

➤ Medicare A News

Jurisdiction F
January 2023

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Healthcare Solutions

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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0202U Incorrectly Paid - Resolved 10/04/22

Provider/Supplier Type(s) Impacted: All Providers

Reason Codes: N/A

Claim Coding Impact: 0202U

Description of Issue: In Part A, 0202U incorrectly paid from 07/01/20 - 04/08/22. This code is considered non-covered per Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels.

Noridian Action Required: Noridian has updated the system to deny 0202U as non-covered for DOS 07/01/20 - 06/01/22. Noridian will reprocess those claims paid incorrectly.

Provider/Supplier Action Required: N/A

10/04/22 - No provider action is needed to correct the claims. Providers should follow the regular process for paying any overpayments on the claims that denied in error.

Proposed Resolution/Solution: Noridian is mass adjusting claims.

09/02/22 - Noridian will start to initiate mass adjustments the week of 09/06/22.

09/19/22 - Noridian will start to initiate mass adjustments the week of 09/19/22 due to additional research being needed.

09/28/22 - Noridian is continuing to initiate mass adjustments. All adjustments will be initiated within the next two weeks.

10/04/22 - Noridian has initiated the adjustments.

Date Reported: 08/08/22

Date Resolved: 10/04/22

2023 Medicare Parts A & B Premiums and Deductibles

On September 27, CMS released the 2023 premiums, deductibles, and coinsurance amounts for the Medicare Part A and Part B programs and the 2023 Medicare Part D income-related monthly adjustment amounts.

Each year the Medicare Part B premium, deductible, and coinsurance rates are determined according to the Social Security Act. The standard monthly premium for Medicare Part B enrollees will be \$164.90 for 2023, a decrease of \$5.20 from \$170.10 in 2022. The annual deductible for all Medicare Part B beneficiaries is \$226 in 2023, a decrease of \$7 from the annual deductible of \$233 in 2022.

The Medicare Part A inpatient hospital deductible that beneficiaries pay if admitted to the hospital will be \$1,600 in 2023, an increase of \$44 from \$1,556 in 2022. The Part A inpatient hospital deductible covers beneficiaries' share of costs for the first 60 days of Medicare-covered inpatient hospital care in a benefit period. In 2023, beneficiaries must pay a coinsurance amount of \$400 per day for the 61st through 90th day of a hospitalization (\$389 in

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2022) in a benefit period and \$800 per day for lifetime reserve days (\$778 in 2022). For beneficiaries in skilled nursing facilities, the daily coinsurance for days 21 through 100 of extended care services in a benefit period will be \$200.00 in 2023 (\$194.50 in 2022).

Sources:

- [CMS MLN Connects dated September 29, 2022](#)
- CMS Fact Sheet [2023 Medicare Parts A & B Premiums and Deductibles 2023 Medicare Part D Income-Related Monthly Adjustment Amounts](#)

Appeals Redetermination Level Successful Submissions

A provider must determine if they would need to appeal to get their claim paid. Is it paid correctly? If not, check your Remittance Advice before appealing. Know what the reductions are. If this is an MSP issue, utilize the website to send to the correct team. If you are replying to ADR, verify where the documentation should be sent.

A service can only be reviewed once. If proper documentation was not submitted the first time you must go to the next level of appeal, reconsideration, and submit your documentation at that time. Noridian does not reopen decisions when a second appeal is submitted with documentation, and you are risking your timeliness to submit your next level of appeal.

Duplicate appeal submissions slow down the processing of appeals overall. Noridian has 60 days to complete an appeal from the date it is received. If it has not been 60 days, utilize the portal to check the status of your appeal. Do not submit another appeal stating you filed an appeal. The NMP can be used to make sure your appeal was received, duplicate submission by different methods is unacceptable.

If you are appealing, include all the documentation needed to do a review of the code and denial and be clear about what you would like reviewed.

Noridian's website has a timeliness calculator for determining your timeline for an appeal. If you are filing after 120 days, you must include good cause to avoid an appeal dismissal.

Noridian needs your help in reducing the number of duplicate appeals submitted to Noridian.

- The Appeals team dismisses hundreds of unnecessary appeals daily
 - Correct documentation not provided
 - Appealing duplicate denials instead of reopening with a correction
- Clear reason for the appeal not provided
 - Documentation to support your appeal
- Wrong form being submitted
- Multiple submissions of the same appeal
- Appeals to pay higher than the Medicare Fee Schedules
- Diagnosis pointer goes to the wrong diagnosis code

How can the provider help?

- Make sure you are aware of what, and how many, your billing service is appealing
- Complete the Action Request and Comments (paper), or Details and Explanation on the portal form, with what or why you are appealing
- Check to see if your issue is something that can be done through a [reopening](#)
- Verify your diagnosis pointer in Box 24E, or the electronic equivalent, refers to the correct primary diagnosis code in Box 21
 - Review NCD or LCD for medically necessary diagnosis codes

[Noridian Medicare Redetermination/Reopening Form](#)

CMS Proposes Rule to Expand Access to Health Information and Improve the Prior Authorization Process

As part of the Biden-Harris Administration's ongoing commitment to increasing health data exchange and investing in interoperability, CMS issued a [proposed rule](#) that would improve patient and provider access to health information and streamline processes related to prior authorization for medical items and services. CMS proposes to modernize the health care system by requiring certain payers to implement an electronic prior authorization process, shorten the time frames for certain payers to respond to prior authorization requests, and establish policies to make the prior authorization process more efficient and transparent. The rule also proposes to require certain payers to implement standards that would enable data exchange from one payer to another payer when a patient changes payers or has concurrent coverage, which is expected to help ensure that complete patient records would be available throughout patient transitions between payers.

More Information:

- [Full press release](#)
- [Fact sheet](#)
- [Policies and Technology for Interoperability and Burden Reduction](#)

Source: CMS [MLN Connects](#) dated December 8, 2022

Colorectal Cancer Screening Test: Reduced Coinsurance for Related Procedures Begins January 1

Currently, planned colorectal cancer screening tests are free. However, if you add a procedure in the same clinical encounter as a result of the colorectal cancer screening, the patient pays a coinsurance. Beginning January 1, 2023, CMS will gradually reduce coinsurance for procedures performed in connection with a colorectal cancer screening test, as a result of a

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screening test, or in the same clinical encounter as the screening test. The reduced coinsurance applies regardless of the code you bill.

Effective January 1, 2022, when a screening colorectal cancer procedure, G0104, G0105, or G0121 has **the PT modifier submitted on the claim line item** with HCPCS codes 10000 - 69999, G0500, 00811, or CPT code 99153 for diagnostic colonoscopy, or diagnostic flexible sigmoidoscopy, or other procedure to indicate that a screening colorectal cancer procedure, HCPCS G0104, G0105, or G0121, has become a diagnostic or therapeutic service, coinsurance is reduced or waived for claims for dates of service in Calendar Years (CYs) as follows:

- 2023-2026, coinsurance is 15%
- 2027-2029, coinsurance is 10%
- Beginning 2030, no coinsurance

Learn more about phasing out coinsurance in [CMS MLN Matters \(MM\) 12656, Changes to Beneficiary Coinsurance for Additional Procedures Furnished During the Same Clinical Encounter As Certain Colorectal Cancer Screening Tests](#).

Source: CMS [MLN Connects](#) dated November 23, 2022

Help Your Patients Make Informed Health Care Decisions

Health literacy can reduce adverse events for your patients, like missed screenings, inappropriate care transitions, and diagnostic errors (see [CMS Framework for Health Equity \(PDF\)](#)). During Health Literacy Month, get in the habit of promoting health literacy and language access resources so your patients can find, understand, and use information for health-related decisions.

More Information:

- [CMS Office of Minority Health: Health Observances](#) webpage
- [Introduction to Language Access Plans](#) web-based training
- [Coverage to Care](#) webpage

Source: CMS [MLN Connects](#) dated October 20, 2022

Holding Claims for Pricing Based on the January 2023 FISS Release

Effective January 1, 2023, Part A claims with dates of service on/after January 1, 2023 will be placed on a 15 day hold while pricing files are installed into the Fiscal Intermediary Shared System (FISS). This will allow claims to be verified for correct pricing to ensure proper payment.

All claims held during this time will be released no later than January 15, 2023.

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Manipulated, Reconstituted and/or Injectable Amniotic and Placental Derived Products - Resolved 10/03/22

Provider/Supplier Type(s) Impacted: All Providers

Reason Codes: Not Applicable

Claim Coding Impact: All Q codes related to amniotic and/or placental derived membrane and liquid Q codes.

Description of Issue: An educational article has been published to address Manipulated, Reconstituted and/or Injectable Amniotic and Placental Derived Products for previously processed claims. Please refer to this article for further guidance on this matter.

Noridian Action Required: N/A

Provider/Supplier Action Required: Informational only

Proposed Resolution/Solution: Please refer to the notice mentioned under Description of Issue.

Date Reported: 05/20/22

Date Resolved: 10/03/22

Medically Unlikely Edit for J1559

CMS plans to increase the current Medically Unlikely Edit (MUE) units allowed per day for HCPCS code J1559 (Injection, immune globulin (Hizentra), 100 mg), currently set at 1600 to 2400. This update is scheduled with the implementation of the January 2023 quarterly MUE file and will be retroactive to July 1, 2022.

Until the change is implemented, Medicare contractors will hold claims submitted with J1559 with units of service >300 and ≤2400 for dates of service on or after July 1, 2022, through October 1, 2022, and hold claims submitted with units of service >1600 and ≤2400 for dates of service on or after October 1, 2022 through December 31, 2022.

Noridian will be adjusting claims that have already processed during this time that were denied. Adjustments will be processed within 60 business days following the MUE update in January 2023.

Prior to the implementation of the MUE quarterly update file for January 1, 2023, providers may choose to delay submission of claims until after the January 1, 2023 implementation of the July 1, 2022 retroactive date.

Note: Appeals will not be necessary for denials as the claims will be adjusted as listed above.

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New Codes Published for Telehealth

On November 2, CMS published Transmittal 11502 on its website, as well as the corresponding MLN Matters (MM) 12805, which details new codes G0320, G0321, and G0322 to report Home Health (HH) services furnished by telehealth. Reporting of the new G-codes beginning with HH periods of care that start on or after January 1, 2023 is voluntary; mandatory reporting of the codes will begin with HH periods of care that start on or after July 1, 2023.

This article is informational for providers. Noridian does not process Home Health claims, which should be submitted to the provider's Home Health contractor.

View [CMS Medicare Learning Network \(MLN\) Matters \(MM\) 12805](#)

OPPS Rate for HCPCS Codes A9607 and A9800 for the October 2022 Quarter

CMS is aware of an issue with outpatient services that ties to [Change Request \(CR\) 12885, October 2022 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#). The Healthcare Common Procedure Coding System (HCPCS) file associated with this CR included incorrect OPPS payment rates for two codes.

The correct OPPS payment rate for A9607 (Pluvicto) is \$218.875. The co-payment percentage is 20 percent.

The correct OPPS payment rate for A9800 (Locametz) is \$848.000. The co-payment percentage is 0 percent.

Noridian is now processing claims with the correct reimbursement.

Provider Responsibilities When Using Third Parties

Noridian has received an increase of inquiries from third party billers and outsourced companies representing providers. Many of these companies call throughout the day, asking questions required to be answered via self-service tools, or are available through your practice's remittance advice or office staff. Examples of the frequently asked questions include, Provider's mailing address, electronic submitter id, claim number, Medicare timely filing, to name a few. Often, the individuals call multiple times a day asking the same questions through each interaction.

The Centers for Medicare and Medicaid Services (CMS) requires providers utilize self-service tools in the [CMS Internet Only Manual \(IOM\), Publication 100-09, Medicare Administrative Contractor \(MAC\) Beneficiary and Provider Communications Manual, Chapter 6, Section 50.1](#). These self-service tools include the Noridian Medicare Portal (NMP), Interactive Voice Response (IVR) system, provider remittance advice, and Medicare public websites.

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To best protect both Medicare and provider's interests, Noridian has comprised the following suggestions for providers who utilize third-party companies.

- Carefully review all contracts signed with any billing agency and clearing house.
- Ensure these agencies are not further contracting their work to additional companies without your full approval.
- Strictly monitor which individuals have access to your patient's Protected Health Information (PHI) and Personal Identifiable Information (PII).
- Ensure all employees working with Medicare information are trained how to use NMP, IVR, remits, and Noridian's public website.

To assist our providers with common questions they may have, Noridian has comprised a list of helpful [Tools](#) we hope will benefit your offices.

Resource Correction for ACT Minutes from January 20, 2021

The minutes published for the Ask the Contractor Teleconference (ACT) held January 20, 2021, contained a broken link. The answer to Question 12 included a hyperlink titled "toolkit" which lead to the CMS COVID-19 provider toolkit webpage. This webpage is no longer valid. The new webpage can be found under [CMS COVID-19 Provider Toolkit](#). We apologize for the inconvenience.

Rural Emergency Hospitals: New Institutional Provider Type Starting January 1

CMS will implement a new rural emergency hospital (REH) provider type on January 1, 2023. If you're converting a rural hospital or critical access hospital to an REH, submit your application.

For more information, see [REH Medicare Provider Instructions](#), and find out how to [become an institutional provider](#).

Source: CMS [MLN Connects](#) dated December 8, 2022

Screening Colonoscopies versus Diagnostic Colonoscopies

Medicare covers screening colonoscopies once every 24 months for high-risk patients and for patients not at high risk, once every ten years (120 months), or four years (48 months) after a previous flexible sigmoidoscopy.

Screening colonoscopy indicated for patients:

- Aged 50-85 years

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- Asymptomatic
- Average colorectal cancer risk

When a screening colonoscopy transitions to a diagnostic colonoscopy, medical records must indicate:

- Medical reasonableness, necessity, and frequency of each diagnostic service supplied
- Colonoscopy report must describe maximum depth of penetration, description of abnormal findings and any procedures performed from the findings (e.g., biopsy).
- Append -PT modifier to CPT indicating screening colonoscopy switched to diagnostic colonoscopy.

Diagnostic colonoscopy indicated for patients:

- Abnormality determined by radiology exam consistent with colonic lesion
- Abnormal oncology colorectal screening or stool-based DNA test
- Unexplained gastrointestinal bleeding:
- Hematochezia not from rectum or perianal source
- Melena of unknown origin
- Presence of fecal occult blood
- Unexplained iron deficiency anemia
- Clinically significant diarrhea of unexplained origin
- Needs evaluation of acute colonic ischemia or ischemic bowel disease
- Needs evaluation due to streptococcus bovis endocarditis when source determined to be colonic origin
- Clinical suspicion of inflammatory bowel disease
- Known chronic inflammatory bowel disease of the colon when a more precise extent of disease determination will influence treatment
- Surveillance of Crohn's colitis or chronic ulcerative colitis to rule out colorectal cancer
- Surveillance of colonic neoplasia

Sources:

- [Local Coverage Determination \(LCD\) - Diagnostic and Therapeutic Colonoscopy, L36868](#)
- [Local Coverage Determination \(LCD\) - Billing and Coding: Diagnostic and Therapeutic Colonoscopy, A57343](#)
- [CMS, Publication 100-03, Screening for Colorectal Cancer, CR12280](#)

Security Acknowledgement on NMP

Effective October 1, 2022, the Noridian Medicare Portal (NMP) will have an additional Security Acknowledgment that all users will need to accept in order to continue when logging in. This additional security acknowledgment is required by CMS for all MACs to maintain standards and minimize potential security risks.

The additional acknowledgment will be presented after the Multi-Factor Authentication (MFA) code is entered. This security acknowledgment will only be presented to users once every two weeks. If a user declines the acknowledgment, they will be logged out of the Portal and will have the opportunity to log back in.

Status Indicator and OPSS Rate for HCPCS Code Q5124 for the October 2022 Quarter

CMS is aware of an issue with Healthcare Common Procedure Coding System (HCPCS) code Q5124 (Byooviz) in the [October 2022 Update of the Outpatient Prospective Payment System \(OPPS\)](#). The October 2022 OPSS Addenda included an incorrect status indicator and payment rate for Q5124.

The correct OPSS status indicator for Q5124 is: Status Indicator = "K". The correct OPSS payment rate for Q5124 is \$232.780. The co-payment percentage is 20 percent. This change will be made retroactive to October 1, 2022.

Utilizing Noridian Custom Edits (NCE) Edits to Improve Your Claims Processing

Noridian has customized edits that help reduce provider burden. These edits, since they are front-end edits, don't go through the processing system, and you get notified sooner of the errors. Since these are front-end edits, they will not be seen in the Portal under the Claim Status function. Instead, they will appear on your claim rejection report, and you will need to contact EDI if you have any questions.

If you are seeking a denial, remittance advice, or do not wish to make any corrections, simply resubmit the claim at least 10 - 24 hours after the original submission.

NCE will populate in the STC elements of the 277CA with distinct code sets that can be cross referenced to the NCE Spreadsheet. To assist submitters' NCE review, Noridian will establish an edit spreadsheet at [EDISS Part A NCE Edits](#).

Benefits of NCE:

- Alert providers about issues around medical necessity, non-covered services, missing modifiers, and other clinical editing
- Save administrative time for claim resubmissions

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- Provide information or reminders on claim submissions

Vacating Differential Payment Rate for 340B-Acquired Drugs in 2022 Outpatient Prospective Payment System Final Rule with Comment Period

On September 28, 2022, the United States District Court for the District of Columbia vacated the differential payment rates for 340B-acquired drugs in the [Calendar Year 2022 Outpatient Prospective Payment System \(OPPS\)](#) final rule with respect to their prospective application. The Court ruled:

- CMS can't apply the average sales price (ASP) minus 22.5% drug payment rate for these drugs for the rest of the year
- As a result, CMS will revert to paying the default rate (generally ASP plus 6%) under Medicare statute for 340B-acquired drugs

CMS is uploading revised OPPS drug files that will apply the default rate (generally ASP plus 6%) to 340B-acquired drugs for the rest of the year. CMS also will reprocess claims our contractors paid on or after September 28, 2022, using the default rate (generally ASP plus 6%).

Source: CMS [MLN Connects](#) dated October 13, 2022

Vacating Differential Payment Rate for 340B-Acquired Drugs in 2022 Outpatient Prospective Payment System Final Rule with Comment Period - Resolved 10/26/22

Provider/Supplier Type(s) Impacted: Outpatient

Reason Codes: Not Applicable

Claim Coding Impact: Not Applicable

Description of Issue: CMS recently provided an update in 2022-10-13-MLNC regarding the 340B-Acquired Drugs. All Medicare Administrative Contractors (MACs) were instructed to automatically adjust claims from September 28, 2022, forward. Additional guidance is provided below under Provider/Supplier action required

Noridian Action Required: Will adjust claims from September 28, 2022 forward.

Provider/Supplier Action Required: Although MACs shall not reprocess 2022 date of service claims paid prior to 09/28/22 as contractor-initiated adjustments, MACs shall process provider-submitted adjustments to 2022 date of service claims that were paid prior to September 28, 2022. The adjustments can be submitted using type of bill (TOB) XX7 with condition code D9 and remarks indicating "340B Adjustment".

Proposed Resolution/Solution: MACs will update the production alert when they have completed the adjustments from September 28, 2022 forward.

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10/26/22 - Mass adjustments have been completed.

Date Reported: 10/20/22

Date Resolved: 10/26/22

Webinar on Demand Recordings Library is Growing and Event Availability is Extended

Recordings of Noridian's live webinars are available in our Education and Outreach / [Webinar on Demand Recordings](#) webpage. Based on feedback received in our satisfaction surveys, we have extended the availability from two months to six months.

We hope you find that our webinar library, with its newly extended event access, supports your knowledge and refresher training. Please continue to complete the satisfaction survey for educational webinars, tutorials, and webinar recordings so we may best meet your needs.

Medical Policies and Coverage

Billing and Coding: Botulinum Toxin Types A and B Policy (A57186) - R3 - Effective January 1, 2023

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2023

Summary of Article Changes: Per 2023 CPT/HCPCS updates, either the long or short descriptions of CPT codes 43499 and 64999 have been updated.

- 43499 - Unlisted procedure, esophagus
- 64999 - Unlisted procedure, nervous system

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

Billing and Coding: COMPLEX DRUG Administration Coding (A58533) - R11 - Effective January 01, 2023

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 01, 2023

Summary of Article Changes: Per 2023 CPT/HCPCS updates, either the long or short description of CPT code 96379 has been updated.

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: Immune Globulin Intravenous (IVIg) (A57194) - R5 - October 01, 2022

This Local Coverage Determination (LCD) has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Medicare Coverage Database (MCD) Number: A57194

Effective Date: October 01, 2022

Medical Policies and Coverage

Summary of Changes: Added ICD-10 D81.82 to Group 1, ICD-10-CM Codes that Support Medical Necessity.

Visit the Noridian [Medicare Coverage Articles](#) webpages to view the document or access it via the CMS MCD.

Billing and Coding: Implantable Automatic Defibrillators (A56342) - R7 - Effective January 1, 2023

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2023

Summary of Article Changes: HCPCS codes C7537, C7538, C7539 and C7540 will be added to Group 1.

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: Implantable Continuous Glucose Monitors (I-CGM) (A58138) - R2 - Effective January 1, 2023

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2023

Summary of Article Changes: HCPCS codes G0308 and G0309 will be removed from Group 1. Verbiage changes were made throughout the article.

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: Implantable Infusion Pumps for Chronic Pain (A55323) - R10 - Effective October 1, 2022

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: October 1, 2022

Medical Policies and Coverage

Summary of Article Changes: Updated prices for Prialt (Ziconotide) and Ropivacaine per quarterly ASP Drug File.

Effective 10/01/2022 - 12/31/2022

Prialt (Ziconotide) = \$9.065

Ropivacaine = \$0.092

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: Lab: Controlled Substance Monitoring and Drugs of Abuse Testing (A55030) - R15 - Effective January 01, 2022

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 01, 2022

Summary of Article Changes: Under Group 1: ICD-10 Codes That Support Medical Necessity, added F11.21, F12.20, F15.20, F19.10, F19.14 effective 01/01/2022.

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

Billing and Coding: Lab: Controlled Substance Monitoring and Drugs of Abuse Testing (A55030) - R16 - Effective October 1, 2022

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: October 1, 2022

Summary of Article Changes: Under Group 1: ICD-10 Codes That Support Medical Necessity, added Z91.198 and Z91.199 effective 10/01/2022.

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

Medical Policies and Coverage

Billing and Coding: Lab: Flow Cytometry (A57690) - R6 - Effective October 1, 2022

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: October 1, 2022

Summary of Article Changes: Added CPT codes 86053 and 86363 to the Group 1 Paragraph for ICD-10 codes.

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 (A58726) - R6 - Effective October 1, 2022

This Billing and Coding Article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301(OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601.

Effective Date: October 1, 2022

Summary of Article Changes:

Under Article Text revised the thirteenth bullet first sentence to add “for the same (or highly similar) intended use”. Under **CPT/HCPCS Codes Group 5: Codes** added 87999. This revision is retroactive effective for dates of service on or after 4/17/2022.

Under CPT/HCPCS Codes Group 5: Codes added 0352U and 0353U. Under **CPT/HCPCS Codes Group 8: Codes** added 87593. This revision is due to the Q4 CPT/HCPCS Code Update and is effective for dates of service on or after 10/1/2022.

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: Next-Generation Sequencing for Solid Tumors (A57905) - R2 - Effective October 1, 2022, and July 1, 2022

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: October 1, 2022, and July 1, 2022

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1:** Codes added 0329U. This revision is due to the Q3 2022 CPT/HCPCS Code Update and is effective for dates of service on or after 7/1/2022.

Under **CPT/HCPCS Codes Group 1:** Codes added 0334U. This revision is due to the Q4 2022 CPT/HCPCS Code Update and is effective for dates of service on or after 10/1/2022

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

Billing and Coding: MoIDX: Pharmacogenomics Testing (A57385) - R6 - Effective October 1, 2022

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: October 1, 2022

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** added 0345U. Typographical errors were corrected throughout the article. This revision is due to Q4 CPT®/HCPCS Code Update and is effective for dates of service on or after 10/1/2022.

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

Billing and Coding: MoIDX: Repeat Germline Testing (A57332) - R4 - Effective October 1, 2022

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: October 1, 2022

Medical Policies and Coverage

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1**: Codes added 81307 and 81309. This revision is effective for dates of service on or after 10/1/2022.

Under **CPT/HCPCS Codes Group 1**: Codes Deleted 0012U. Added 0345U, 0347U, 0348U, 0349U, and 0350U. This revision is due to the Q4 CPT/HCPCS Code Update and is effective for dates of service on or after 10/1/2022.

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

Billing and Coding: MoIDX: ThermoFisher Oncomine Dx Target Test for Non-Small Cell Lung Cancer (A55888) Retirement - Effective October 27, 2022.

This coverage article has been retired under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: October 27, 2022

Summary: This article is being retired as it is no longer applicable as the test is covered under NCD 90.2.

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

Billing and Coding: Plastic Surgery (A57222) - R4 - Effective October 1, 2022

This coverage article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: October 1, 2022

Summary of Article Changes: Updated Group 4: Medical Necessity ICD-10-CM Codes Asterisk Explanation to say: When billing for surgery on the unaffected breast to restore symmetry following breast cancer surgery on the contralateral breast, N65.1 must be used as the primary diagnosis with one of the C50.XXX ICD-10 codes as a secondary diagnosis.

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

Polysomnography Medical Reviews

On November 2, 2022, the American Academy of Sleep Medicine (AASM) released an article on their website discussing an increase in claim denials related to follow-up diagnostic sleep studies. Noridian has contacted the AASM to request clarification to the published article regarding the Targeted Probe and Educate (TPE) sleep study claim reviews.

Noridian has verified that there were no identified claims denied during a TPE review due to an LCD misinterpretation; therefore, there will not be any re-review of previously denied claims. If you have additional documentation for claims in an open TPE file, you may work with your Noridian nurse clinician using the medical review reopening request process. If you have additional documentation or disagree with Noridian's determination for a closed file, your facility should follow the redetermination process.

Additionally, monitoring will remain in place and any new TPE reviews or other actions may be initiated as appropriate through the improper payment reduction strategy efforts.

MLN Connects - October 6, 2022

[MLN Connects Newsletter: Oct 6, 2022](#)

News

- Resources & Flexibilities to Assist with Public Health Emergency in South Carolina
- Implementation of Inflation Reduction Act Provision Addressing Medicare Payments for Biosimilars
- CMS Asks for Public Input on Establishing First, National Directory of Health Care Providers and Services
- Inflation Reduction Act Lowers Health Care Costs for Millions of Americans
- Help Promote Efficiency, Reduce Burden, & Advance Equity: Submit Comments by November 4
- Inpatient Rehabilitation Facilities: IRF-PAI & September Care Compare Release
- Long-Term Care Hospitals: September Care Compare Release
- Help Detect Breast Cancer Early

Claims, Pricers, & Codes

- October 2022 Integrated Outpatient Code Editor (I/OCE) Specifications Version 23.3

MLN Matters® Articles

- Ambulatory Surgical Center Payment System: October 2022 Update
- DMEPOS Fee Schedule: October 2022 Quarterly Update
- Inpatient Prospective Payment System Hospitals in the 9th Circuit: Updated Fiscal Years 2019 and 2020 Supplemental Security Income Medicare Beneficiary Data

Information for Patients

- 2023 Medicare & You Handbook

MLN Connects

MLN Connects - October 13, 2022

[MLN Connects Newsletter: Oct 13, 2022](#)

News

- Protect Your Patients in October: Give Them a Flu Shot & COVID-19 Vaccine
- Vacating Differential Payment Rate for 340B-Acquired Drugs in 2022 Outpatient Prospective Payment System Final Rule with Comment Period
- Clinical Laboratory Fee Schedule: Final Gapfill Recommendations

Claims, Pricers, & Codes

- Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update Fiscal Year (FY) 2023

MLN Matters® Articles

- Home Health Claims: New Grouper Edits
- New Fiscal Intermediary Shared System Edit to Validate Attending Provider NPI

Publications

- Medicare Preventive Services - Revised
- National Expansion of the Repetitive, Scheduled Non-Emergent Ambulance Transport Prior Authorization Model - Revised

From Our Federal Partners

- Outbreak of Ebola Virus Disease in Central Uganda

MLN Connects - October 20, 2022

[MLN Connects Newsletter: Oct 20, 2022](#)

News

- Skilled Nursing Facility Provider Preview Reports: Review by November 14
- Help Your Patients Make Informed Health Care Decisions
- Ambulance Fee Schedule: CY 2023 Ambulance Inflation Factor & Productivity Adjustment

Compliance

- Implanted Spinal Neurostimulators: Document Medical Records

MLN Connects

Claims, Pricers, & Codes

- DMEPOS: Corrected 2022 E2102 Fee Schedule Amounts

MLN Matters® Articles

- Medicare Deductible, Coinsurance, & Premium Rates: CY 2023 Update

Information for Patients

- Medicare Open Enrollment: October 15 - December 7

MLN Connects - October 27, 2022

[MLN Connects Newsletter: Oct 27, 2022](#)

News

- COVID-19 Updated Booster Vaccines Covered Without Cost-Sharing for Eligible Children Ages 5-11
- Oversight of Nation's Poorest-Performing Nursing Homes
- Initial Nursing Facility Evaluation & Management Visits: Comparative Billing Report in October
- Help Promote Efficiency, Reduce Burden, & Advance Equity: Submit Comments by November 4

MLN Matters® Articles

- Extension of Changes to the Low-Volume Hospital Payment Adjustment and the Medicare Dependent Hospital Program
- Patient Driven Payment Model: Claim Edit Enhancements

MLN Connects - October 31, 2022

MLN Connects Newsletter: Final Rules

Final Rules

- [CY 2023 Home Health Prospective Payment System Rate Update and Home Infusion Therapy Services Requirements](#)
- [Calendar Year 2023 End-Stage Renal Disease \(ESRD\) Prospective Payment System \(PPS\)](#)
- [Finalized Policies to Simplify Enrollment and Expand Access to Coverage](#)

MLN Connects

MLN Connects - November 1, 2022

MLN Connects Newsletter: OPPI/ASC & PFS Final Payment Rules

Final Rules

- [HHS Continues Biden-Harris Administration Progress in Promoting Health Equity in Rural Care Access Through Outpatient Hospital and Surgical Center Payment System Final Rule](#)
- [HHS Finalizes Physician Payment Rule Strengthening Access to Behavioral Health Services and Whole-Person Care](#)

MLN Connects - November 3, 2022

[MLN Connects Newsletter: Nov 3, 2022](#)

News

- COVID-19 Vaccine: Novavax Booster Authorized
- Medicare Part B Immunosuppressive Drug: Get Information on New Benefit
- Part B Immunosuppressive Drug Benefit: Check Medicare Eligibility
- Skilled Nursing Facilities: October Care Compare Release
- Clinical Diagnostic Laboratories: Report Private Payor Rate Data Beginning January 1
- Diabetes: Recommend Preventive Services

Claims, Pricers, & Codes

- Home Health Consolidated Billing Enforcement: CY 2023 HCPCS Codes

Publications

- Medicare Provider Compliance Tips - Revised

Multimedia

- Hospice Quality Reporting Program: September Forum Materials

MLN Connects

MLN Connects - November 10, 2022

[MLN Connects Newsletter: Nov 10, 2022](#)

News

- Teaching Hospitals: Phase 2 Section 131 Reviews - Submission Deadline November 18
- Medicare Participation for CY 2023
- CMS Innovation Center's Strategy to Support Person-centered, Value-based Specialty Care
- DMEPOS: Appeals & Rebuttals Contractor Clarification
- Lung Cancer: Help Your Patients Reduce Their Risk

Compliance

- What's the Comprehensive Error Rate Testing Program?

Claims, Pricers, & Codes

- Home Health Prospective Payment System Grouper: January Update
- HCPCS Application Summaries & Coding Decisions: Drugs & Biologicals
- HCPCS Application Summary for Continuous Glucose Monitoring: Updated

MLN Matters® Articles

- Telehealth Home Health Services: New G-Codes

From Our Federal Partners

- Increased Respiratory Virus Activity, Especially Among Children
- Ebola Virus Disease Outbreak in Central Uganda: Update

MLN Connects - November 17, 2022

[MLN Connects Newsletter: Nov 17, 2022](#)

News

- Hospital Price Transparency: Download Machine-Readable File Sample Formats & Data Dictionaries
- Medical Review After the COVID-19 Public Health Emergency: New FAQ
- Flu Shots & COVID-19 Vaccines: Each Visit is an Opportunity

MLN Connects

Claims, Pricers, & Codes

- DMEPOS: Corrected 2022 Fee Schedule Amounts
- Hospital Part B Inpatient Services Billing
- Outpatient Prospective Payment System Payment Rate for HCPCS Code Q5124

Events

- HCPCS Public Meeting: November 29 - December 1

MLN Matters® Articles

- Provider Enrollment Instructions: Seventh General Update
- ICD-10 & Other Coding Revisions to National Coverage Determinations (NCDs): April 2023 Update

Publications

- Home Health & Hospice: Medicare Provider Resources
- Independent Diagnostic Testing Facility (IDTF) - Revised

Multimedia

- Quality in Focus Videos to Increase Quality of Care

MLN Connects - November 23, 2022

[MLN Connects Newsletter: Nov 23, 2022](#)

News

- Colorectal Cancer Screening Test: Reduced Coinsurance for Related Procedures Begins January 1
- Ambulance Fee Schedule: CY 2023 Inflation Factor & Productivity Adjustment
- Medicare Ground Ambulance Data Collection System: Information to Help You Report
- Health Professional Shortage Area: CY 2023 Bonus Payments
- Rural Health: Help Address Disparities

MLN Matters® Articles

- ESRD & Acute Kidney Injury Dialysis: CY 2023 Updates
- Home Health Prospective Payment System: CY 2023 Update
- Medicare Physician Fee Schedule Final Rule Summary: CY 2023

MLN Connects

Publications

- Federally Qualified Health Center - Revised

From Our Federal Partners

- Managing Monkeypox in Patients Receiving Therapeutics: CDC Update

MLN Connects - December 1, 2022

[MLN Connects Newsletter: Dec 1, 2022](#)

News

- CMS Urges Timely Patient Access to COVID-19 Vaccines, Therapeutics
- Quality Payment Program: Preview Your Performance Information by December 20
- Clinical Laboratory Fee Schedule: CY 2023 Final Payment Determinations
- HIV: Screening is Knowledge

Compliance

- LAAC & ICD National Coverage Determinations: Submit Proper Documentation

MLN Matters® Articles

- National Fee Schedule for Medicare Part B Vaccine Administration
- New Waived Tests
- New & Expanded Flexibilities for Rural Health Clinics & Federally Qualified Health Centers during the COVID-19 PHE - Revised
- Home Health Claims: New Grouper Edits - Revised

Publications

- Checking Medicare Eligibility - Revised

From Our Federal Partners

- Biosimilars: Are They the Same Quality?

Information for Patients

- Options When ESRD Coverage with Medicare Ends

MLN Connects

MLN Connects - December 8, 2022

[MLN Connects Newsletter: Dec 8, 2022](#)

News

- CMS Proposes Rule to Expand Access to Health Information and Improve the Prior Authorization Process
- Rural Emergency Hospitals: New Institutional Provider Type Starting January 1
- Certificates of Medical Necessity & DME Information Forms Discontinued January 1
- Drugs & Biologics: Reporting Average Sales Price Data
- Provider Enrollment Application Fee: CY 2023
- Skilled Nursing Facility Value-Based Purchasing Program: December Feedback Report
- Bronchodilator Nebulizer Medications: Comparative Billing Report in December
- Short-term Acute Care Hospitals: Program for Evaluating Payment Patterns Electronic Reports
- Flu Shots: Help Address Disparities

Compliance

- Bill Correctly: Power Mobility Device Repairs

Claims, Pricers, & Codes

- Medicare National Correct Coding Initiative: Annual Policy Manual Update
- National Correct Coding Initiative: January Update

Events

- FY 2024 New Technology Town Hall Meeting - December 14
- Medicare Ground Ambulance Data Collection System Webinar: Data Certifier Role - December 15

MLN Matters® Articles

- Inpatient & Long-Term Care Hospital Prospective Payment System: FY 2023 Changes
- National Coverage Determination 110.24: Chimeric Antigen Receptor T-cell Therapy
- Rural Health Clinic All-Inclusive Rate: CY 2023 Update

From Our Federal Partners

- Biosimilars & Interchangeable Products: Free Continuing Education Courses from FDA

MLN Connects

MLN Connects - December 15, 2022

[MLN Connects Newsletter: Dec 15, 2022](#)

News

- Opioid Treatment Programs: New Information for 2023
- Part B Immunosuppressive Drug Benefit: Check Medicare Eligibility
- Home Health Quality Reporting Program: Get Final OASIS-E Instrument

Compliance

- Bill Correctly: Power Mobility Devices

Claims, Pricers, & Codes

- Intravenous Immune Globulin Treatment in the Home: ICD-10 Code Update

MLN Matters® Articles

- DMEPOS Fee Schedule: CY 2023 Update
- HCPCS Codes & Clinical Laboratory Improvement Amendments Edits: April 2023
- Home or Residence Services: Billing Instructions
- National Coverage Determination 200.3: Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease

Publications

- Post-Acute Care Quality Reporting Program: Patient Health Questionnaire Cue Card

MLN Connects - December 22, 2022

[MLN Connects Newsletter: Dec 22, 2022](#)

Editor's Note:

Happy holidays from the MLN Connects team. We'll release the next regular edition on Thursday, January 5, 2023.

News

- HHS Proposes to Standardize Electronic Health Care Attachments Transactions and Electronic Signature Processes to Improve the Care Experience for Patients and Providers
- Long-Term Care Hospital Provider Preview Reports: Review by January 17

MLN Connects

- Inpatient Rehabilitation Facility Provider Preview Reports: Review by January 17
- Hospital Ownership Data Release
- Clotting Factor: CY 2023 Furnishing Fee
- Medicare Diabetes Prevention Program: CY 2023 Payment Rates
- CMS Burden Reduction News & Insights

Claims, Pricers, & Codes

- Medicare Part B Drug Pricing Files & Revisions: January Update
- Integrated Outpatient Code Editor: Version 24.0
- DMEPOS: Revised 2023 Fee Schedule Public Use File
- National Correct Coding Initiative: Annual Policy Manual Update & Information on Other Payers

MLN Matters® Articles

- Clinical Laboratory Fee Schedule: CY 2023 Annual Update
- Hospital Outpatient Prospective Payment System: January 2023 Update
- Laboratory Edit Software Changes: April 2023
- New Medicare Part B Immunosuppressant Drug Benefit
- Extension of Changes to the Low-Volume Hospital Payment Adjustment and the Medicare Dependent Hospital Program - Revised

Publications

- Medicare Part B Inflation Rebate Guidance: Use of the 340B Modifier
- Rural Emergency Hospitals
- Intravenous Immune Globulin Demonstration - Revised
- Medicare Preventive Services - Revised

From Our Federal Partners

- CDC Interim Guidance: Antiviral Treatment of Influenza
- Important Updates from the CDC on COVID-19 Therapeutics for Treatment & Prevention

2023 Annual Update for the HPSA Bonus Payments

Related CR Release Date: August 18, 2022

Related CR Transmittal Number: 12806

Related Change Request (CR) Number: R11565CP

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 12806 provides files for the automated payments of Health Professional Shortage Area (HPSA) bonuses for dates of service January 1, 2023, through December 31, 2023. This recurring update notification applies to Chapter 4, Section 250.2 and Chapter 12, Section 90.4.2.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)12806](#).

AIF for Calendar Year (CY) 2023 and Productivity Adjustment

Related CR Release Date: October 13, 2022

Related CR Transmittal Number: R11642CP

Related Change Request (CR) Number: 12948

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 12948 tells you to manualize the Ambulance Inflation Factor (AIF) so that Medicare contractors can accurately determine payment amounts for ambulance services. This recurring update notification applies to publication 100-04, Medicare Claims Processing Manual, chapter 15, section 20.4.

View the complete [CMS Change Request \(CR\)12948](#).

MLN Matters

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

Related CR Release Date: September 15, 2022

Related CR Transmittal Number: R11601CP

Related Change Request (CR) Number: 12911

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 12911 provides the January 2023 annual update to the list of Healthcare Common Procedure Coding System (HCPCS) codes used by Medicare systems to enforce consolidated billing of home health services. The attached recurring update notification applies to chapter 10, section 20.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)12911](#).

Billing for Hospital Part B Inpatient Services

Related CR Release Date: November 9, 2022

Related CR Transmittal Number: R11685CP

Related Change Request (CR) Number: 12965

Effective Date: July 1, 2022 - for claims received on or after 07/01/2022

Implementation Date: December 12, 2022

CR 12965 provides billing instructions for hospital Part B inpatient services.

Make sure your staff knows about these changes.

View the complete [CMS Change Request \(CR\)12965](#).

MLN Matters

CLFS: CY 2023 Annual Update

MLN Matters Number: MM13023

Related CR Release Date: December 9, 2022

Related CR Transmittal Number: R11733CP

Related Change Request (CR) Number: 13023

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 13023 tells you about:

- Instructions for the CY 2023 Clinical Laboratory Fee Schedule (CLFS)
- Mapping for new codes for clinical laboratory tests
- Updates for laboratory costs subject to the reasonable charge payment

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13023](#).

DMEPOS Fee Schedule: CY 2023 Update

MLN Matters Number: MM13006

Related CR Release Date: December 2, 2022

Related CR Transmittal Number: R11722CP

Related Change Request (CR) Number: 13006

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 13006 tells you about:

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

Make sure your billing staff knows about this annual update.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13006](#).

MLN Matters

DMEPOS Fee Schedule: October 2022 Quarterly Update

MLN Matters Number: MM12918

Related CR Release Date: September 29, 2022

Related CR Transmittal Number: R11619CP

Related Change Request (CR) Number: 12918

Effective Date: October 1, 2022

Implementation Date: October 3, 2022

CR 12918 tells you about:

- The October 2022 quarterly update for the DMEPOS fee schedule
- Fee schedule amounts for new and existing codes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12918](#).

ESRD & Acute Kidney Injury Dialysis: CY 2023 Updates

MLN Matters Number: MM12978

Related Change Request (CR) Number: 12978

Related CR Release Date: November 3, 2022

Effective Date: January 1, 2023

Related CR Transmittal Number: R11678BP

Implementation Date: January 3, 2023

CR 12978 tells you about:

- CY 2023 rate updates and policies for the ESRD Prospective Payment System (PPS)
- Updates to payment for renal dialysis services provided to patients with AKI in ESRD facilities

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12978](#).

MLN Matters

Extension of Changes to the Low-Volume Hospital Payment Adjustment and the Medicare Dependent Hospital Program - Revised

MLN Matters Number: MM12970 Revised

Related CR Release Date: December 9, 2022

Related CR Transmittal Number: R11740OTN

Related Change Request (CR) Number: 12970

Effective Date: October 1, 2022

Implementation Date: No later than November 1, 2022

Note: CMS revised this Article due to a revised CR 12970. CMS is giving your MAC 60 days to reprocess claims affected by the CR. They show this change in dark red on page 2. CMS also revised the CR release date, transmittal number, and the web address of the CR. All other information is the same.

CR 12970 tells you about:

- Sending a written request to your MAC by November 16 to get the applicable low-volume hospital payment adjustment
- Finding out if you're eligible for continued MDH status

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12970](#).

Home or Residence Services: Billing Instructions

MLN Matters Number: MM13004

Related CR Release Date: December 8, 2022

Related CR Transmittal Number: R11732CP

Related Change Request (CR) Number: 13004

Effective Date: January 1, 2022

Implementation Date: January 3, 2023

CR 13004 tells you about:

- Codes
- Care settings

Make sure your billing staff knows about billing for the new E/M visit family.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13004](#).

MLN Matters

Hospital Outpatient Prospective Payment System: January 2023 Update

MLN Matters Number: MM13031

Related CR Release Date: December 8, 2022

Related CR Transmittal Number: R11737CP

Related Change Request (CR) Number: 13031

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 13031 tells you about payment system updates and new codes for:

- COVID-19
- Drugs, biologicals, and radiopharmaceuticals
- Devices
- Other items and services

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13031](#).

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

MLN Matters Number: MM12960

Related CR Release Date: November 4, 2022

Related CR Transmittal Number: R11676OTN

Related Change Request (CR) Number: 12960

Effective Date: April 1, 2023 - or as noted in this Article

Implementation Date: April 3, 2023

CR 12960 tells you about:

- Newly available codes
- Separate NCD coding revisions
- Coding feedback

[Previous NCD coding changes](#) are available. Also, see the [NCD spreadsheets](#) for [CR 12960](#).

CMS isn't including any policy changes in this ICD-10 quarterly update. CMS covers NCD policy changes using the current, longstanding NCD process.

Make sure your staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12960](#).

MLN Matters

Inpatient Prospective Payment System Hospitals in the 9th Circuit: Updated Fiscal Years 2019 and 2020 Supplemental Security Income Medicare Beneficiary Data

MLN Matters Number: MM12906

Related CR Release Date: September 29, 2022

Related CR Transmittal Number: R11616COM

Related Change Request (CR) Number: 12906

Effective Date: November 1, 2022

Implementation Date: November 1, 2022

CR 12906 tells you about:

- IPPS hospitals in the Ninth Circuit's jurisdiction is updated based on Supreme Court decision in *Azar v. Empire Health Foundation*
- All other hospitals is unchanged

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12906](#).

International Classification of Disease (ICD-10) Code Update for Coverage of IVIG Treatment of Primary Immune Deficiency Diseases in the Home

Related CR Release Date: November 9, 2022

Related CR Transmittal Number: R11693BP

Related Change Request (CR) Number: 12973

Effective Date: October 1, 2022

Implementation Date: December 12, 2022

CR 12973 implements a maintenance coding update of Chapter 15, Section 50.6 of the Medicare Benefit Policy Manual (BPM), Publication (Pub) 100-02, Coverage of Intravenous Immune Globulin (IVIG) for Treatment of Primary Immune Deficiency Diseases in the Home.

View the complete [CMS Change Request \(CR\)12973](#).

MLN Matters

IPPS & LTCH PPS: FY 2023 Changes

MLN Matters Number: MM12814

Related CR Release Date: December 1, 2022

Related CR Transmittal Number: R11727CP

Related Change Request (CR) Number: 12814

Effective Date: October 1, 2022

Implementation Date: October 3, 2022

CR 12814 tells you knows about:

- FY 2023 Inpatient Prospective Payment System (IPPS) updates
- FY 2023 Long-Term Care Hospital Prospective Payment System (LTCH PPS) updates
- Update to certain hospitals that CMS excludes from the IPPS

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12814](#).

January 2023 I/OCE Specifications Version 24.0

Related CR Release Date: December 8, 2022

Related CR Transmittal Number: R11738CP

Related Change Request (CR) Number: 12998

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 12998 provides the Integrated Outpatient Code Editor (I/OCE) instructions and specifications for the Integrated OCE that will be utilized under the Outpatient Prospective Payment System (OPPS) and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The attached recurring update notification applies to publication 100-04, chapter 4, section 40.1.

View the complete [CMS Change Request \(CR\)12998](#).

MLN Matters

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

Related CR Release Date: September 23, 2022

Related CR Transmittal Number: September 23, 2022

Related Change Request (CR) Number: 12925

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 12925 supplies the contractors with the ASP and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. The Average Sales Price (ASP) payment limits are calculated quarterly based on quarterly data submitted to CMS by manufacturers.

View the complete [CMS Change Request \(CR\)12925](#).

Laboratory Edit Software Changes: April 2023

MLN Matters Number: MM13026

Related CR Release Date: December 8, 2022

Related CR Transmittal Number: R11734CP

Related Change Request (CR) Number: 13026

Effective Date: April 1, 2023

Implementation Date: April 3, 2023

CR 23026 tells you about changes to the laboratory NCD edit module for April 2023.

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13026](#).

MLN Matters

Medicare Deductible, Coinsurance & Premium Rates: Calendar Year 2023 Update

MLN Matters Number: MM12903

Related CR Release Date: October 13, 2022

Related CR Transmittal Number: R11641GI

Related Change Request (CR) Number: 12903

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 12948 tells you about:

- Medicare Part A and Medicare Part B deductible and coinsurance rates
- Part A and Part B premium amounts

Make sure your billing staff knows about these Calendar Year (CY) 2023 rate changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12903](#).

Medicare Enrollment of REHs

Related CR Release Date: November 9, 2022

Related CR Transmittal Number: R11694PI

Related Change Request (CR) Number: 12867

Effective Date: October 28, 2022

Implementation Date: October 28, 2022

CR 12867 updates Chapter 10 of CMS Publication (Pub.) 100-08 with instructions regarding the processing of Rural Emergency Hospital (REH) enrollment applications.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)12867](#).

MLN Matters

Medicare Part A SNF PPS Pricer Update FY 2023

Related CR Release Date: August 5, 2022

Related CR Transmittal Number: R11541CP

Related Change Request (CR) Number: 12808

Effective Date: October 1, 2022

Implementation Date: October 3, 2022

The purpose of this change request is to provide information on the updates to the payment rates used under the Prospective Payment System (PPS) for Skilled Nursing Facilities (SNFs), for Fiscal Year (FY) 2023, as required by statute. The update can be found in chapter 6, section 30.5 of the Claims Processing Manual.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)12808](#).

Medicare Physician Fee Schedule Final Rule Summary: CY 2023

MLN Matters Number: MM12982

Related CR Release Date: November 17, 2022

Related CR Transmittal Number: R11708CP

Related Change Request (CR) Number: 12982

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 12892 tells you about:

- Telehealth originating site facility fee payment amount
- Expansion of coverage for colorectal cancer screening
- Coverage of Audiology services
- Other covered services

Make sure your billing staff knows about the following CY 2023 MPFS updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12982](#).

MLN Matters

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

MLN Matters Number: MM12928

Related CR Release Date: November 28, 2022

Related CR Transmittal Number: R11721CP

Related Change Request (CR) Number: 12928

Effective Date: January 1, 2022

Implementation Date: January 3, 2023

CR 12928 tells you about:

- Include additional place of service (POS) codes for office and independent clinics
- Bill in 0.1-unit fractions
- Use 3 modifiers, including new modifier -LU

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

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

National Coverage Determination 200.3: Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease

MLN Matters Number: MM12950

Related CR Release Date: November 9, 2022

Related CR Transmittal Number: R11692

Related Request (CR) Number: 12950

Effective Date: April 7, 2022

NCD Implementation Date: December 12, 2022

CR 12950 tells you about:

- FDA-approved monoclonal antibodies
- CMS-approved studies

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12950](#).

MLN Matters

National Fee Schedule for Medicare Part B Vaccine Administration

MLN Matters Number: MM12943

Related CR Release Date: November 17, 2022

Related CR Transmittal Number: R11710OTN

Related Change Request (CR) Number: 12943

Effective Date: January 1, 2023

Implementation Date: April 3, 2023

CR 12943 tells you about:

- Updated payment amount for preventive vaccine administration
- HCPCS codes to which these adjustments apply
- COVID-19 vaccine administration codes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12943](#).

New & Expanded Flexibilities for Rural Health Clinics & Federally Qualified Health Centers during the COVID-19 PHE - Revised

MLN Matters Number: SE20016 Revised

Article Release Date: November 22, 2022

Note: CMS revised this article to add the 2023 payment rate for distant site telehealth services. You'll find substantive content updates in dark red (pages 2, 3, 5, and 6). All other information is the same.

To provide as much support as possible to you and your patients during the COVID-19 PHE, both Congress and CMS have made several changes to RHC and FQHC requirements and payments. These changes are for the duration of the COVID-19 PHE. We'll make other discretionary changes as necessary to make sure that your patients have access to the services they need during the pandemic. For more information, view the [COVID-19 FAQs on Medicare Fee-for-Service \(FFS\) Billing](#).

View the complete [CMS Medicare Learning Network \(MLN\) Special Edition \(SE\)20016](#).

MLN Matters

New Fiscal Intermediary Shared System Edit to Validate Attending Provider NPI

MLN Matters Number: MM12889

Related CR Release Date: October 6, 2022

Related CR Transmittal Number: R11633CP

Related Change Request (CR) Number: 12889

Effective Date: April 1, 2023

Implementation Date: April 3, 2023

CR 12889 tells you about:

- A new consistency edit that validates the attending provider NPI.
- Organizational NPIs can't be used in place of individual NPIs, unless exception conditions are met.

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12889](#).

October 2022 I/OCE Specifications Version 23.3

Related CR Release Date: September 9, 2022

Related CR Transmittal Number: R11593CP

Related Change Request (CR) Number: 12875

Effective Date: October 1, 2022

Implementation Date: October 3, 2022

CR 12875 provides the Integrated Outpatient Code Editor (I/OCE) instructions and specifications for the Integrated OCE that will be utilized under the Outpatient Prospective Payment System (OPPS) and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The attached recurring update notification applies to publication 100-04, chapter 4, section 40.1.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)12875](#).

MLN Matters

Patient Driven Payment Model: Claim Edit Enhancements

MLN Matters Number: MM12896

Related CR Release Date: October 20, 2022

Related CR Transmittal Number: R11650OTN

Related Change Request (CR) Number: 12896

Effective Date: Dates of service on or after October 1, 2019

Implementation Date: April 3, 2023

CR 12896 tells you about:

- Corrections to edits of SNF Type of Bill (TOB) 21X claims
- Changes to certain hospital overlap edits

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12896](#).

Provider Enrollment Instructions: Seventh General Update

MLN Matters Number: MM12880

Related CR Release Date: November 4, 2022

Related CR Transmittal Number: R11682PI

Related Change Request (CR) Number: 12880

Effective Date: December 5, 2022

Implementation Date: December 5, 2022

CR 12880 tells you about:

- Ownership disclosures
- Electronic funds transfers (EFTs)
- Special payment addresses

Make sure your billing staff knows about the updated provider enrollment instructions.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12880](#).

MLN Matters

RHC All-Inclusive Rate: CY 2023 Update

MLN Matters Number: MM12999

Related CR Release Date: November 23, 2022

Related CR Transmittal Number: R11718CP

Related Request (CR) Number: 12999

Effective Date: January 1, 2023

Implementation Date: January 3, 2023

CR 12999 tells you about:

- Rural Health Clinic (RHC) per-visit payment limit for CY 2023
- Specified (grandfathered) provider-based RHC payment limits
- Cost report data requirements

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12999](#).

Contacts, Resources, and Reminders

Noridian Part A Customer Service Contact

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

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

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

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

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

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

Medicare Learning Network Matters Disclaimer Statement

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

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

Sources for “Medicare A News” Articles

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

Contacts, Resources, and Reminders

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

Unsolicited or Voluntary Refunds Reminder

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

Background

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

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

Additional Information

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

Effective Date: January 1, 2005

Implementation Date: January 4, 2005

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

Contacts, Resources, and Reminders

Do Not Forward Initiative Reminder

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

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

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

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

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

Policy

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

Implementation Process

1. “Return service requested” envelopes are used for all hardcopy remittance advices starting October 1, 2002. These envelopes will be used for all providers.
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.

Contacts, Resources, and Reminders

- 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 F Part A 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 A departments are available to address your Medicare questions and concerns. All questions are entertained and the Q&As are posted on our website for provider convenience.

ACT dates, times, toll-free number, and Q&As are available on the [Jurisdiction F Part A 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.

Contacts, Resources, and Reminders

By completing and submitting the Noridian Part A [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 A ACTs do not address Medicare Part B or Durable Medical Equipment (DME) inquiries.

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

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