance Data Collection System: 5 Top Tips for Reporting

Starting January 1, 2023, selected ground ambulance organizations in [Year 1](#) and [Year 2](#) must report cost, utilization, revenue, and other information to CMS. Organizations that fail to report may be subject to a 10% payment reduction. Learn [5 top tips](#) to help you report required data.

More Information:

- [CMS Ambulances Services Center](#)

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- [CMS Medicare Ground Ambulance Data Collection System](#)

Source: CMS [MLN Connects](#) dated January 19, 2023

Medicare Participating Physician Directory Information for 2023

The Medicare Participating Physician Directory (MEDPARD) is a list of physicians, suppliers, and practitioners (Medicare health care providers) who have signed an agreement to accept assignment on all claims. When a Medicare provider accepts assignment, they agree to accept the Medicare approved amount as payment in full for a covered service and can only bill the patient for deductible, coinsurance, and any non-covered services.

CMS has instructed carriers to no longer print paper copies of the MEDPARD. Noridian, however, does have the [MEDPARD](#) database available on our website with a search capability that will allow the requestor to search for a participating provider by specialty, state, and city.

Participating providers should visit the MEDPARD directory to check their practice information for accuracy. Your participation information should appear on the website defined above.

Contact Provider Enrollment directly if specific information is incorrect, has changed or is not present. The information in the database is based upon information Noridian receives when initially enrolling providers in the Medicare program, or during annual open enrollment at the end of each year.

Online Assistance for Beneficiaries

As part of the ongoing effort to provide Medicare beneficiaries with information to help them make health care choices, CMS has a participating physician directory at <https://www.medicare.gov>, the CMS beneficiary website. The directory information can be found by selecting "Find care providers". The directory contains names, addresses, and specialties of Medicare participating physicians who have agreed to accept assignment for all covered services. You may search the directory by specialty, physician or non-physician practitioner, location, gender, or last name.

Medicare Physician Fee Schedule Reductions - Appeals Newsletter Part 4

Did you know certain provider types are not reimbursed the full Fee Schedule payment amount?

Provider types subject to reduced fees:

- Nurse Practitioner - 85 percent
- Clinical Nurse Specialist - 85 percent
- Physician Assistant - 85 percent
- Licensed Clinical Social Worker - 75 percent

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- Non-participating providers - 5 percent reduction

You will want to make sure you know the correct amount for your reimbursement, so you do not submit unnecessary appeals.

Source; [CMS Publication 100-04 Chapter 12 - Medicare Claims Processing Manual](#)

Modifiers JW and JZ for Use with Drugs and Biologicals in Single-Use Containers

CMS has updated their Frequently Asked Questions (FAQs) for using the JW and JZ modifiers for Medicare Part B discarded drugs and biologicals from single-dose containers or single-use packages.

- If you didn't discard any of the drug: Report the JZ modifier on the claim starting no later than July 1, 2023
- If you discarded any of the drug, continue to:
 - Report the JW modifier on the claim
 - Document the discarded amount in the patient's medical record

CMS will use the JW and JZ modifiers to calculate discarded drug refunds.

Resources:

- CMS [MLN Connects](#) dated January 12, 2023

[CMS Discarded Drugs and Biologicals - JW Modifier and JZ Modifier Policy Frequently Asked Questions \(FAQs\)](#)

Multiple Local Coverage Determinations (LCDs) - Published for Review and Comments

This proposed Local Coverage Determination (LCD) has been published for review and comments for contract numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV).

Medicare Coverage Database (MCD) Numbers: See below

LCD Titles:

- Magnetic Resonance Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor and Tremor Dominant Parkinson's Disease - LCD DL37729/LCA DA57512
- Cataract Surgery in Adults - LCD DL34203/LCA DA57195
- Transcranial Magnetic Stimulation (TMS) - LCD DL37086/LCA DA57692

Comment period: February 9, 2023 - March 25, 2023

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

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

Noridian Customer Service Survey Launches March 27, 2023

Noridian is devoted to providing solutions that put people first. Effective March 27, 2023, providers will have the option to participate in a short survey after interacting with Noridian's interactive voice recognition (IVR) system or customer service representatives. Noridian encourages providers to participate in the survey and looks forward to hearing your thoughts.

Notification of the 2023 Dollar Amount in Controversy Required to Sustain Appeal Rights for an Administrative Law Judge (ALJ) Hearing or Federal District Court Review

The dollar amount in controversy required to sustain appeal rights, beginning January 1, 2023, for an Administrative Law Judge (ALJ) Hearing is **\$180**.

The dollar amount in controversy required to sustain appeal rights, beginning January 1, 2023, for a Federal District Court Review is **\$1,850**.

Prior Authorization (PA) for Facet Joint Intervention

Effective for dates of service beginning July 1, 2023, CMS has added a new service category to the Hospital Outpatient Department (OPD) Prior Authorization program. This additional hospital OPD service category will require prior authorization as a condition of payment for facet joint interventions. CPT codes include the range of 64490-64495 and 64633-64636 when performed in a hospital OPD place of service 19 (off-campus outpatient hospital) or 22 (on-campus outpatient hospital).

This new service will be in addition to the existing Prior Authorization services, which include blepharoplasty, botulinum toxin injection, rhinoplasty, panniculectomy, vein ablation, cervical fusion with disc removal, and implanted spinal neurostimulators.

Introductory letters will be mailed during the month of May 2023, to providers currently billing for facet joint interventions in hospital OPDs.

Resources

Other services already included in the Prior Authorization program for certain hospital OPD services:

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[CMS Prior Authorization for Certain Hospital OPD Services](#)

[Prior Authorization for Certain Hospital Outpatient Department \(OPD\) Services](#)

[Change Request \(CR\) 13016](#)

Public Health Emergency (PHE) 1135 Waivers: Updated Guidance for Providers

On February 9, the Department of Health and Human Services (HHS) announced the [Public Health Emergency \(PHE\) for COVID-19 will end on May, 11, 2023](#). COVID-19 remains a significant priority for the Biden-Harris Administration and over the next several months, the Centers for Medicare & Medicaid Services (CMS) will work to ensure a smooth transition. During the PHE, CMS has used a combination of emergency authority waivers, regulations, enforcement discretion, and sub-regulatory guidance to ensure easier access to care during the PHE for health care providers and their beneficiaries.

Some of the flexibilities that were created during the pandemic were recently expanded by the Consolidated Appropriations Act, 2023. Others, while critical during our initial responses to COVID-19, are no longer needed. CMS has made further updates to our [CMS Emergencies Page](#) with useful information for providers - specifically around major telehealth and individual waivers - that were initiated during the Public Health Emergency (PHE).

Please reference the following guidance in response to the PHE ending May 11, 2023:

Provider-specific fact sheets about COVID-19 Public Health Emergency (PHE) waivers and flexibilities: <https://www.cms.gov/coronavirus-waivers>

CMS COVID-19 Waivers and Flexibilities for Providers include:

- [Physicians and Other Clinicians \(PDF\)](#)
- [Hospitals and CAHs \(including Swing Beds, DPUs\), ASCs and CMHCs \(PDF\)](#)
- [Teaching Hospitals, Teaching Physicians and Medical Residents \(PDF\)](#)
- [Long Term Care Facilities \(Skilled Nursing Facilities and/or Nursing Facilities\) \(PDF\)](#)
- [Home Health Agencies \(PDF\)](#)
- [Hospice \(PDF\)](#)
- [Inpatient Rehabilitation Facilities \(PDF\)](#)
- [Long Term Care Hospitals & Extended Neoplastic Disease Care Hospitals \(PDF\)](#)
- [Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) \(PDF\)](#)
- [Laboratories \(PDF\)](#)
- [Medicare Shared Savings Program \(PDF\)](#)
- [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(PDF\)](#)

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- [Medicare Advantage and Part D Plans \(PDF\)](#)
- [Ambulances \(PDF\)](#)
- [End Stage Renal Disease \(ESRD\) Facilities \(PDF\)](#)
- [Participants in the Medicare Diabetes Prevention Program \(PDF\)](#)
- [Intermediate Care Facility for Individuals with Intellectual Disabilities \(PDF\)](#)

Resource: [February 23, 2023 MLN Connects](#)

Resumption of Comprehensive Error Rate Testing (CERT) Letters

The CERT team will resume sending letters for CERT claims. Letters will begin to be sent out to providers/suppliers for Non-Responders, Additional Documentation Requests (ADRs) and claims that are found to be in error. If you have any questions on the status of your review please visit the [Noridian Medicare Portal](#).

Surgery Modifiers: 50, 51, 52 and 53 -On-Demand Tutorials Available

Noridian offers self-paced training tutorials to assist providers and facilities in better understanding Surgical Modifiers 50, 51,52, and 53.

[Education on Demand Tutorials](#)

- Surgical Modifiers 50, 51,52, and 53

Providers and facilities are encouraged to attend our webinars and/or to view other tutorials available to assist with proper billing and team member education.

System Availability Notifications

The Noridian Medicare Portal (NMP) uses the Claims Processing Systems to retrieve data for various inquiries. The Claims Processing Systems go offline nightly to cycle the claim information. When these systems are offline, some inquiries on NMP are unavailable. To better serve our users, Noridian has implemented System Availability Notices that will be displayed when the systems are offline and 10 minutes prior to the system going offline.

Users will not see any disruption during our normal business hours, as these notices are provided as a courtesy to our users. Users can anticipate seeing these notices starting around 7:50 P.M. Central Time.

Users can view our Hours of Availability anytime on the [Contact Us](#) page of NMP.

Transitional Care Management (TCM) - On-Demand Tutorials Available

Noridian offers a self-paced training tutorials to assist providers and facilities in better understanding Transitional Care Management (TCM) service.

[Education on Demand Tutorials](#)

- Transitional Care Management

Providers and facilities are encouraged to attend our webinars and/or to view other tutorials available to assist with proper billing and team member education.

Medical Policies and Coverage

Billing and Coding: Artificial Hearts and Percutaneous Endovascular Cardiac Assist Procedures and Devices (A52966) - R14 - Effective October 1, 2022

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: October 1, 2022

Summary of Article Changes: ICD-10 PCS code 02WA4QZ was added in error, it was removed from Group 1 ICD-10-PCS codes and removed reference and verbiage under Group 1 Asterisk Explanation.

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

Billing and Coding: Botulinum Toxin Types A and B Policy (A57185) - R4 - Effective October 01, 2019

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: October 01, 2019

Summary of Article Changes: Removed the asterisk (*) from ICD-10 Code K22.0 in Group 1 ICD-10 Codes as it was inappropriately placed on that code. This update is effective 10/01/2019 to match the original effective date of the policy.

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

Billing and Coding: Complex Drug Administration Coding (A58532) - R12 - Effective January 01, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes: Updated guidance in the Article Text section: replaced MLN Matters MM9603 link with CR9603 as MLN MM9603 is no longer published.

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

Medical Policies and Coverage

Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55239) - R12 - Effective April 1, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: April 1, 2023

Summary of Article Changes:

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

Effective 04/01/2023 - 06/30/2023

Prialt (Ziconotide) = \$9.070

Ropivacaine = \$0.081

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

Billing and Coding: Intraocular Bevacizumab (A53008) - R13 - Effective April 1, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: April 1, 2023

Summary of Article Changes:

Added Q5129 to Group 1 CPT Codes effective April 1, 2023.

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

Billing and Coding: JW and JZ Modifier Billing Guidelines (A53024) - R6 - Effective January 10, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 10, 2023

Summary of Article Changes:

Updated Article Title: Billing and Coding: JW and JZ Modifier Billing Guidelines

Updated guidance in the Article Text section:

Medical Policies and Coverage

- Changed the sentence: “This article addresses the required use of the JW and JZ modifier to indicate drug wastage.”
- Added: “Effective July 1, 2023, Medicare requires the JZ modifier on all claims for single-dose containers where there are no discarded amounts.”
- Added: To submit claims for a non-discarded claim, submit one complete claim line.
 - HCPCS code for drug given
 - JZ modifier to indicate no waste
 - Number of units given to the patient
 - Calculate submitted price for the amount given
- Removed MLN Matter Article MM9603 under sources as this is no longer published.
- Updated Title of Source #3: Discarded Drugs and Biologicals - JW Modifier and JZ Modifier Policy Frequently Asked Questions (cms.gov)

Updated CPT/HCPCS Modifier: added JZ modifier

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

Billing and Coding: JW Modifier Billing Guidelines (A53024) - R5 - Effective January 10, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 10, 2023

Summary of Article Changes: Updated guidance in the Article Text section: changed the sentence, "The units billed must correspond with the smallest dose (vial) available for purchase from the manufacturer(s) that could provide the appropriate dose for the patient, while minimizing any wastage." to "The units billed should where possible correspond with the smallest dose (vial) available for purchase from the manufacturer(s) that could provide the appropriate dose for the patient, while minimizing any wastage."

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

Medical Policies and Coverage

Billing and Coding: Lab: Controlled Substance Monitoring and Drugs of Abuse Testing (A55001) - R16 - Effective April 1, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: April 1, 2023

Summary of Article Changes:

Under Group 1: ICD-10 Codes That Support Medical Necessity, added Z91.141, Z91.148, Z91.151, Z91.158 effective 04/01/2023.

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

Billing and Coding: MolDX: Biomarkers in Cardiovascular Risk Assessment (A57037) - R5 - Effective January 01, 2023

This Billing and Coding Article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, NMI), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes:

Under CPT/HCPCS Codes Group 1: Codes the description was revised for 83090. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is effective for dates of service on or after 01/01/2023.

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

Billing and Coding: MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (A57421) - R8 - Effective January 01, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes: *Under CPT/HCPCS Codes Group 1: Codes* the description was revised for 81450. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 1/1/2023.

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

Billing and Coding: MoIDX: Know error® (A55274) - R3 - Effective January 01, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes: Under CPT/HCPCS Codes Group 1: Codes the description was revised for 84999. This is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is effective for dates of services on or after 1/1/2023.

Under Article Text removed verbiage regarding instructions on how to submit a DEX Z-code on claims. Formatting, punctuation, and typographical errors were corrected throughout the article for dates on or after 1/1/2023.

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

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Hematologic Cancers (A58996) - R2 - Effective January 01, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes: Under CPT/HCPCS Codes Group 1: Codes the description was revised for 81450. Under CPT/HCPCS Codes Group 4: Codes the description was revised for 81450. This is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is effective for dates of services on or after 1/1/2023.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Hematologic Cancers (A58996) - R3 - Effective February 18, 2022

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: February 18, 2022

Summary of Article Changes:

Under Article Text added verbiage, "Diffuse Large B-Cell Lymphoma (DLBCL)" to the Indicated Uses and Limitations box.

Under ICD-10 Codes that Support Medical Necessity Group 2: Codes added: C83.30 C83.31 C83.32 C83.33 C83.34 C83.35 C83.36 C83.37 C83.38 C83.39.

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

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R2 - Effective October 1, 2022

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: October 1, 2022

Summary of Article Changes:

- Under Article Text revised table one and under table added verbiage, "Guardant Test - Coverage criteria under the policy have been met for the diagnosis of disease progression, recurrence, or relapse for colon cancer." This revision is retroactive effective for dates of service on or after 10/1/2022.
- Under Article Text revised verbiage in first sentence under table to include "bladder cancer". This revision is effective for dates of service on or after 10/1/2022.
- Under Article Text, first paragraph under the table removed last sentence and revised fourth sentence under table. Under Article Text under billing instructions added verbiage, "When submitting claims for the specific indicated use of monitoring response to ICI therapy, the ICI drug name must be included on the claim in the applicable detail line 2400 loop." Under CPT/HCPCS Codes Group 1: Paragraph revised verbiage. Under CPT/HCPCS Codes Group 2: Paragraph deleted verbiage. Under CPT/HCPCS Codes Group 2: Codes deleted 81479. Under CPT/HCPCS Codes moved Group 3 Paragraph and code to become Group 2 and revised verbiage. Under ICD-10 Codes that Support Medical Necessity Group 2: Paragraph deleted verbiage. Under ICD-10 Codes that Support Medical Necessity Group 2: Codes deleted all codes. Under ICD-10 Codes that Support Medical Necessity moved Group 3 Paragraph and codes to become Group 2

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and revised verbiage. This revision is effective for dates of service on or after 10/01/2022.

- Under CPT/HCPCS Codes Group 1: Codes added 0340U. This revision is due to the Q4 2022 CPT/HCPCS Code Update and is effective for dates of service on or after 10/01/2022.

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

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R3 - Effective January 01, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes: Under CPT/HCPCS Codes Group 1: Codes the description was revised for 81445. This is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is effective for dates of services on or after 1/1/2023.

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

Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) (A57526) - R9 - Effective January 01, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes: *Under CPT/HCPCS Codes Group 1: Codes* added 81418, 81441, 81449, 81451, 81456, 0355U, 0356U, 0362U, and 0363U. The description was revised for 81330, 81445, 81450, 81455, 0017M, and 0069U. *Under CPT/HCPCS Codes Group 2: Codes* the description was revised for 87999. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is effective on January 1, 2023.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) (A57526) - R10 - Effective January 01, 2023

This Billing and Coding Article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, NMI), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes:

Under CPT/HCPCS Codes Group 1: Codes added 0318U. This revision is due to the Q2 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 04/01/22.

Under CPT/HCPCS Codes Group 1: Codes added 0327U. This revision is due to the Q3 2022 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 07/01/22.

Under CPT/HCPCS Codes Group 1: Codes added 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, deleted 0012U, 0013U, 0014U, 0056U, and the description was revised for 0229U, 0262U, 0276U, 0296U, 0319U. Under CPT/HCPCS Codes Group 2: Codes added 0352U, 0353U. This revision is due to the Q4 2022 CPT/HCPCS Code Update and is effective for dates of service on or after 10/01/22.

Under CPT/HCPCS Codes Group 2: Paragraph revised the first and second sentence. Under CPT/HCPCS Codes Group 2: Codes added 81513, 81514, 87154, 87483, 87505, 87506, 87507, 87631, 87632, 87633, 87636, 87637, 0015U, 0202U, 0223U, 0225U, 0240U, 0241U. This revision is retroactive effective for dates of service on or after 04/17/22.

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

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

Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) (A57526) - R11 - Effective October 01, 2022

This Billing and Coding Article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, NMI), and 01312 (NV).

Effective Date: October 01, 2022

Summary of Article Changes:

Under CPT/HCPCS Codes Group I: Added 0334U, 0343U and 0345U effective 10.01.2022 as indicated in Revision 10.

Under Revision 10 Group 2 coding update: Typographical error. 0115U was to Group 2 CPT coding not 0015U.

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

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

Billing and Coding: MoIDX: myPap™ (A55292) - R4 - Effective January 1, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, NMI), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes: Under Group I CPT/HCPCS: 84999 descriptor was changed effective 01.01.2023

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

Billing and Coding: MoIDX: Next-Generation Sequencing for Solid Tumors (A57901) - R3 - Effective January 01, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes:

Under CPT/HCPCS Codes Group 1: Codes added 81449 and the description was revised for 81445. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is effective on 1/1/2023.

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

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Billing and Coding: MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (A57891) - R5 - Effective January 01, 2023

This Billing and Coding Article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, NMI), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes: Under CPT/HCPCS Codes Group 1: Codes added 81451 and the description was revised for 81450. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is effective for dates of service on or after 01/01/2023.

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

Billing and Coding: MoIDX: Pharmacogenomics (A57384) - R7 - Effective December 07, 2022

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: December 07, 2022

Summary of Article Changes: Under Article Text revised Table 1 to add new row for HLA-A for tebentafusp. This revision is effective for dates of service on or after 12/07/2022.

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

Billing and Coding: MoIDX: Plasma-Based Genomic Profiling in Solid Tumors (A58973) - R1 - Effective January 01, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes: *Under CPT/HCPCS Codes Group 1:* Codes the description was revised for 81445. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 1/1/2023.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: Repeat Germline Testing (A57331) - R5 - Effective January 01, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes:

Under CPT/HCPCS Codes Group 1: Codes the description was revised for 81330. Added 81418, 81441, and 0355U. This revision is due to the 2023 Annual/Q1 CPT/HCPCS Code Update and is effective on January 1, 2023.

Under CPT/HCPCS Codes Group 1: Codes the description was revised for 0276U. This revision is due to the 2022 Q4 CPT/HCPCS Code Update and is effective for dates of service on or after 10/1/2022.

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

Billing and Coding: MoIDX: SMPD1 Genetic Testing (A55627) - R5 - Effective January 01, 2023

This coverage article has been revised and published for notice under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (HI and Territories), and 01312 (NV).

Effective Date: January 01, 2023

Summary of Article Changes: Under Group I CPT/HCPCS: 81330 descriptor was changed effective 01.01.2023.

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

Medical Policies and Coverage

Billing and Coding: Routine Dental Services Article Retirement - January 1, 2023

The following Local Coverage Determinations (LCDs) and associated Billing and Coding Articles (LCA) have been retired under contract numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV).

Medicare Coverage Database Number	Billing and Coding Article Title
A52978	Billing and Coding: Routine Dental Services

Effective Date: January 1, 2023

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

Visit the [Medicare Coverage Database](#) to access retired articles.

Provider Notice - Dental Services, March 2023

Noridian is aware of the changes to the dental services exclusion as noted in the MPFS and OPFS CY 2023 Final Rules. Currently, we are in the process of working with the Centers for Medicare and Medicaid Services on crafting provider education. In the meantime, if you plan to but have not yet enrolled as a Medicare provider, feel free to check out the provider enrollment page on our website. Further updates are forthcoming and will be posted to our listserv and website in the near future.

Visit the [Provider Enrollment](#) website for more information.

Medical Policies and Coverage

Reducing Appeal and Written Correspondence Workload - Appeals Newsletter Part 3

Are you aware that you can cut down on the amount of work you do by using the [Noridian Medicare Portal \(NMP\)](#)?

- **Claims and Appeals Status** - Check before calling about a claim or an appeal to see if it has completed processing before asking for a status update.
- **Are you appealing the correct level?**
 - If appeal is finalized, you need to file a Reconsideration
 - JE Part B Reconsideration
- **Written Correspondence** - check the NMP before resubmitting your communication request.

What can you do?

- Update information
- Delete claims filed in error
- Determine what stage your claim is in
- Get needed forms
- Determine if you sent in an appeal, and the status it is in

MLN Connects

MLN Connects - January 5, 2023

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

News

- COVID-19: Updated Vaccines for Children Ages 6 Months - 5 Years
- Advisory Panel on Hospital Outpatient Payment: Request for Nominations
- Certificates of Medical Necessity & DME Information Forms Discontinued January 1
- Cervical Health: Encourage Screening

Claims, Pricers, & Codes

- Home Oxygen: 3 New Claims Modifiers
- Home Health Prospective Payment System: CY 2023 Rural Add-on Policy
- Skilled Nursing Facility Consolidated Billing: CY 2023 HCPCS Codes

MLN Matters® Articles

- Ambulatory Surgical Center Payment System: January 2023 Update

MLN Connects - January 9, 2023 - CMS Awards 200 New Medicare-funded Residency Slots to Hospitals Serving Underserved Communities

News

[CMS Awards 200 New Medicare-funded Residency Slots to Hospitals Serving Underserved Communities](#)

MLN Connects - January 12, 2023

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

News

- Key Dates for First Year of Inflation Reduction Act's Medicare Drug Price Negotiation Program
- Cognitive Assessment: CY 2023 Updates
- Care Compare: Telehealth Indicator for Doctors & Clinicians
- Clinical Laboratory Fee Schedule: CY 2023 Payment File

MLN Connects

- Clinical Laboratories: PAMA Reporting & Payment Reductions Delayed
- Medicare Wellness Visits: Get Your Patients Off to a Healthy Start

Claims, Pricers, & Codes

- Drugs & Biologicals in Single-Use Containers: Using JW & JZ Modifiers

MLN Matters® Articles

- Travel Allowance Fees for Specimen Collection: 2023 Updates
- ESRD & Acute Kidney Injury Dialysis: CY 2023 Updates - Revised
- Home Health Prospective Payment System: CY 2023 Update - Revised
- National Coverage Determination 110.24: Chimeric Antigen Receptor T-cell Therapy - Revised

MLN Connects - January 19, 2023

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

News

- Additional Steps to Strengthen Nursing Home Safety and Transparency
- Increase in 2023 in Organizations and Beneficiaries Benefiting from Coordinated Care in Accountable Care Relationship
- DMEPOS: Updates to Face-to-Face Encounter & Written Order Prior to Delivery List
- Skilled Nursing Facility Provider Preview Reports: Review by February 16
- Value-Based Insurance Design Model: Learn about the Hospice Benefit Component
- Medicare Ground Ambulance Data Collection System: 5 Top Tips for Reporting
- Glaucoma Awareness Month: Act to Prevent Vision Loss

Compliance

- Home Health Rural Add-On Policy

Claims, Pricers, & Codes

- ICD-10 Code Files & MS-DRGs Version 40.1: April Update
- Integrated Outpatient Code Editor: Version 24.R1

Publications

- Post-Acute Care Quality Reporting Programs: COVID-19 Public Reporting

MLN Connects

MLN Connects - January 26, 2023

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

News

- Medicare Enrollment in PECOS: Faster & Easier Application Process - Coming Summer 2023
- Medicare Enrollment: Maintain the Same Owners in All Enrollment Records
- Hospitals: Revised Beneficiary Notices Required April 27
- Chiropractic Manipulative Treatment of the Spine: Comparative Billing Report in January
- Poverty: Help Reduce Disparities

MLN Matters® Articles

- Home Health Changes for Disaster Claims and Certain Adjustments

MLN Connects - February 2, 2023

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

News

- Aligning Quality Measures across CMS - The Universal Foundation
- Medicare Ground Ambulance Data Collection System: Portal to Report is Open
- Skilled Nursing Facilities: Care Compare January Refresh
- Expanded Home Health Value-Based Purchasing Model: January Newsletter & Performance Reports
- Therapy Services: Per-Beneficiary CY 2023 Threshold Amounts

Claims, Pricers, & Codes

- Federally Qualified Health Center Prospective Payment System: CY 2023 Pricer

Events

- Shared Savings Program & Community-Based Organization Collaboration Webinar - February 14
- Medicare Ground Ambulance Data Collection System: Q&A Session - February 23

MLN Connects

MLN Matters® Articles

- Provider Enrollment: Regulatory Changes

MLN Connects - February 9, 2023

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

News

- DMEPOS: Get Benefit Category Determinations
- Nurse Practitioners & Clinical Nurse Specialists: Update to List of National Certifying Bodies
- Help Address Heart Health Disparities

Compliance

- What's the Comprehensive Error Rate Testing Program?

Claims, Pricers, & Codes

- Home Health: Revised Editing of Telehealth Claims
- HCPCS Application Summaries & Coding Decisions: Drugs & Biologicals

MLN Matters® Articles

- Clinical Laboratory Fee Schedule & Laboratory Services Subject to Reasonable Charge Payment: Quarterly Update
- New Payment Adjustments for Domestic N95 Respirators
- Removal of a National Coverage Determination & Expansion of Coverage of Colorectal Cancer Screening
- Rural Health Clinic & Federally Qualified Health Center Medicare Benefit Policy Manual Update

MLN Connects Newsletter: Prescription Drug Inflation Rebate Program Guidance - February 9, 2023

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- [Medicare Part B Drug Inflation Rebates](#)
- [HHS Releases Initial Guidance for Medicare Prescription Drug Inflation Rebate Program](#)

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News

- Billing Medicare Part B for Insulin with New Limits on Patient Monthly Coinsurance
- Unprecedented Efforts to Increase Transparency of Nursing Home Ownership
- CMS Proposes Benefit Expansion for Mobility Devices, Advancing Health Equity for People with Disabilities
- CMS Addresses Inequities in Rural Health in Medicare
- Medicare Shared Savings Program: Application Deadlines for January 1, 2024, Start Date

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- Medicare Home Health Prospective Payment System CY 2023 Webinar - March 29

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- HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing: April 2023 Update
- ICD-10 & Other Coding Revisions to National Coverage Determinations: July 2023 Update

Multimedia

- Expanded Home Health Value-Based Purchasing Model: First Performance Year Quick Guide Materials

Information for Patients

- Options When ESRD Coverage with Medicare Ends

MLN Connects - February 23, 2023

[MLN Connects Newsletter: Feb 23, 2023](#)

News

- Hospital Price Transparency: Progress & Commitment to Achieving Its Potential
- Home Infusion Therapy Services Monitoring Report
- Immunosuppressive Drugs: Comparative Billing Report in February

MLN Connects

- Expanded Home Health Value-Based Purchasing Model Resources: Submit Feedback through March 31

Claims, Pricers, & Codes

- HCPCS Level II Coding: FAQs for Single Source Drugs & Biologicals
- National Correct Coding Initiative: No April Update

Publications

- DMEPOS Quality Standards - Revised

MLN Connects Newsletter: Public Health Emergency 1135 Waivers: Updated Guidance for Providers - Feb 23, 2023

News

- [Public Health Emergency \(PHE\) 1135 Waivers: Updated Guidance for Providers](#)

MLN Connects Newsletter: COVID-19 Public Health Emergency (PHE) New Overview Fact Sheet - Feb 27, 2023

News

[COVID-19 Public Health Emergency \(PHE\) New Overview Fact Sheet](#)

MLN Connects - March 2, 2023

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

News

- The Future of Medicare Enrollment: Save Time with PECOS's Consolidated Application
- Voluntary Prior Authorization Process for Certain Power Mobility Device Accessory Items
- Expanded Home Health Value-Based Purchasing Model: February Newsletter

Events

- ICD-10 Coordination & Maintenance Committee Meeting - March 7-8
- Medicare Home Health Prospective Payment System CY 2023 Webinar - March 29

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- Medicare Cost Report E-Filing System Webinar - March 30

Multimedia

- Shared Savings Program & Community-Based Organization Collaboration Webinar Materials

From Our Federal Partners

- Cannabidiol: Discuss Potential Harms with Your Patients
- Increase in Extensively Drug-Resistant Shigellosis in the U.S.

MLN Connects - March 9, 2023

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

News

- Nutrition-Related Health Conditions: Recommend Medicare Preventive Services

Compliance

- Advance Care Planning: Bill Correctly for Services

Claims, Pricers, & Codes

- Medicare Physician Fee Schedule Database: April Update
- Home Health Prospective Payment System Grouper: April Update

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- Ambulance Open Door Forum: Medicare Ground Ambulance Data Collection System - March 16

MLN Matters® Articles

- Extension of Changes to the Low-Volume Hospital Payment Adjustment & the Medicare Dependent Hospital Program
- National Coverage Determination: Cochlear Implantation
- Patient Driven Payment Model: Claim Edit Enhancements - Revised

Publications

- Medicare Part B Inflation Rebate Guidance: Use of the 340B Modifier – Revised

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Information for Patients

- [New Inflation Reduction Act Resources](#)

MLN Connects Newsletter: Inflation Reduction Act Tamps Down on Prescription Drug Price Increases Above Inflation - Mar 15, 2023

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[Inflation Reduction Act Tamps Down on Prescription Drug Price Increases Above Inflation](#)

MLN Connects - March 16, 2023

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

News

- [HHS Releases Initial Guidance for Historic Medicare Drug Price Negotiation Program for Price Applicability Year 2026](#)
- [Quality Payment Program: 2021 Care Compare Performance Information](#)
- [Short-Term Acute Care Hospitals: Program for Evaluating Payment Patterns Electronic Reports](#)
- [Skilled Nursing Facility Value-Based Purchasing Program: March Feedback Report](#)
- [Audiologists Can Furnish Certain Diagnostic Tests Without a Physician Order](#)
- [Colorectal Cancer: Screening Saves Lives](#)

Claims, Pricers, & Codes

- [COVID-19: Don't Report CR Modifier & DR Condition Code After Public Health Emergency](#)
- [Split \(or Shared\) Critical Care Visits: Billing Correction](#)
- [ICD-10 Coordination & Maintenance Committee: Meeting Materials & Deadlines](#)
- [HCPCS Application Summaries & Coding Decisions: Non-Drug & Non-Biological Items & Services](#)

Events

- [Home Health Value-Based Purchasing Model Webinar: Strategies for Success Self-Assessment Tool - March 30](#)

MLN Connects

Publications

- Medicare Secondary Payer: Don't Deny Services & Bill Correctly
- Behavioral Health Integration Services - Revised
- Medicare Preventive Services - Revised

MLN Connects - March 23, 2023

[MLN Connects Newsletter: Mar 23, 2023](#)

News

- Additional Residency Positions: Apply by March 31
- Laboratory Testing Urinalysis: Comparative Billing Report in March
- Long-Term Care Hospital Provider Preview Reports: Review by April 14
- Inpatient Rehabilitation Facility Provider Preview Reports: Review by April 14
- Make Your Voice Heard Summary: Reducing Burden & Increasing Efficiencies
- Promote Kidney Health During National Kidney Month

Compliance

- Critical Access Hospitals: Bill Correctly

Claims, Pricers, & Codes

- Integrated Outpatient Code Editor: Version 24.1

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- Medicare Home Health Prospective Payment System CY 2023 Webinar - March 29

MLN Matters® Articles

- Ambulatory Surgical Center Payment System: April 2023 Update
- DMEPOS Fee Schedule: April 2023 Update

MLN Connects

MLN Connects - March 30, 2023

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

News

- COVID-19: Booster Dose for Children 6 months - 4 years
- Identity & Access Management System: Easier for Surrogates
- Medicare Advantage Value-Based Insurance Design Model Extended
- Supplemental Security Income & Medicare Beneficiary Data: FY 2021
- DMEPOS for Skilled Nursing Facility: Pre-Discharge Delivery for Fitting & Training

Claims, Pricers, & Codes

- COVID-19: Reporting CR Modifier & DR Condition Code After Public Health Emergency
- April 2023 Quarterly Pricing File Revisions

MLN Matters® Articles

- Medicare Part B Coverage of Pneumococcal Vaccinations
- Supervision Requirements for Diagnostic Tests: Manual Update

Publications & Multimedia

- Post-Acute Care Quality Reporting Program: Videos & Patient Cue Cards
- Expanded Home Health Value-Based Purchasing Model: March Newsletter, FAQs, & Recordings

Information for Patients

- States Are Restarting Medicaid & CHIP Eligibility Reviews: Tell Your Patients to Prepare Now

2023 Annual Update of HCPCS Codes for SNF CB Update

Related CR Release Date: August 25, 2022

Related CR Transmittal Number: R11573CP

Related Change Request (CR) Number: 12829

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 12829 identifies the changes to Healthcare Common Procedure Coding System (HCPCS) codes and explain how Medicare Physician Fee Schedule designations will be used to revise Common Working File (CWF) edits to allow A/B Medicare Administrative Contractors (MACs) to make appropriate payments in accordance with policy for Skilled Nursing Facility (SNF) Consolidated Billing (CB) in Chapter 6, Section 110.4.1 for A/B MACs (B) and Chapter 6, Section 20.6 for A/B MACs (A).

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)12829](#).

2023 Annual Update of Per-Beneficiary Threshold Amounts

Related CR Release Date: October 6, 2022

Related CR Transmittal Number: R11626CP

Related Change Request (CR) Number: 12923

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 12923 updates the annual per-beneficiary incurred expenses amounts now called the KX modifier thresholds and related policy for calendar year 2023. These amounts were previously associated with the financial limitation amounts that were more commonly referred to as “therapy caps,” before their application was repealed when the Bipartisan Budget Act of 2018 was signed into law. Information related to this recurring update notification can be found in Publication 100-04, Chapter 5, Section 10.

View the complete [CMS Change Request \(CR\)12923](#).

MLN Matters

Ambulatory Surgical Center Payment System: January 2023 Update

Related CR Release Date: December 21, 2022

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

MLN Matters Number: MM13041

Related Change Request (CR) Number: CR 13041

Related CR Transmittal Number: R11762CP

CR 13041 tells you about:

- New HCPCS C-codes on the ASC covered procedures list
- New HCPCS codes for drugs and biologics
- Skin substitute product assignments to high and low-cost groups

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13041](#).

Ambulatory Surgical Center Payment System: April 2023 Update

Related CR Release Date: March 16, 2023

Effective Date: April 1, 2023

Implementation Date: April 3, 2023

MLN Matters Number: MM13143

Related Change Request (CR) Number: CR 13143

Related CR Transmittal Number: R11903CP

CR 13143 tells you about:

- New HCPCS codes for drugs and biologics
- Corrected 2023 ASC code pair file
- Skin substitute product coding updates

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13143](#).

MLN Matters

April 2023 Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

Related CR Release Date: December 15, 2022

Effective Date: April 1, 2023

Implementation Date: April 3, 2023

Related Change Request (CR) Number: CR13044

Related CR Transmittal Number: R11752CP

CR 13044 supplies the contractors with the ASP and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. The ASP payment limits are calculated quarterly based on quarterly data submitted to CMS by manufacturers.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13044](#).

CLFS Subject to Reasonable Charge Payment: Quarterly Update

Related CR Release Date: February 2, 2023

Effective Date: April 1, 2023

Implementation Date: April 3, 2023

MLN Matters Number: MM13082

Related Change Request (CR) Number: CR 13082

Related CR Transmittal Number: R11829CP

CR 13082 tells you about:

- Next Clinical Laboratory Fee Schedule & Laboratory Services (CLFS) data reporting period
- General specimen collection fee increase
- New and discontinued HCPCS codes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13082](#).

MLN Matters

Correction of Split (or Shared) Critical Care Billing Requirement in Section 30.6.12.5. of Chapter 12 of the Medicare Claims Processing Manual

Related CR Release Date: February 2, 2023

Effective Date: January 1, 2023

Implementation Date: March 3, 2023

Related Change Request (CR) Number: CR13065

Related CR Transmittal Number: R11828CP

CR 13065 updates the Internet-Only Manual, Pub. 100-04, Chapter 12, section 30.6.12.5, with the correct billing instruction for CPT code 99292 when critical care is delivered as a split (or shared) visit.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13065](#).

DMEPOS Fee Schedule: April 2023 Update

Related CR Release Date: March 16, 2023

Effective Date: April 1, 2023

Implementation Date: April 3, 2023

MLN Matters Number: MM13153

Related Change Request (CR) Number: CR 13153

Related CR Transmittal Number: R11910CP

CR 13153 tells you about:

- Fee schedule amounts for new and existing codes
- Payment policy changes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13153](#).

MLN Matters

HCPSC Codes Used for Skilled Nursing Facility Consolidated Billing: April 2023 Update

Related CR Release Date: February 9, 2023

Effective Date: April 1, 2023

Implementation Date: April 3, 2023

MLN Matters Number: MM13089

Related Change Request (CR) Number: CR 13089

Related CR Transmittal Number: R11849CP

CR 13089 tells you about:

- Updates to the list of HCPSC codes subject to the CB provision of the SNF Prospective Payment System (PPS)
- Codes for blood clotting factors added to the Medicare Part B SNF files

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13089](#).

ICD-10 & Other Coding Revisions to National Coverage Determinations: July 2023 Update

Related CR Release Date: February 2, 2023

Effective Date: July 1, 2023

Implementation Date: July 3, 2023

MLN Matters Number: MM13070

Related Change Request (CR) Number: CR 13070

Related CR Transmittal Number: R11832OTN

CR 13070 tells you about:

- Newly available codes
- Recent coding changes
- How to find NCD coding information

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13070](#).

Internet-Only Manual (IOM) Updates for NPs and CNSs

Related CR Release Date: December 30, 2022

Effective Date: January 1, 2023

Implementation Date: January 31, 2023

Related Change Request (CR) Number: CR 13029

Related CR Transmittal Number: R11771PI

CR 13029 adds the Nurse Portfolio Credentialing Commission (NPCC) to the list of national certifying bodies under the manual instructions at Chapter 15, section 200 for NPs and, section 210 for Clinical Nurse Specialists (CNSs) of the Medicare Benefit Policy Manual, Pub. 100-02. (Sections 10.2.3.5 and 10.2.3.8 in Chapter 10 of Pub. 100-08 are also being updated with the foregoing changes.) The CY 2023 Physician Fee Schedule final rule adds the NPCC to the list of recognized national certifying bodies for Nurse Practitioners (NPs) and CNSs. Accordingly, effective January 1, 2023, NPs and CNSs who are certified by the NPCC meet the Medicare Part B program's national certification qualification requirement to enroll under the NP and CNS statutory benefit category.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13029](#).

Manual Update Pub. 100-02 Medicare Benefit Policy, Chapter 15, Section 110.8 DMEPOS Benefit Category Determinations

Related CR Release Date: December 30, 2022

Effective Date: January 31, 2023

Implementation Date: January 31, 2023

Related Change Request (CR) Number: CR 13028

Related CR Transmittal Number: R11769BP

CR 13028 updates Pub. 100-02 Medicare Benefit Policy Manual to add Chapter 15, Section 110.8 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Benefit Category Determinations. This manual section is a quick reference tool for benefit categories determinations on or after September 26, 2022, in accordance with the procedures at 42 CFR §414.114 and §414.240.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13028](#).

MLN Matters

Manual Update to Pub. 100-04, Chapter 20, Pre-Discharge Delivery of DMEPOS for Fitting and Training, Section 110.3

Related CR Release Date: December 21, 2022

Effective Date: March 21, 2023

Implementation Date: March 21, 2023

Related Change Request (CR) Number: CR 13005

Related CR Transmittal Number: R11760CP

CR13005 adds a note to manual section 110.3 - Pre-Discharge Delivery of DMEPOS for Fitting and Training, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13005](#).

Medicare Part B Coverage of Pneumococcal Vaccinations

Related CR Release Date: March 16, 2023

Effective Date: October 19, 2022

Implementation Date: April 17, 2023

MLN Matters Number: MM13118

Related Change Request (CR) Number: CR 13118

Related CR Transmittal Number: R11905BP

CR 13118 tells you about updates to the Part B coverage for pneumococcal vaccinations.

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13118](#).

MLN Matters

Medicare Secondary Payer Don't Deny Services & Bill Correctly

MLN Number: MLN7748519

Related CR Release Date: February 23, 2023

Effective Date: March 24, 2023

Implementation Date: March 24, 2023

Related Change Request (CR) Number: CR 13085

Related CR Transmittal Number: R11874MSP

CR 13085 revises Pub. 100-05 Medicare Secondary Payer (MSP) Manual, Chapter 3 which is out of date specific to verbiage, including verbiage for MSP policy and operational procedures. Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\)7748519](#).

National Coverage Determination 110.24: Chimeric Antigen Receptor T-cell Therapy - Revised

MLN Matters Number: MM12928 Revised

Related CR Release Date: December 30, 2022

Related CR Transmittal Number: R11774CP

Related Change Request (CR) Number: 12928

Effective Date: January 1, 2022

Implementation Date: January 31, 2023

Note: CMS revised the Article to clarify that providers shouldn't bill more than 1 unit per HCPCS code as shown in dark red on page 1.

CR 12928 tells you about:

- Include additional place of service (POS) codes for office and independent clinics
- Bill in 0.1-unit fractions
- Don't bill more than 1 unit per HCPCS code
- Use 3 modifiers, including new modifier -LU

Make sure your billing staff knows about these changes for CAR T-cell Therapy (CAR-T) billing.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12928](#).

MLN Matters

National Coverage Determination: Cochlear Implantation

Related CR Release Date: February 23, 2023

Effective Date: September 26, 2022

Implementation Date: March 24, 2023

MLN Matters Number: MM13073

Related Change Request (CR) Number: CR 13073

Related CR Transmittal Numbers: R11875CP and R11875NCD

CR 13073 tells you about expanded coverage for cochlear implantation services:

- Performed as part of FDA-approved category B investigational device exemption clinical trials for patients not meeting the coverage criteria
- As a routine cost in certain clinical trials for patients not meeting the coverage criteria

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13073](#).

New Medicare Part B Immunosuppressant Drug Benefit - Revised

MLN Matters Number: MM12804 Revised

Related CR Release Date: December 22, 2022

Related CR Transmittal Number: R11764GI, R11764CP, and R11764BP

Related Change Request (CR) Number: 12804

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

Note: CMS revised this Article due to a revised CR 12804. The CR revision didn't change the substance of the Article. CMS did revise the CR release date, transmittal numbers, and web addresses of the transmittals. All other information is the same.

CR 12804 tells you about:

- Extension of Medicare coverage for immunosuppressant drugs beyond 36 months for certain patients with kidney transplants
- Coverage of premiums and cost sharing for some of these patients

Make sure your billing staff knows about the new benefit effective January 1, 2023.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12804](#).

MLN Matters

Provider Enrollment: Regulatory Changes

MLN Matters Number: MM12865

Related Change Request (CR) Number: 12865

Related CR Transmittal Number: R11808PI

Related CR Release Date: January 24, 2023

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 12865 tells you about:

- SNF screening and fingerprinting requirements
- Screening of certain changes of ownership
- Screening for “bump-ups”

Make sure your staff know about recent enrollment changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12865](#).

Quarterly Update to the MPFSDB - April 2023 Update

Related CR Release Date: February 9, 2023

Effective Date: April 1, 2023

Implementation Date: April 3, 2023

Related Change Request (CR) Number: CR 13092

Related CR Transmittal Number: R11848CP

CR 13092 explains payment files were issued to contractors based upon the 2023 Medicare Physician Fee Schedule (MPFS) Final Rule. The purpose of this Change Request (CR) is to amend those payment files. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13092](#).

MLN Matters

Quarterly Update to the NCCI PTP Edits, Version 29.1, Effective April 1, 2023

Related CR Release Date: November 17, 2022

Effective Date: April 1, 2023

Implementation Date: April 3, 2023

Related Change Request (CR) Number: 12990

Related CR Transmittal Number: R11706CP

CR 12990 updates the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits. The attached recurring update notification applies to publication 100-04, chapter 23, section 20.9.

View the complete [CMS Change Request \(CR\)12990](#).

Removal of a NCD & Expansion of Coverage of CRC

Related CR Release Date: January 27, 2023

Effective Date: January 1, 2023

Implementation Date: February 27, 2023

MLN Matters Number: MM13017

Related Change Request (CR) Number: CR 13017

Related CR Transmittal Numbers: R11824CP, R11824BP, and R11824NCD

CR 13017 tells you about:

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

Make sure your billing staff knows about these changes.

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

MLN Matters

Supervision Requirements for Diagnostic Tests: Manual Update

Related CR Release Date: March 16, 2023

Effective Date: January 1, 2021

Implementation Date: May 17, 2023

MLN Matters Number: MM13094

Related Change Request (CR) Number: CR 13094

Related CR Transmittal Number: R11901BP

CR 13094 tells you about:

- Expanded list of provider types authorized to supervise diagnostic tests
- Updates to Medicare Benefit Policy Manual

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13094](#).

Technical Revisions Only to the NCD Manual

Related CR Release Date: March 9, 2023

Effective Date: April 10, 2023

Implementation Date: April 10, 2023

Related Change Request (CR) Number: CR13105

Related CR Transmittal Number: R11892NCD

CR 13105 announces technical changes that were made to the National Coverage Determination (NCD) Manual, Publication 100-03, Chapter 1, Parts 1,2,3, and 4.

View the complete [CMS Change Request \(CR\)13105](#).

MLN Matters

Travel Allowance Fees for Specimen Collection: 2023 Updates

MLN Matters Number: MM13071

Related Change Request (CR) Number: CR 13071

Related CR Transmittal Number: R11778CP

Related CR Release Date: January 6, 2023

Effective Date: January 1, 2023

Implementation Date: January 23, 2023

CR 13071 tells you about:

- Specimen collection fees and travel allowances for 2023
- Other policy updates and reminders

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13071](#).

Upload of Notice Program Reimbursement (NPR) Letters, Interim Rate Reviews, and Tentative Settlement Documentation into the STAR

Related CR Release Date: March 9, 2023

Effective Date: May 10, 2023

Implementation Date: June 12, 2023

Related Change Request (CR) Number: CR12748

Related CR Transmittal Number: R11899OTN

CR 12748 requires MACs to upload their documentation for Interim Rate Reviews, Tentative Settlements, and Final Settlements/Reopening packages into the System for Tracking Audit and Reimbursement (STAR) system. The packages would be available to the providers to access and download through the Medicare Cost Report e-Filing (MCR eF) system.

View the complete [CMS Change Request \(CR\)12748](#).

Contacts, Resources, and Reminders

Noridian Part B 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 B News” Articles

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

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

Contacts, Resources, and Reminders

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

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

Additional Information

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

Effective Date: January 1, 2005

Implementation Date: January 4, 2005

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

Do Not Forward Initiative Reminder

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

Contacts, Resources, and Reminders

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

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

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

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

Policy

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

Implementation Process

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

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

IRS-1099 Reporting

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

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

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

Jurisdiction E Part B Quarterly Ask-the-Contractor Teleconferences

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

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

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

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

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

Contacts, Resources, and Reminders

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

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

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