

Medicare B News

Jurisdiction E
October 2023

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ACM Part B Questions and Answers - July 20, 2023

The following questions and answers (Q&As) are cumulative from the Dental Services Part B Ask the Contractor Meeting (ACM). Some questions have been edited for clarity and answers may have been expanded to provide further details. Related questions were combined to eliminate redundancies. If a question was specific just for that office, Noridian addressed this directly with the provider. This session included pre-submitted questions and verbal questions posed during the event.

Updates and Reminders:

- If patient has managed care or Railroad Medicare, instead of traditional fee-for-service Medicare, do not bill Noridian
- Seek external sources for coding advice

Pre-Submitted Questions:

Q1. Why are emergency services for abscesses not covered?

A1. Every clinical situation differs. E/M services may be covered for an initial evaluation in the emergency department depending on the situation. However, if the provider is there to evaluate and treat what is considered to be a “dental service”, it is important to remember that the statutory exclusion for dental services still applies and therefore the service would most likely be denied.

Q2. Would like to better understand how Noridian is determining “inextricably linked”

A2. CMS defines “inextricably linked” as dental services that are substantially related and integral to the clinical success of a medically necessary service, such that if those dental services were not performed prior, it would result in a material difference in terms of clinical outcomes and success of that medical procedure or service.

The primary medical service must be covered by Medicare. There must be demonstration of care coordination between the dental provider and the health care professional involved with the primary medical service. The link to dental services as it relates to the clinical success of a procedure/service must be supported by clinical evidence- such as peer-reviewed evidence-based literature and/or specialty society endorsed clinical guidelines.

Some examples of situations of an inextricable link between dental services and other Medicare-covered services could include:

Dental or oral exams as part of a comprehensive workup prior to, and medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to or contemporaneously with, a Medicare-covered:

- Organ transplant, including hematopoietic stem cell and bone marrow transplant
- Cardiac valve replacement
- Valvuloplasty

Without care coordination, health care providers won't have the information they need to decide whether a dental service is inextricably linked to a Medicare-covered service. If the health care providers don't coordinate care, Medicare won't cover and pay for dental services. Examples of care coordination may include a referral or exchange of information between a medical doctor and a dentist. This must be documented.

See: [CMS Medicare Dental Coverage](#)

Q3. Are all dental services going to be covered (preventive, routine, etc.) or only dental services deemed medically necessary.

A3. As the statutory exclusion for dental services still applies, cleanings, fillings, removals, replacement of teeth and other dental services (for the sole purpose of care to the teeth and/or supporting structures) are not covered. Preventative screening services are not covered unless specifically noted by CMS.

Q4. Interested in options for submitting claims when the dentist does not have access to electronic claims software. (An Endodontist in private practice?)

A4. Mandatory electronic claims filing requires that all initial claims be submitted electronically with limited exceptions. The exception can apply to small providers defined as those with fewer than 10 full-time employees. Providers will need to work with the Electronic Data Interchange (EDI) department to have a waiver added to their enrollment application.

- [CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 24, Section 90](#)

Q5. How will a patient who sees a non-participating provider be able to submit an electronic claim.

A5. Medicare enrolled providers are required to submit claims to Medicare on behalf of the beneficiaries. It does not matter if they are enrolled as and accept assignment as a "Participating" or "Non-Participating" providers. There are a few exceptions for a complete list of the exceptions and instructions

- Mandatory Claim Submission - JE Part B
- Mandatory Claim Submission - JF Part B

Q6. When and how to use the (ABN) advanced beneficiary notice of non-coverage?

A6. If the dental services performed are found NOT to be inextricably linked, then they are considered a non-covered benefit under the statutory exclusion for dental services. Technically an ABN is not required, however, Noridian and CMS strongly encourages use of an ABN to ensure that beneficiaries are aware of the possible financial implications as it relates to non-covered charges that they would be responsible for.

No further questions were asked during the ACM.

Avoiding Claim Denials with Self Service Tools

In accordance with Internet Only Manual (IOM), Publication 100-09, CMS requires the use of self-service tools to verify all claim status and patient eligibility information. The use of these tools prevents unnecessary denials for providers and helps ensure proper payment of claims. To assist providers with these requirements, Noridian has created education about the following self-service tools.

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

Examples of information available on these tools include:

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

Noridian encourages providers to ensure their staff working Medicare claims are familiar with these tools.

Resources:

- [Tools](#)
- [NMP vs. IVR Self Service Elements Comparison](#)
- [CMS Internet Only Manual \(IOM\), Publication 100-09, Medicare Contractor Beneficiary and Provider Communications Manual, Chapter 6, Section 50.](#)

Claims Denying Contractual Obligation (CO)-24: Charges covered under a Capitation Agreement/Managed Care Plan

The most common claim denials are because the patient has a Medicare Advantage (MA) plan. Medicare Advantage is also referred to as Part C Medicare.

These plans manage the patient's Part A and Part B benefits, effectively replacing traditional Medicare. Medicare Advantage plans include Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), Miners Insurance, and other types of third-party payers. If a patient has one of these plans, the claim is not to be billed to Noridian.

If the claim is submitted to Noridian, it will be denied with the following remark code:

- CO-24: Charges are covered under a capitation agreement/managed care plan.

If you receive a claim denial with this remark code, please verify the patient's eligibility information on the Noridian Medicare Portal (NMP) and submit the claim to the listed HMO or MA plan.

Resources

- Denial Code Resolution

Claims Must be Filed for Covered COVID-19 Tests

When a CLIA-approved laboratory furnishes a service payable under Part B, including a COVID-19 clinical diagnostic laboratory test, the provider/supplier is subject to the mandatory claim submission provisions of section 1848(g)(4) of the Act. Therefore, if a provider/supplier charges or attempts to charge a beneficiary any remuneration for a service payable under Part B, the provider/supplier must submit a claim to Medicare. Violators of the mandatory claim submission rules may receive civil monetary penalties and exclusion from the Medicare program (see section 1848(g)(4)(B) of the Act).

During the PHE for COVID-19, Medicare covered a beneficiary's first COVID-19 clinical diagnostic laboratory test without an order. Subsequent tests during the PHE required a physician's or other practitioner order.

In addition, COVID-19 clinical diagnostic laboratory tests were only covered during the PHE when performed for the purpose of diagnosing known or suspected infection or exposure to COVID-19. Tests performed for travel or other non-covered purposes are not covered.

When filing claims for which the beneficiary has paid for covered services up front, the beneficiary paid amount must be entered in Item 29 on the CMS 1500 claim form or the electronic claim equivalent.

Cognitive Assessment and Care Plan (CACP) - On-Demand Tutorials Available

Noridian offers self-paced training tutorials to assist providers and facilities in better understanding Cognitive Assessment and Care Planning, or CACP.

[Education on Demand Tutorials](#)

- Cognitive Assessment and Care Plan (CACP)

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.

Introducing the Noridian Medicare Chat

The Noridian Medicare website has launched a new chatbot feature named the **Noridian Medicare Chat**. This chatbot is available as an icon in the lower right-hand corner on each of our webpages.

Currently, the **Noridian Medicare Chat** can assist you with:

- An **Application** to enroll as a provider
- To **Appeal** an application to enroll
- To **Reopen** a claim

Moving forward, we will add functionality to assist users with additional topics. If you want to suggest topics you'd like to see added to the **Noridian Medicare Chat**, please use the Feedback Tab found on the right side of our website to let us know.

Laboratories and Other Providers Must Follow Mandatory Assignment Regulations for COVID-19 Tests and Test Kits

COVID-19 tests and test kits are paid at 100% of Medicare's allowable with no patient cost-sharing. Claims for COVID-19 clinical diagnostic laboratory tests or test kits submitted by Medicare-enrolled laboratories or providers/suppliers are paid on an assignment-related basis as required by section 1833(h)(5)(C) of the Social Security Act (the Act). When a claim is assigned, Medicare's payment is made directly to the Medicare-enrolled provider. Assignment for these services requires that providers/suppliers accept Medicare's payment as payment in full.

If a beneficiary bills Medicare and receives payment for a COVID-19 test or test kit, providers/suppliers are prohibited by section 1833(h)(5)(D) of the Act from attempting to bill the beneficiary more than the Medicare-approved amount. Providers/suppliers that collected amounts that exceed the Medicare-approved amount must refund the excessive amounts. Failure to refund the entire amount is an assignment violation.

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If a laboratory or provider/supplier is attempting to bill or has already collected more than the Medicare-approved amount for COVID-19 clinical diagnostic laboratory tests or the test kits, it may be subject to civil monetary penalties, additional monetary assessments, and exclusion from the Medicare program when continuing to pursue or refusing to refund beneficiaries for those excessive amounts.

Reminder: The PHE ended on May 11, 2023, so the program that provided eight test kits/month at no cost to the beneficiary ended on this date.

Medicare Basics: Three Medicare Basics On-Demand Tutorials Available

Noridian will be publishing tutorials on the Basics of Medicare. This series supplements our two-day Symposium (Spring 2023) and will provide Basic Medicare education.

[Education on Demand Tutorials](#)

- Benefits of EDI and Where to Start (Medicare Basics)
- What is a Jurisdiction (Medicare Basics)
- Participating, Non-participating, Opt-out, and Not Enrolled Providers (Medicare Basics)

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.

Mental Health Updates

Make sure you review the latest updates for Mental and Telehealth:

- Added Chronic Pain Management services
- Updates to telehealth rule for in-home services
- New CPT codes to describe this service
- Added CPT code for alcohol and substance use

Resources

- [CMS Medicare and Mental Health Coverage \(MLN 1986542\)](#)
- [CMS Telehealth Services \(MLN 901705\)](#)

News

New CMS Home Page - Provider Feedback Desired

On September 6, 2023, the Centers for Medicare and Medicaid Services (CMS) will be launching an updated homepage with new navigation functions and search features on CMS.gov. CMS would like to hear from you on how these changes will affect your work and any further enhancements that could be made.

Noridian encourages providers to visit CMS' homepage, <https://www.cms.gov/>, to review these new changes. On the top of CMS' current homepage there is a link to review the new page and share your feedback.

Part B Providers Submitting Prior Authorization for Facet Joint Interventions in Hospital Outpatient Departments

Did you know that as a Part B provider, submitting prior authorizations for a facility, can be done through the Noridian Medicare Portal (NMP)?

Submitting prior authorizations via the NMP will save time. Providers can track the progress and receive quicker turnaround rather than faxing.

- Registration is required, if you currently are not a NMP registered user. Noridian is offering live chat NMP sessions every Tuesday (See our [Schedule of Events](#) page)
- If you are already a registered user, log into your NMP account.
- Providers will need to add the TIN/NPI/PTAN combination for the Part A facility when a Part B provider is submitting a prior authorization on behalf of the facility.
- To add a new NPI/TIN/PTAN combination, go to Account Management, click on Provider/Supplier Combination.

Resource: [Account Management - Portal Guide](#)

Provider Enrollment - On-Demand Tutorials Available

Noridian offers two self-paced training tutorials to assist providers and facilities in better understanding NPI Type 1 or Type 2 and Enrollment Revalidation Notifications.

[Enrollment on Demand Tutorials for Part B Specialties](#)

- NPI Type 1 or Type 2
- Enrollment Revalidation Notifications

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.

Self Service Tool Tutorials: Noridian Medicare Portal

The use of the Noridian Medicare Portal can help prevent nearly one third of Medicare denials. The Noridian Medicare Portal provides up-to-date patient eligibility and overlapping claim information.

The Noridian Medicare Portal also provides expanded denial details not available on your remit. When viewing the status of a denied claim on the Noridian Medicare Portal (NMP), there is an option on the top right of your page under “related inquires” that will allow providers to view the related eligibility or claim information that caused their claim to deny.

This function allows providers to more readily determine the reason a claim was denied so they can more quickly reconcile any outstanding claims. Noridian’s Claim Status Portal guide provides further details on this function under the subsection “Claim Process Comments”.

Resources

- [Claim Status - Noridian Portal Guide](#)

Updated Claim Submission Tutorials Now Available

Noridian’s 3 claim submission tutorials have been updated, and are now available:

- Before Billing Medicare
- CMS-1500 Claim Form Submission Items 1-16
- CMS-1500 Claim Form Submission Items 17-33

Resource

[Part B General Medicare Coding and Billing - YouTube](#)

Updated Evaluation and Management Services Guide

In August 2023, CMS updated the MLN Booklet Evaluation and Management Services Guide. The 21-page guide is available on the [CMS Evaluation and Management webpage](#). The changes included in the booklet are indicated in red font.

[CMS MLN906764 Evaluation and Management Services Guide](#)

Updated Noridian On-Demand Tutorials Available

Noridian offers self-paced training tutorials to help providers and facilities better understand topics throughout Medicare. The following tutorials have been updated:

- Five Levels of Appeal

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. A complete listing of our tutorials can be found on the [Education on Demand Tutorials](#) webpage.

Medical Policies and Coverage

2023 ICD-10 Local Coverage Article (LCA) Updates

The following LCAs have been revised under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV). All LCD LCAs are titled with “Billing and Coding: LCD title”

Effective Date: October 1, 2023

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

Medicare Coverage Database (MCD) Number:

MCD Number	LCA Title	New ICD-10 Codes	Deleted ICD-10 Codes	Revised ICD-10 Codes
A57221	Billing and Coding: Plastic Surgery	B96.83	N/A	N/A
A54068	Billing and Coding: Outpatient Cardiac Rehabilitation	I20.81, I20.89, I21.B, I25.85	I20.8	I25.112
A57185	Billing and Coding: Botulinum Toxin Types A and B Policy	G37.81, G37.89, G93.42, G93.43, G93.44, H50.621, H50.622, H50.629, H50.631, H50.632, H50.639, H50.641, H50.642, H50.649, H50.651, H50.652, H50.659, H50.661, H50.662, H50.669, H50.671, H50.672, H50.679, H50.681, H50.682, H50.689	G37.8	N/A
A53026	Billing and Coding: Bariatric Surgery Coverage	I1A.0	N/A	N/A
A57181	Billing and Coding: Allergy Testing	J44.89	N/A	N/A

Medical Policies and Coverage

MCD Number	LCA Title	New ICD-10 Codes	Deleted ICD-10 Codes	Revised ICD-10 Codes
A57183	Billing and Coding: Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography	I20.81, I20.89, I21.B, I24.81, I24.89, I25.85, I47.11, I47.19	I20.8, I24.8, I47.1	N/A
A55530	Billing and Coding: Peripheral Nerve Stimulation	G43.E11, G43.E19	N/A	N/A
A57216	Billing and Coding: Pulmonary Function Testing	D57.414, D57.434, D57.454, E88.43, E88.810, E88.811, E88.818, E88.819, J15.61, J15.69, J44.81, J44.89	N/A	N/A
A57181	Billing and Coding: Allergy Testing	J44.89	N/A	N/A
A56152	Billing and Coding: Pulmonary Rehabilitation Services	J44.81, J44.89	N/A	N/A
A57342	Billing and Coding: Diagnostic and Therapeutic Colonoscopy	A41.54	N/A	Q85.81
A57326	Billing and Coding: Electrocardiograms	A41.54, D57.04, D57.214, D57.414, D57.434, D57.454, D57.814, E75.27, E75.28, E88.810, E88.811, E88.818, E88.819, I25.85, R40.2A	E20.8, I20.8, I24.8, I47.1	I71.51, I71.52, I71.91, I71.62

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

Medical Policies and Coverage

Billing and Coding: Billing Limitations for Pharmacies (A56119) - R5 - Effective October 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: October 1, 2023

Summary of Article Changes:

Per Quarterly CPT/HCPCS updates:

The following code was added to the Group 1 Codes: J7214

The **Article Text** was updated to add J7214 under the Specialty A5 - Pharmacy Hemophilia Clotting Factors section.

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: High Compression Bandage System Clarification (A53287) Retirement - Effective July 19, 2023

This coverage article has been retired under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, NMI), and 01312 (NV).

Effective Date: July 19, 2023

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

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

Billing and Coding: Immune Globulin Intravenous (IVIg) (A57187) - R7 - Effective July 1, 2023

This Local Coverage Article (LCA) has been revised under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV).

LCD Medicare Coverage Database (MCD) Number: L34314

LCA Medicare Coverage Database Number: A57187

Medical Policies and Coverage

Effective Date: July 1, 2023

Summary of Changes: The Billing and Coding Article has been updated to include and/or remove CPT/HCPCS codes. This article is also linked to the LCD.

New/Revised CPT/HCPCS codes

- J1576 - Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg

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

Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55239) - R14 - Effective October 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: October 1, 2023

Summary of Article Changes:

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

Effective 10/01/2023 - 12/31/2023

Prialt (Ziconotide) = \$9.036

Ropivacaine = \$0.068

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: ApoE Genotype (A55094) - R2 - Effective August 31, 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: August 31, 2023

Summary of Article Changes: Under **Article Text** first paragraph deleted the 2nd sentence. Revised 2nd paragraph 3rd sentence to add “used for that purpose”. Revised the 5th and 8th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: Blood Product Molecular Antigen Typing (A57124) - R2 - Effective October 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: October 1, 2023

Summary of Article Changes: Under *ICD-10 Codes that Support Medical Necessity Group 1: Codes* added D57.04, D57.214, D57.414, D57.434, D57.454, D57.814, and D61.02. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2023.

Under **Article Text** revised 1ST bullet to read “Select the appropriate CPT® or PLA code”. Revised 3rd and 6th bullets to remove “DEX Z-Code™” and “CPT”. Replaced with “DEX Z-Code®” and “CPT®”. This revision is effective on 10/1/2023.

Under **CPT/HCPCS Codes Group 2: Codes** the description was revised for 0180U, 0193U, 0200U, and 0221U. This revision is due to the 2022 Annual CPT/HCPCS Code Update and is effective on January 1, 2022.

Billing and Coding: MoIDX: FDA-Approved BRAF Tests (A54418) - R7 - Effective July 27, 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: July 27, 2023

Summary of Article Changes: Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added C91.40 and C91.42.

Under CMS National Coverage Policy re-added Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim effective on 03/03/2022.

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.

Medical Policies and Coverage

Billing and Coding: MoIDX: FDA-Approved KRAS Tests (A54498) - R7 - Effective July 14, 2022

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: July 14, 2022

Summary of Article Changes: Under Article Text revised verbiage regarding instructions on how to submit claims information.

Under CPT/HCPCS Code Group 1: Codes added 81479 and 81276.

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: Germline Testing for use of PARP inhibitors (A55294) - R10 - Effective July 28, 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: July 28, 2022

Summary of Article Changes: Under Article Text revised typographical error: *The patient does not meet germline testing requirements per existing guidelines or standards of care outlined in policy L38966 requiring more comprehensive testing* from L38966 to L38972.

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: MolDX: Inivata™, InVisionFirst®, Liquid Biopsy for Patients with Lung Cancer (A57664) - R2 - Effective July 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: July 01, 2023

Summary of Article Changes: Under CMS National Coverage Policy updated section heading. Under CPT/HCPCS Codes Group 1: Codes added 0388U. This revision is due to the 2023 Q3 CPT/HCPCS Code Update and is effective on 7/1/2023.

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: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (A58679) - R4 - Effective October 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: October 1, 2023

Summary of Article Changes: Under *ICD-10 Codes that Support Medical Necessity Group 1: Codes* the description was revised for Q85.81 and added D13.91. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2023.

Under **CMS National Coverage Policy** updated section heading. Under **Article Text** revised the 3rd and 6th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. This revision is effective on 10/1/2023.

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

Billing and Coding: MolDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R4 - Effective July 06, 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: July 06, 2023

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Summary of Article Changes: Under Article Text revised table one to add “Guardant360 Response”. This revision is effective on 4/6/2023.

Under Article Text below the table first subsection deleted first and second paragraphs. Added verbiage, “Intended uses that have met clinical validity (CV) criteria under the policy include: (1) the diagnosis of disease progression, recurrence, or relapse for advanced colorectal, bladder and breast cancers and (2) the monitoring of response to immune-checkpoint inhibitor therapy for any solid tumor. However, the tests listed in the table may have only been approved for one or more (but not necessarily all) of these indications”. Under subsection heading “Additional process requirements for coverage” third paragraph added “NOTE: Prophylactic therapeutic interventions in patients with a history of cancer are excluded from the definition of a patient “with cancer””. This revision is effective on 7/6/2023.

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

Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT) (A57526) - R13 - Effective July 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: July 1, 2023

Summary of Article Changes: Under CMS National Coverage Policy updated section heading. This revision is effective on 7/1/2023.

Under CPT/HCPCS Codes Group 1: Codes added 0388U, 0389U, 0391U, 0392U, 0395U, 0396U, 0397U, 0398U, 0400U, and 0401U. This revision is due to the 2023 Q3 CPT/HCPCS Code Update and is effective on 7/1/2023.

Visit the [Molecular Diagnostic Services \(MolDX\)](#) webpage to access the MolDX 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.

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Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R9 - Effective July 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: July 1, 2023

Summary of Article Changes: Under CPT/HCPCS Codes Group 6: Codes added 87999. This revision is effective on 3/24/2023.

Under CPT/HCPCS Group 8: Codes deleted U0003, U0004, and U0005. This revision is due to the 2023 Q3 CPT/HCPCS Code Update and is effective on 7/1/2023.

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 Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R10 - Effective July 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: July 01, 2023

Summary of Article Changes: The previous revision effective date of 7/1/2023 is incorrect. The deletion of U0003, U0004, and U0005 from *CPT/HCPCS Group 8: Codes* is related to the end of the COVID-19 PHE and is effective for dates of service on or after 5/12/2023.

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 Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R11 - Effective October 01, 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: October 01, 2023

Summary of Article Changes: Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added J15.61 and J15.69. Under ICD-10 Codes that Support Medical Necessity Group 2: Codes added K35.200, K35.201, K35.209, K35.210, K35.211, K35.219, K63.8211, K63.8212, K63.8219, K63.822, and

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K63.829. Under ICD-10 Codes that Support Medical Necessity Group 4: Codes added A41.54 and B96.83. Under ICD-10 Codes that Support Medical Necessity Group 6: Codes added J44.81 and J44.89. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2023.

Under Article Text revised the 4th bullet 2nd sentence to add “and a TA. If an existing CPT® code does not identify the service, it requires the use of CPT® code 87999”. Deleted the 3rd and 4th sentences. Revised the 7th and 10th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. This revision is effective on 10/1/2023.

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 Testing for Solid Organ Allograft Rejection (A58168) - R4 - Effective March 31, 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: March 31, 2023

Summary of Article Changes: Under *Article Text* added four paragraphs and deleted table. Under CPT/HCPCS Codes Group 1: Paragraph deleted sentence.

Under *Article Text* added additional verbiage after the first paragraph. Deleted subsection “NOTES” and replaced with the heading “Additional billing information”. Revised the paragraph following the new subsection heading “Additional billing information”. Added the verbiage “This will allow this contractor to better understand the intended use of the test” after the sentence “Different Z-Code identifiers must be used for protocol vs for-cause testing”. The 3 paragraphs following this sentence were deleted. Added sentence “Covered services can be identified on the DEX registry ([dexzcodes.com](#))” after sentence “Select the appropriate ICD-10-CM code”. Visit the Noridian [Medicare Coverage Articles](#) webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

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Billing and Coding: MolDX: myPath® Melanoma Assay (A57626) Retirement - Effective August 06, 2023

This coverage article has been retired under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, NMI), and 01312 (NV).

Effective Date: August 06, 2023

Summary: This article is being retired as the information in this article has been incorporated with the Billing and Coding: MolDX: Molecular Assays for the Diagnosis of Cutaneous Melanoma A59179.

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

Billing and Coding: MolDX: Pharmacogenomics Testing (A57384) - R10 - Effective September 21, 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: September 21, 2023

Summary of Article Changes: Under Article Text subheading Billing Instructions revised 1st bullet to read “Select the appropriate CPT® or PLA code”. Revised 3rd and 6th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. Under subheading Gene/CPT coding/Drug Information revised the first sentence to add “related to metabolizing enzymes”. Revised Table 1 to read, “This table represents metabolism gene/drug associations from CPIC and FDA sources” and deleted rows 3-4, 43-51, and 59. Added new Table 2 to clarify gene use. Under subheading Covered multigene panels with intended uses renamed “Table 2” to “Table 3”. Formatting was corrected throughout the article. This revision is due to updated published guidelines and recommendations and is effective on September 21, 2023.

Revised Table 1 to add new row for CYP2B6 for sertraline. Revised Table 2 to add new rows for G6PD for pegloticase, dapsone, primaquine, and tafenoquine. This revision is due to updated published guidelines and recommendations and is effective for 4/10/2023.

Revised Table 3 to add new row for PGXPSYCH. This revision is due to new covered multigene panel with specified uses that has successfully completed a TA and is effective for 4/17/2023.

Revised Table 2 to add new row for APOE for lecanemab. Under CPT/HCPCS Group 1: Codes added 81401 for APOE. This revision is due to FDA guidelines and is effective for July 6, 2023.

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

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Billing and Coding: MolDX: Repeat Germline Testing (A57331) - R7 - Effective July 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: July 01, 2023

Summary of Article Changes: Under CMS National Coverage Policy updated section heading. This revision is effective on 7/1/2023. Under CPT/HCPCS Codes Group 1: Codes added 0389U, 0392U, 0400U, and 0401U. This revision is due to the 2023 Q3 CPT/HCPCS Code Update and is effective on 7/1/2023.

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: Routine Foot Care (A57954) - R13 - 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**, replaced the broken link with new link for [Part B](#) within the following sentence: "Please refer to the CMS website for instructions for billing Part A and Part B claims."

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: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers - Coding and Billing (A54929) - R10 - Effective October 1, 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 1, 2019

Summary of Article Changes:

Under **Article Text**, I48.1 was replaced with I48.11 and I48.19 within the "Contractor (Additional) Diagnosis Codes (ICD-10) Allowed by the NCD - Group II (Attest with Modifier - KX)" section. This update is effective 10/01/2019.

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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Final Urine Drug Testing LCD and Associated Billing and Coding: Urine Drug Testing - Effective October 08, 2023

This Local Coverage Determination (LCD) has completed the Open Public Meeting comment period and is now finalized under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV). Responses to comments received may be found as a link at the bottom of the final LCD.

Medicare Coverage Database Number	LCD Title
L36668	Urine Drug Testing

Medicare Coverage Database Number	LCA Title
A55001	Billing and Coding: Urine Drug Testing

Effective Date: October 08, 2023

Summary: The LCD describes the Coverage that support the medical necessity of Urine Drug Testing and the Billing and Coding Article provides billing and coding guidance for the LCD.

Visit the CMS [Medicare Coverage Database](#) (MCD) to access this LCD.

MolDX: Gene Expression Profile Tests for Decision-Making in Castration Resistant and Metastatic Prostate Cancers (DL39686) and Billing and Coding: MolDX: Gene Expression Profile Tests for Decision-Making in Castration Resistant and Metastatic Prostate Cancers (DA59513) - 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) Number: DL39686 and DA59513

LCD Title: MolDX: Gene Expression Profile Tests for Decision-Making in Castration Resistant and Metastatic Prostate Cancers

Comment period: August 31 - October 14, 2023

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.

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MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (L36180) - R12 - Effective July 06, 2023

This Local Coverage Determination (LCD) has been revised under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV).

Medicare Coverage Database (MCD) Number: L36180

Effective Date: July 06, 2023

Summary of Changes: Under CMS National Coverage Policy updated section headings for regulations and revised the following regulation: CMS Internet-Only Manual, Pub. 100-02, Medicare 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. Formatting, punctuation, and typographical errors were corrected throughout the LCD.

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

MolDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR) (L36155) - R5- Effective July 20, 2023

This Local Coverage Determination (LCD) has been revised under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV).

Medicare Coverage Database (MCD) Number: L36155

Effective Date: July 20, 2023

Summary of Changes: Under *CMS National Coverage Policy* updated section heading for 2nd 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. Formatting, punctuation, and typographical errors were corrected throughout the LCD.

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

MolDX: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis (L39467) Final LCD - Effective October 15, 2023

This Local Coverage Determination (LCD) has completed the Open Public Meeting and is now finalized under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, NMI), and 01312 (NV). Responses to comments received may be found as a link at the bottom of the final LCD.

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Medicare Coverage Database (MCD) Number/Contractor Determination Number: L39467

LCD Title: MolDX: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis

Effective Date: October 15, 2023

Summary of LCD: This is a limited coverage policy for molecular biomarker tests to guide targeted therapy selection in Rheumatoid Arthritis (RA).

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

MolDX: Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy (DL39678) and Billing and Coding: MolDX: Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy (DA59505) - 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) Number: DL39678 and DA59505

LCD Title: MolDX: Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy

Comment period: August 31 - October 14, 2023

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.

MolDX: Molecular Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer (L39005) - R1- Effective July 27, 2023

This Local Coverage Determination (LCD) has been revised under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV).

Medicare Coverage Database (MCD) Number: L39005

Effective Date: July 27, 2023

Summary of Changes: Under *CMS National Coverage Policy* updated section headings. Under *Bibliography* revised Source #27 to remove broken hyperlink and changes were made to citation to reflect AMA citation guidelines. Formatting, punctuation, and typographical errors were corrected throughout the LCD. Acronyms were inserted where appropriate throughout the LCD.

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

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MolDX: Molecular Testing for Risk Stratification of Thyroid Nodules (DL39682) and Billing and Coding: MolDX: Molecular Testing for Risk Stratification of Thyroid Nodules (DA59509) - 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) Number: DL39682 and DA59509

LCD Title: MolDX: Molecular Testing for Risk Stratification of Thyroid Nodules

Comment period: August 31 - October 14, 2023

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.

MolDX: Molecular Testing for Solid Organ Allograft Rejection (DL38629) and Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft Rejection (DA58168) - 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) Number: DL38629 and DA58168

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

Comment period: August 10, 2023 - September 23, 2023

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.

MolDX: myPath® Melanoma Assay (L37879) Retirement - Effective August 06, 2023

This Local Coverage Determination (LCD) has been retired under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, NMI), and 01312 (NV).

Medicare Coverage Database (MCD) Number: L37879

Effective Date: August 06, 2023

Rationale: This LCD is being retired because the information in this policy has been incorporated within the MolDX: Molecular Assays for the Diagnosis of Cutaneous Melanoma L39373 LCD and the Billing and

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code has been incorporated within the Billing and Coding: MoIDX: Molecular Assays for the Diagnosis of Cutaneous Melanoma A59179.

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

MolDX: Next-Generation Sequencing for Solid Tumors (L38119) - R2 - Effective June 08, 2023

This Local Coverage Determination (LCD) has been revised under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV).

Medicare Coverage Database (MCD) Number: L38119

Effective Date: June 08, 2023

Summary of Changes: Under *CMS National Coverage Policy* updated section heading. Under *Bibliography* changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation, and typographical errors were corrected throughout the LCD. Acronyms were inserted where appropriate throughout the LCD.

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

MolDX: Pharmacogenomics Testing (L38335) - R1 - Effective August 24, 2023

This Local Coverage Determination (LCD) has been revised under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV).

Medicare Coverage Database (MCD) Number: L38335

LCD Title: MolDX: Pharmacogenomics Testing

Effective Date: August 24, 2023

Summary of Changes: Under CMS National Coverage Policy added the following regulations, “Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), 42 CFR §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions, and 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, §80.1.1 Certification Changes”. Under Bibliography changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation and typographical errors were corrected throughout the LCD.

Visit the [Molecular Diagnostic Services \(MolDX\)](#) webpage to access the MolDX Medicare Local Coverage Determination from the “Active LCD” Webpage.

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

Medical Policies and Coverage

MolDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer (L38327) - R2 - Effective July 20, 2023

This Local Coverage Determination (LCD) has been revised under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV).

Medicare Coverage Database (MCD) Number: L38327

Effective Date: July 20, 2023

Summary of Changes: Under CMS National Coverage Policy updated section heading and added the following regulation: CMS Internet-Only Manual, Pub. 100-02, Medicare Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, §80.1.1 Certification Changes. Under **Bibliography** changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation, and typographical errors were corrected throughout the LCD.

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

Multiple Local Coverage Determinations (LCDs) Finalized - Effective November 12, 2023

The following Local Coverage Determinations (LCDs) have completed the Open Public Meeting comment period and are now finalized under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV).

Medicare Coverage Database Number	LCD Title
L39116	Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound

Medicare Coverage Database Number	Billing and Coding Article Title
A58865	Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound

Medical Policies and Coverage

Medicare Coverage Database Number	Response to Comments
A59541	Response to Comments: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound

Effective Date: November 12, 2023

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

Proposed LCDs - Published for Review and Comments

The following two proposed Local Coverage Determinations (LCDs) have 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 Number	LCD Title
DL39642	Intraosseous Basivertebral Nerve Ablation

Comment Period: August 03, 2023 - September 16, 2023

Medicare Coverage Database Number	LCD Title
DL34211	Trigger Point Injections (TPI)

Comment Period: August 17, 2023 - September 30, 2023

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 Drug Exclusion List: (A53032) - R30 - Effective August 20, 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: August 20, 2023

Summary of Article Changes:

This article has been updated to add: J1811 insulin (Fiasp®), J1812 insulin (Fiasp®), J1813 insulin (Lyumjev®), J1814 (Lyumjev®) 100 IU*, J1814 (Lyumjev®) 200 IU, and J1941 furosemide (Furoscix®) effective for dates of service on or after 08/20/2023.

Medical Policies and Coverage

Q5131 Adalimumab-aacf (Idacio®) effective for dates of service on or after 07/01/2023.

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.

Transcranial Magnetic Stimulation (TMS) Local Coverage Determination (LCD) Finalized - Effective August 20, 2023

The following Local Coverage Determinations (LCDs) have completed the Open Public Meeting comment period and are now finalized under contractor numbers: 01112 (NCA), 01182 (SCA), 01212 (AS, GU, HI, and NMI), and 01312 (NV).

Medicare Coverage Database Number	LCD Title
L37086	Transcranial Magnetic Stimulation (TMS)

Medicare Coverage Database Number	Billing and Coding Article Title
A57692	Billing and Coding: Transcranial Magnetic Stimulation (TMS)

Medicare Coverage Database Number	Response to Comments
A59443	Response to Comments: Transcranial Magnetic Stimulation (TMS)

Effective Date: August 20, 2023

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

MLN Connects - July 6, 2023

[MLN Connects Newsletter: July 6, 2023](#)

News

- CY 2024 Home Health Prospective Payment System Proposed Rule
- HHS Announces Actions to Lower Health Care Costs and Allow Medicare to Negotiate Lower Drug Prices
- CMS Roundup (June 30, 2023)
- Skilled Nursing Facility: COVID-19 Enforcement Discretion for Pharmacy Billing Ended June 30
- Medicare Providers: Deadlines for Joining an Accountable Care Organization
- Help People with Disabilities Get the Care They Need

MLN Matters® Articles

- Corrections to Home Health Claims Edits

Publications

- Medicare & Mental Health Coverage - Revised

From Our Federal Partners

- Wildfire Smoke Exposure Poses Threat to At-Risk Populations

MLN Connects Newsletter: Broader Medicare Coverage of Leqembi Available Following FDA Traditional Approval - July 7, 2023

News

Broader Medicare Coverage of Leqembi Available Following FDA Traditional Approval

Broader Medicare coverage is now available for Biogen and Eisai's Leqembi (the brand name for lecanemab) following the Food and Drug Administration's (FDA) move to grant traditional approval to the drug that treats individuals with Alzheimer's disease. The Centers for Medicare & Medicaid Services had previously announced this would be the case and released [more details on coverage](#).

MLN Connects

MLN Connects - July 13, 2023

[MLN Connects Newsletter: July 13, 2023](#)

News

- Hospital Outpatient Prospective Payment System: Remedy for the 340B-Acquired Drug Payment Policy for Calendar Years 2018-2022
- National Coverage Determination: Pre-exposure Prophylaxis Using Antiretroviral Drugs to Prevent HIV Infection
- Medicare Dental Services: Learn What's Covered

Claims, Pricers, & Codes

- Institutional Providers: Resubmit Audiology Claims Returned with Reason Code 34963
- Inpatient Prospective Payment System-Excluded Hospitals: Correcting Issue with Excluded Units
- ICD-10-CM Diagnosis Codes: FY 2024 Coding Guidelines & Conversion Table

Events

- Expanded Home Health Value-Based Purchasing Model: Overview of the Interim Performance Report Webcast - July 27

MLN Matters® Articles

- ICD-10 & Other Coding Revisions to Laboratory National Coverage Determinations: October 2023 Update
- Ambulatory Surgical Center Payment System: July 2023 Update - Revised
- New Fiscal Intermediary Shared System Edit to Validate Attending Provider NPI - Revised

Publications & Multimedia

- Period of Enhanced Oversight for New Hospices in Arizona, California, Nevada, & Texas
- Expanded Home Health Value-Based Purchasing Model: New Resources

From Our Federal Partners

- Rural Emergency Hospitals: Requirements in CMS Emergency Preparedness Final Rule

MLN Connects Newsletter: PFS & OPFS/ASC Proposed Payment Rules - July 13, 2023

Proposed Rules

- CMS Physician Payment Rule Advances Health Equity
- CMS Proposes Policies to Expand Behavioral Health Access and Further Efforts to Increase Hospital Price Transparency

MLN Connects - July 20, 2023

[MLN Connects Newsletter: July 20, 2023](#)

News

- Percutaneous Transluminal Angioplasty of Carotid Artery Concurrent with Stenting: Proposed National Coverage Determination
- Beta Amyloid Positron Emission Tomography in Dementia and Neurodegenerative Disease: Proposed National Coverage Determination
- CMS Posts Program Year 2022 Open Payments Data to CMS.gov
- Value-Based Insurance Design Model: CY 2024
- DMEPOS Suppliers: When & Where to Submit Electronic Funds Transfer Authorization Agreement Form
- New Domestic N95 Respirator Payment Adjustments
- Medicare Providers: Deadlines for Joining an Accountable Care Organization

Compliance

- Inpatient Admission Before Part A Entitlement: Bill Correctly

MLN Matters® Articles

- Activation of Validation Edits for Providers with Multiple Service Locations - Revised

Publications

- Telehealth Services - Revised

Multimedia

- Post-Acute Care: Brief Interview for Mental Status Video

MLN Connects

MLN Connects - July 27, 2023

[MLN Connects Newsletter: July 27, 2023](#)

News

- CMS Continues Work on Behavioral Health
- Discarded Drugs and Biologicals: Updated FAQs on JW & JZ Modifiers
- Expanded Home Health Value-Based Purchasing Model: July 2023 Interim Performance Reports
- Subsequent Annual Wellness Visits: Comparative Billing Report in July
- Medicare Ground Ambulance Data Collection System: Submit Comments by September 11
- Clinical Laboratories: New Diagnostic Tests & Reporting Reminder
- Viral Hepatitis: Talk with Your Patients about Shots & Screenings

Claims, Pricers, & Codes

- HCPCS Application Summaries & Coding Decisions: Drugs & Biologicals

From Our Federal Partners

- Biosimilars: Free Continuing Education Courses, Videos, & Resources from FDA

MLN Connects Newsletter: 5 Final FY 2024 Payment Rules - Aug 1, 2023

Final FY 2024 Payment Rules

- [New CMS Rule Promotes High-Quality Care and Rewards Hospitals that Deliver High-Quality Care to Underserved Populations](#)
- [Hospice Payment Rate Update](#)
- [Medicare Inpatient Psychiatric Facility Prospective Payment System & Quality Reporting](#)
- [Inpatient Rehabilitation Facility Prospective Payment System](#)
- [Skilled Nursing Facility Prospective Payment System](#)

MLN Connects

MLN Connects - August 3, 2023

[MLN Connects Newsletter: Aug 3, 2023](#)

News

- Medicare Dementia Care Model
- Your Patient's Medicare Beneficiary Identifier (MBI) May Change
- CMS Roundup (July 28, 2023)
- Building on CMS's Accountable Care Vision to Improve Care for Medicare Beneficiaries
- Home Health Agencies & Partial Hospitalization Programs: Program for Evaluating Payment Patterns Electronic Reports
- Skilled Nursing Facility Value-Based Purchasing Program: August Performance Score Report
- Expanded Home Health Value-Based Purchasing Model: Revised July Interim Performance Reports

MLN Matters® Articles

- ESRD Prospective Payment System: October 2023 Update
- Patient Driven Payment Model Claim Edits
- Processing Services During Disenrollment from the Program of All-Inclusive Care for the Elderly

MLN Connects - August 10, 2023

[MLN Connects Newsletter: Aug 10, 2023](#)

News

- Immunization: Protect Your Patients

Claims, Pricers, & Codes

- Outpatient Rehabilitation Claims with Reason Code W7072: Do You Need to Resubmit Claims?

MLN Matters® Articles

- HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement: October 2023 Update

Publications

- Expanded Home Health Value-Based Purchasing Model: New Resource & Updated FAQs

MLN Connects

Multimedia

- Skilled Nursing Facility: Minimum Data Set Resident Assessment Instrument Training Materials

MLN Connects - August 17, 2023

[MLN Connects Newsletter: Aug 17, 2023](#)

News

- CMS.gov Website Refresh - Test Website Available for Feedback
- CMS Announces Resources and Flexibilities to Assist with the Public Health Emergency in Hawaii Due to Recent Wildfires
- Clotting Factor: CY 2024 Furnishing Fee

Claims, Pricers, & Codes

- COVID-19: CPT Codes for Vaccines No Longer Authorized
- Inpatient Rehabilitation Facility Prospective Payment System: FY 2024 Pricer Update
- Skilled Nursing Facility Prospective Payment System: FY 2024 Pricer Update

MLN Matters® Articles

- Hospice Payments: FY 2024 Update
- ICD-10 & Other Coding Revisions to National Coverage Determinations: January 2024 Update
- National Coverage Determination 30.3.3 - Acupuncture for Chronic Low Back Pain
- Power Seat Elevation Equipment on Power Wheelchairs

Publications

- Medicare Provider Enrollment - Revised

MLN Connects - August 24, 2023

[MLN Connects Newsletter: Aug 24, 2023](#)

News

- Seasonal Flu Vaccine Pricing for 2023-2024 Season
- Expanded Home Health Value-Based Purchasing Model: July 2023 Interim Performance Reports, Post-Event Materials, & Comment on CY 2024 Proposals

MLN Connects

- Behavioral Health Integration Services: Are Your Patients Eligible?

Claims, Pricers, & Codes

- HCPCS Application Summaries & Coding Decisions: Non-Drug & Non-Biological Items & Services
- New Place of Service Code 27 - Outreach Site/Street

Events

- ICD-10 Coordination & Maintenance Committee Meeting - September 12-13
- Optimizing Healthcare Delivery to Improve Patient Lives Conference - November 15

MLN Matters® Articles

- Clinical Laboratory Fee Schedule & Laboratory Services Reasonable Charge Payment: Quarterly Update
- Activation of Validation Edits for Providers with Multiple Service Locations - Revised

MLN Connects - August 31, 2023

[MLN Connects Newsletter: Aug 31, 2023](#)

News

- HHS Selects the First Drugs for Medicare Drug Price Negotiation
- Medicare Shared Savings Program Saves Medicare More Than \$1.8 Billion in 2022 and Continues to Deliver High-quality Care
- CMS Issues Draft Guidance on New Program to Allow People with Medicare to Pay Out-of-Pocket Prescription Drug Costs in Monthly Payments
- CMS Roundup (Aug. 25, 2023)
- CMS.gov Website Refresh - Provide Feedback on Test Website by September 5

Claims, Pricers, & Codes

- HCPCS Application Summaries & Coding Decisions: Non-Drug & Non-Biological Items and Services
- Home Health Prospective Payment System Grouper: October Update
- Updated ICD-10 Medicare Severity Diagnosis-Related Group Version 41

MLN Connects

From Our Federal Partners

- Locally Acquired Malaria Cases Identified in Florida, Texas, & Maryland - Important Updates

MLN Connects - September 7, 2023

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

News

- New Version of CMS.gov
- HHS Proposes Minimum Staffing Standards to Enhance Safety and Quality in Nursing Homes
- CMS Announces Resources and Flexibilities to Assist with the Public Health Emergency in the State of Florida
- Laboratory Tests for Blood Counts: Comparative Billing Report in September
- Expanded Home Health Value-Based Purchasing Model: Submit Technical Expert Panel Nominations by September 27
- Physicians & Non-Physician Practitioners: Revised Medicare Enrollment Application Required November 1
- DMEPOS: New Benefit Category Determinations
- Short-Term Acute Care Hospitals: Program for Evaluating Payment Patterns Electronic Reports
- Healthy Aging: Recommend Services for Your Patients

MLN Matters® Articles

- Changes to the Laboratory National Coverage Determination Edit Software: January 2024 Update
- Inpatient Psychiatric Facilities Prospective Payment System: FY 2024 Updates

Publications

- Evaluation and Management Services Guide - Revised

Multimedia

- Medicare Ground Ambulance Data Collection System Video

MLN Connects

From Our Federal Partners

- Severe *Vibrio vulnificus* Infections in U.S. Associated with Warming Coastal Waters
- Increased Respiratory Syncytial Virus Activity in Parts of Southeastern U.S.: New Prevention Tools Available to Protect Patients

Information for Patients

- CMS Hosts Patient-Focused Listening Sessions this Fall

MLN Connects - September 14, 2023

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

News

- Inflation Reduction Act Continues to Lower Out-of-Pocket Prescription Drug Costs for Drugs with Price Increases Above Inflation
- CMS Roundup (Sept 8, 2023)
- New Provider Types 2024: Marriage and Family Therapists & Mental Health Counselors
- PECOS 2.0 Is Coming Soon
- Medicare Secondary Payer: Are You Getting Diagnosis Codes?
- Social Determinants of Health: Collect Data with ICD-10-CM Z Codes
- ESRD: Submitting Dialysis Claims That Include Capital Related Assets Eligible for the TPNIES
- Medicare Physician Fee Schedule Database: October Update
- Prostate Cancer: Encourage Your Patients to Get Screened

Claims, Pricers, & Codes

- National Correct Coding Initiative: October Update
- Integrated Outpatient Code Editor: Version 24.3

MLN Matters® Articles

- Ambulatory Surgical Center Payment System: October 2023 Update
- DMEPOS Fee Schedule: October 2023 Quarterly Update
- Hospital Outpatient Prospective Payment System: October 2023 Update

MLN Connects

Publications & Multimedia

- Expanded Home Health Value-Based Purchasing Model: Updated Resource & Event Materials

MLN Connects Newsletter: COVID-19: Updated mRNA Vaccines for Patients 6 Months & Older - Sept 14, 2023

[MLN Connects Newsletter: COVID-19: Updated mRNA Vaccines for Patients 6 Months & Older - Sept 14, 2023](#)

News

- COVID-19: Updated mRNA Vaccines for Patients 6 Months & Older

MLN Connects - September 21, 2023

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

News

- CMS Announces Resources and Flexibilities to Assist with the Public Health Emergency in the State of Georgia
- Organ Transplantation Affinity Group: Strengthening Accountability, Equity, And Performance
- Psychotherapy for Crisis: Medicare Pays for Services
- Flu Shot: Encourage Preferred Vaccines for Patients 65+
- Help Reduce Health Gaps for Hispanic or Latino Patients

MLN Matters® Articles

- Limitation on Recoupment of Overpayments
- Inpatient & Long-Term Care Hospital Prospective Payment System: FY 2024 Changes

Information for Patients

- HHS Takes the Most Significant Action in a Decade to Make Care for Older Adults & People with Disabilities More Affordable and Accessible

MLN Connects

MLN Connects - September 28, 2023

[MLN Connects Newsletter: Sept 28, 2023](#)

News

- CMS Statement on Current Status of Blood Tests for Organ Transplant Rejection
- CMS Roundup (Sept 22, 2023)
- Cardiovascular Disease: Talk with Your Patients about Screening

Claims, Pricers, & Codes

- ICD-10 Coordination & Maintenance Committee: Meeting Materials & Deadlines

MLN Matters® Articles

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

Publications

- Expanded Home Health Value-Based Purchasing Model: September Newsletter
- Checking Medicare Eligibility - Revised

Ambulatory Surgical Center Payment System: July 2023 Update - Revised

Related CR Release Date: July 5, 2023 Revised

Effective Date: July 1, 2023

Implementation Date: July 3, 2023

MLN Matters Number: MM13216

Related Change Request (CR) Number: CR 13216

Related CR Transmittal Number: R12122CP

Note: CMS changed the number of separately payable drugs in Section 5.a to 18 to agree with change for HCPCS J9322 in Table 3 of CR 13216. Substantive changes are in dark red on page 3.

CR 13216 tells you about:

- New drug, biological and procedure codes
- An ASC Payment Indicator (PI) correction for CPT code 0698T
- Additional skin substitute products

Make sure your billing staff knows about payment system updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13216](#).

Ambulatory Surgical Center Payment System: October 2023 Update

Related CR Release Date: August 31, 2023

Effective Date: October 1, 2023

Implementation Date: October 2, 2023

MLN Matters Number: MM13353

Related Change Request (CR) Number: CR 13353

Related CR Transmittal Number: R12229CP

CR 13353 tells you about:

- New HCPCS code for renal/kidney histotripsy
- New drugs and biologicals codes
- New skin substitute HCPCS codes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13353](#).

MLN Matters

Annual Clotting Factor Furnishing Fee Update 2024

Related CR Release Date: August 10, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13313

Related CR Transmittal Number: R12201CP

CR 13313 announces the update to the Clotting Factor Furnishing Fee. This Recurring Update Notification (RUN) applies to Chapter 17, Section 80.4.1 of Publication (Pub.) 100-04.

Make sure your billing staffs are aware of these changes.

View the complete [CMS Change Request \(CR\)13313](#).

Changes to the Laboratory NCD Edit Software: January 2024 Update

Related CR Release Date: August 24, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13350

Related Change Request (CR) Number: CR 13350

Related CR Transmittal Number: R12119CP

CR 13350 tells you about:

- Newly available codes
- Recent coding changes
- How to find National Coverage Determination (NCD) coding information

Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13350](#).

MLN Matters

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

Related CR Release Date: August 17, 2023

Effective Date: October 1, 2023

Implementation Date: October 2, 2023

MLN Matters Number: MM13321

Related Change Request (CR) Number: CR 13321

Related CR Transmittal Number: R12210CP

CR 13321 tells you about:

- Private payor data reporting: You must report data between January - March 2024
- General specimen collection fee increase
- New and deleted HCPCS codes

Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13321](#).

DMEPOS Fee Schedule: October 2023 Quarterly Update

Related CR Release Date: August 31, 2023

Effective Date: October 1, 2023

Implementation Date: October 2, 2023

MLN Matters Number: MM13343

Related Change Request (CR) Number: CR 13343

Related CR Transmittal Number: R12228CP

CR 13343 tells you about:

- Fee schedule adjustment relief for rural and non-contiguous areas
- New HCPCS codes added
- New fee schedule amounts

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13343](#).

MLN Matters

Educational Instructions for the Implementation of the Medicare Payment Provisions for Dental Services as Finalized in the CY 2023 PFS Final Rule

Related CR Release Date: May 18, 2023

Effective Date: January 1, 2023

Implementation Date: June 9, 2023

Related Change Request (CR) Number: CR 13190

Related CR Transmittal Number: R12047BP

CR 13190 provides further clarity to and directs the A/B MACs to develop educational materials to aid in the implementation of the Medicare payment policies for dental services as described in Section II.L of the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) final rule (87 FR 69663-69688). This guidance is intended to facilitate a consistent application of this payment policy nationally, with MACs providing payment for more types of dental services associated with a broader set of medical services than before CY 2023.

Make sure your billings staff knows about these changes.

View the complete [CMS Change Request \(CR\)13190](#).

HCPCS Codes Used for SNF CB Enforcement: October 2023 Update

Related CR Release Date: August 3, 2023

Effective Date: October 1, 2023

Implementation Date: October 2, 2023

MLN Matters Number: MM13299

Related Change Request (CR) Number: CR 13299

Related CR Transmittal Number: R12175CP

CR 13299 tells you about:

- Updates to the lists of HCPCS codes that are subject to the Consolidated Billing (CB) provision of the Skilled Nursing Facility (SNF) prospective payment system (PPS)
- Additions and deletions of certain chemotherapy, blood clotting factors, and therapies inclusion codes from the Medicare Part A SNF files

Make sure your billings staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13299](#).

MLN Matters

ICD-10 & Other Coding Revisions to Laboratory NCDs: October 2023 Update

Related CR Release Date: June 29, 2023

Effective Date: October 1, 2023

Implementation Date: October 2, 2023

MLN Matters Number: MM13269

Related Change Request (CR) Number: CR 13269

Related CR Transmittal Number: R12113CP

CR 13269 tells you about:

- Newly available codes
- Recent coding changes
- How to find National Coverage Determination (NCD) coding information

Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13269](#).

ICD-10 & Other Coding Revisions to National Coverage Determinations: January 2024 Update

Related CR Release Date: August 3, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13278

Related Change Request (CR) Number: CR 13278

Related CR Transmittal Number: R12184OTN

CR 13278 tells you about:

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

Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13278](#).

MLN Matters

ICD-10 & Other Coding Revisions to NCDs: October 2023 Update

Related CR Release Date: August 11, 2023

Effective Date: August 7 & October 1, 2023

Implementation Date: August 7 & October 2, 2023

MLN Matters Number: MM13166

Related Change Request (CR) Number: CR 13166

Related CR Transmittal Number: R12207OTN

CR 13166 tells you about:

- Newly available codes
- Recent coding changes
- How to find National Coverage Determination (NCD) coding information

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13166](#).

Influenza Vaccine Payment Allowances - Annual Update for 2023-2024 Season

Related CR Release Date: August 17, 2023

Effective Date: August 1, 2023

Implementation Date: October 2, 2023 - No later than September 30, 2023; November 1, 2023

- Business Requirement 3.1

Related Change Request (CR) Number: CR13317

Related CR Transmittal Number: R12211CP

CR 13317 provides the availability of payment allowances for the seasonal influenza virus vaccines as updated on an annual basis, effective August 1 of each year. The attached recurring update applies to publication 100-04, chapter 17, section 20.5.9.

Make sure your billing staffs are aware of these changes.

View the complete [CMS Change Request \(CR\)13317](#).

MLN Matters

Limitation on Recoupment of Overpayments

Related CR Release Date: September 7, 2023

Effective Date: December 11, 2023

Implementation Date: December 11, 2023

MLN Matters Number: MM11262

Related Change Request (CR) Number: CR 11262

Related CR Transmittal Number: R12236FM

CR 11262 tells you about:

- Medicare recoups overpayments
- Appeals and reconsiderations affect these recoupments

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11262](#).

Medicare Policy Updates for Dental Services as Finalized in the CY 2023 MPFS Final Rule

Related CR Release Date: April 21, 2023

Effective Date: January 1, 2023

Implementation Date: May 12, 2023

Related Change Request (CR) Number: CR 13181

Related CR Transmittal Number: R11995BP

CR 13181 updates the Internet Only Manual (IOM) Medicare benefit policy for dental services as finalized in the Calendar Year (CY) 2023 Physician Fee Schedule (MPFS) final rule.

Make sure your billings staff knows about these changes.

View the complete [CMS Change Request \(CR\)13181](#).

MLN Matters

National Coverage Determination 30.3.3 - Acupuncture for cLBP

Related CR Release Date: August 3, 2023

Effective Date: January 1, 2024

Implementation Date: January 2, 2024

MLN Matters Number: MM13288

Related Change Request (CR) Number: CR 13288

Related CR Transmittal Number: R12185CP

CR 13288 tells you about:

- Updated frequency edits for acupuncture for chronic low back pain (cLBP)
- Relevant codes for acupuncture and dry needling services starting January 1, 2024

Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13288](#).

New Place of Service (POS) Code 27 - “Outreach Site/Street”

Related CR Release Date: August 10, 2023

Effective Date: October 1, 2023

Implementation Date: January 2, 2024

Related Change Request (CR) Number: CR 13314

Related CR Transmittal Number: R12202CP

CR 13314 creates a new place of service code 27 for “Outreach Site/Street” - A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.

Make sure your billing staffs are aware of these changes.

View the complete [CMS Change Request \(CR\)13314](#).

MLN Matters

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

Related CR Release Date: June 15, 2023

Effective Date: October 1, 2023

Implementation Date: October 2, 2023

Related Change Request (CR) Number: CR 13260

Related CR Transmittal Number: R12088CP

CR 13260 supplies the contractors with the Average Sales Price (ASP) and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. The ASP payment limits are calculated quarterly based on quarterly data submitted to CMS by manufacturers.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13260](#).

Quarterly Update to the MPFSDB - October 2023 Update

Related CR Release Date: August 10, 2023

Effective Date: October 1, 2023

Implementation Date: October 2, 2023

Related Change Request (CR) Number: CR 13316

Related CR Transmittal Number: R12194CP

CR 13316 amends payment files that were issued to contractors based upon the 2023 Medicare Physician Fee Schedule (MPFS) Final Rule. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13316](#).

Quarterly Update to the NCCI PTP Edits, Version 29.3, Effective October 1, 2023

Related CR Release Date: June 30, 2023

Effective Date: October 1, 2023

Implementation Date: October 2, 2023

Related Change Request (CR) Number: CR 13257

Related CR Transmittal Number: R12120CP

CR 13257 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.

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Change Request \(CR\)13257](#).

Technical Revisions Only to the NCD Manual, Pub 100-03

Related CR Release Date: June 29, 2023

Effective Date: June 29, 2023

Implementation Date: July 31, 2023

Related Change Request (CR) Number: CR 13220

Related CR Transmittal Number: R12112NCD

CR 13220 announces technical changes that were made to the National Coverage Determination (NCD) Manual, Publication (Pub)100-03, Chapter 1 Parts 1, 3, and 4. Proposed manual changes include: (1) In Chapter 1, Part 1, Section 20.33 Transcatheter Edge-To-Edge (TEER) for Mitral Valve Regurgitation title was corrected to align with the title of the NCD. (2) In Chapter 1, Part 1, Section 20.4 Implantable Cardioverter Defibrillators (ICDs), in Part B number 4 added verbiage 'or cardiac arrest due to VF' to align with Section I of the Final Decision Memo. (3) In Chapter 1, Part 3, Section 190.1

Histocompatibility Testing, removed 4 bullets and replaced them with letters to align with the original Coverage Issues Manual language. (4) In Chapter 1, Part 4, Section 280.1, in the DME reference list, the Muscle Stimulator hyperlink is being changed from 250.4 to 160.12 to refer back to the correct section in the manual.

Make sure your billing staffs are aware of these changes.

View the complete [CMS Change Request \(CR\)13220](#).

MLN Matters

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

Related CR Release Date: August 3, 2023

Effective Date: September 4, 2023

Implementation Date: September 4, 2023

Related Change Request (CR) Number: CR 13228

Related CR Transmittal Number: R12171BP

CR 13228 updates Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Benefit Category Determinations for new benefit category determinations made as part of the Second Biannual (B2) 2022 Healthcare Common Procedure Coding System (HCPCS) coding cycle in accordance with the procedures at 42 CFR §414.114 and §414.240.

Make sure your billing staffs are aware of these changes.

View the complete [CMS Change Request \(CR\)13228](#).

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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

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Network is a brand name for official CMS national provider education products designed to promote national consistency of Medicare provider information developed for CMS initiatives.

Unsolicited or Voluntary Refunds Reminder

All Medicare providers need to be aware that the acceptance of a voluntary refund as repayment for the claims specified in no way affects or limits the rights of the Federal Government, or any of its agencies or agents, to pursue any appropriate criminal, civil, or administrative remedies arising from or relating to these or any other claims.

Background

Medicare carriers and intermediaries and 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

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Do Not Forward Initiative Reminder

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

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

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

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

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

Policy

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

Implementation Process

1. “Return service requested” envelopes are used for all hardcopy remittance advices starting October 1, 2002. These envelopes will be used for all providers.
2. “Return service requested” envelopes will not be used for beneficiary correspondence, such as Medicare Summary Notices (MSNs) or for overpayment demand letters.
3. When the post office returns a remittance advice due to an incorrect address, A/B MACs/carriers will follow the same procedures as followed for returned checks, that is:
 - Flag the provider's file DNF.
 - A/B MAC/carrier staff will notify provider enrollment team.

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- A/B MAC/carriers will cease generating any further payments or remittance advice to that provider or supplier until furnished with a new, verified address.
4. When the provider establishes a new, verified address, A/B MACs/carriers will remove the DNF flag and pay the provider any funds which are still being held due to a DNF flag. A/B MAC/carriers must also reissue any remittance advices, which have been held.
 5. Previously, CMS only required corrections to the “pay to” address. However, with the implementation of this initiative, CMS requires corrections to all addresses before the contractor can remove the DNF flag and begin paying the provider or supplier again. Therefore, A/B MAC/carriers cannot release any payments to DNF providers until the provider enrollment department has verified and updated all addresses for that provider's location.

IRS-1099 Reporting

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

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

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

Jurisdiction E Part 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.

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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 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](#)