Medicare A News

Jurisdiction F
July 2025

NORIDIAN HEALTHCARE SOLUTIONS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

In this Issue

News 7

ACM Questions and Answers - February 27, 2025 7

Clarification for Interdisciplinary Team Meetings (IDT) for Inpatient Rehabilitation Facility (IRF) Services 11

Clinicians - Are You Ordering Urological Supplies for Your Patients 12

Documentation Requirements Checklist for Laboratory 14

Holding Claims for Pricing Based on the July 2025 FISS Release 14

Important Information on Pass-Thru (PT) and Lump Sum Report Requests 14

Interactive Voice Response (IVR) Authenticate Requirements 14

Partial Hospitalization Program (PHP) versus Intensive Outpatient Program (IOP) 15

Psychiatric Care: Prevent Claim Denials 15

Redetermination versus Reconsideration - Appeals Newsletter Part 15 16

Reminder for Part A Providers: Medicare Cost Report Submission 16

Reminder to Use "Browse by Provider" for Outpatient Services on Radiation Oncology and Radiology 17

Revisions to the Benefit Policy Manual Chapter 13 - Rural Health Center (RHC) and Federally Qualified Health Center (FQHC) 18

Share Mental Health Screenings with Beneficiaries 20

Urine Drug Testing (UDT) Reminders 20

Volume Decrease Adjustment (VDA) Checklist Now Available 20

Medical Policies and Coverage 22

2025 CPT/HCPCS Billing and Coding Article Updates - Effective July 1, 2025 22

Billing and Coding: Bariatric Surgery Coverage (A53028) - R18 - Effective October 1, 2024 22

Billing and Coding: Billing Limitations for Pharmacies (A56124) - R10 - Effective January 1, 2025 23

In this Issue

Billing and Coding: Epidural Steroid Injections for Pain Management (A58995)- R5 - Effective November 15, 2023 24

Billing and Coding: Immune Globulin Intravenous (IVIg) (A57194) - R9 - Effective January 1, 2025 24

Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55323) - R20 - Effective April 1, 2025 24

Billing and Coding: Leadless Pacemakers (A59828) - R3 - Effective October 08, 2024 25

Billing and Coding: MolDX: Immunohistochemistry (IHC) Indications for Breast Pathology (A57797) Retirement - Effective June 26, 2025 25

Billing and Coding: MolDX: Minimal Residual Disease Testing for Hematologic Cancers (A58997) - R9 - Effective January 1, 2025 26

Billing and Coding: MolDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58456) - R10 - February 18, 2025 26

Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT) (A57527) - R22 - Effective April 1, 2025 27

Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58726) - R25 - Effective May 29, 2025 27

Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft Rejection (A58170) - R9 - Effective April 1, 2025 28

Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft Rejection (A58170)- R10 - Effective November 21, 2024 28

Billing and Coding: MolDX: Next-Generation Sequencing for Solid Tumors (A57905) - R7 - Effective April 1, 2025 29

Billing and Coding: MolDX: Oncotype DX® Genomic Prostate Score (A56372) Retirement - Effective March 1, 2021 29

Billing and Coding: MolDX: Plasma-Based Genomic Profiling in Solid Tumors (A58975) - R7 - Effective April 17, 2025 30

Billing and Coding: MolDX: Plasma-Based Genomic Profiling in Solid Tumors (A58975) - R8 - Effective February 14, 2025 30

Billing and Coding: MolDX: Proteomics Testing (A59642) - R8 - Effective April 1, 2025 30

In this Issue

Billing and Coding: MolDX: Repeat Germline Testing (A57332) - R16 - Effective April 1, 2025 31

Billing and Coding: Peripheral Nerve Stimulation (A55531) - R11 - Effective June 26, 2025..... 31

MolDX: Melanoma Risk Stratification Molecular Testing (L37748) - R7 - Effective June 26, 2025 32

Open Public Meeting Announcement - Multiple LCDs - June 26, 2025 32

Open Public Meeting Announcement - Transurethral Waterjet Ablation of the Prostate - June 26, 2025 33

Polysomnography and Other Sleep Studies Final LCD - Effective July 20, 2025..... 33

Proposed LCDs - Published for Review and Comments 34

Proposed LCD Transurethral Waterjet Ablation of the Prostate - Published for Review and Comments 34

Self-Administered Drug Exclusion List (A53033) - R42 - Effective June 1, 2025 35

Self-Administered Drug Exclusion List (A53033) - R43 - Effective July 1, 2025 35

MLN Connects 37

MLN Connects - April 3, 2025 37

MLN Connects - April 11, 2025 37

MLN Connects - April 14, 2025 38

MLN Connects - April 17, 2025 38

MLN Connects - April 24, 2025 38

MLN Connects - May 1, 2025 39

MLN Connects - May 8, 2025 39

MLN Connects - May 13, 2025 40

MLN Connects - May 22, 2025 40

MLN Connects - May 22, 2025 - Departments of Labor, Health and Human Services, Treasury Announce Move to Strengthen Healthcare Price Transparency ... 41

MLN Connects - May 29, 2025 41

In this Issue

MLN Connects - June 5, 2025 42
MLN Connects - June 12, 2025 42
MLN Connects - June 18, 2025 43
MLN Connects - June 26, 2025 44

MLN Matters 45

CLFS & Laboratory Services Subject to Reasonable Charge Payment: July 2025 Update 45
DMEPOS Fee Schedule: April 2025 Quarterly Update 45
DMEPOS Fee Schedule: July 2025 Quarterly Update 46
ESRD & AKI Dialysis: CY 2025 Updates - Revised 46
ESRD PPS: July 2025 Update 47
HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement: July 2025 Quarterly Update 47
Hospital OPPS: April 2025 Update 48
ICD-10 & Other Coding Revisions to NCDs: July 2025 Update 48
ICD-10 & Other Coding Revisions to National Coverage Determinations: October 2025 Update 49
Inpatient Psychiatric Facilities: Return to Provider Claims with Point of Origin for Admission or Visit Code D & Charges for ED Services 49
National Coverage Determination 20.36: Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management 50
Qualifications for Speech-Language Pathologists Providing Outpatient Speech-Language Pathology Services 50
Rural Health Clinic & Federally Qualified Health Center Medicare Benefit Policy Manual Update 51
Updates to CRC Screening & Hepatitis B Vaccine Policies 51

Contacts, Resources, and Reminders 53

Noridian Part A Customer Service Contact 53

In this Issue

Medicare Learning Network Matters Disclaimer Statement 53
Sources for "Medicare A News" Articles..... 53
Unsolicited or Voluntary Refunds Reminder 54
Do Not Forward Initiative Reminder..... 55
Jurisdiction F Part A Quarterly Ask the Contractor Meetings (ACM)..... 57

ACM Questions and Answers - February 27, 2025

Written Questions

Q1. Regarding procedure G0260 (Injection procedure for sacroiliac joint) are you required to report either 77002 (Under fluoroscopic guidance) or 77012 (Under computed tomography guidance) with this procedure?
A1. CPT 27096 (Under introduction or removal procedures on the pelvis and hip joint) is not a covered service for Ambulatory Surgical Center (ASC) facility (specialty 49) claims and is not recognized under Outpatient Prospective Payment System (OPPS). ASC facilities and OPPS hospital outpatient departments should report HCPCS code G0260 for sacroiliac joint injections. The medical record must contain documentation that fluoroscopic guidance or CT guidance was used with HCPCS code G0260. Image guidance is packaged into G0260, and no separate payment is made to ASC or OPPS hospital outpatient department for CPT 77002 and 77012. 77002 and 77012 are imaging codes that are added to G0260 to specify the imaging modality used for guidance (fluoroscopy or CT scan). See Billing and Coding article, A59246: Sacroiliac Joint Injections and Procedures.

Q2. Regarding respiratory therapy CPTs 94667 (Under pulmonary diagnostic testing and therapies) and 94668 (Under pulmonary diagnostic testing and therapies), we have been billing under revenue code 0410. Staff here are stating they are getting a denial that it is reported under revenue code 0657. Is this a correct denial?
A2. There was a September 2024 local system file update by Noridian to allow these codes with revenue codes 0410, 0412, and 0419. If the claim was submitted prior to the September adjustment, that is why these claims would deny. Providers should resubmit the applicable claims.

Q3. For positron emission tomography (PET) scan code 78814 billed in conjunction with radiopharmaceutical HCPCS A9601, Noridian Returns to Provider (RTPs) the claim with reason code 32440. HCPCS A9601, Flortaucipir F-18, is a diagnostic radiopharmaceutical used with PET scans of the brain. Why is this code not an acceptable HCPCS code for the PET scan of the brain?
A3. In one claim example Noridian reviewed as a part of this question, no tracer was billed on the claim. Be sure to bill the appropriate tracer line item, as claims will Return To Provider (RTP) if no tracer is billed. Noridian is updating a local system edit to allow for HCPCS A9601. Once this edit work is complete, watch for notification on the Noridian website. These claims can either be resubmitted (F9), or providers can call the Provider Contact Center for assistance.

Q4. How to bill for inpatient rehabilitation facility (IPF) inpatient days when patient has zero full days and two lifetime psychiatric days remaining?
A4. If the patient does not have any full, co-pay, or lifetime reserve (LTR) days available, regardless of if they have lifetime psych days, they will bill the entire claim as benefits exhaust. To use the lifetime psych days, the patient must have one full, co-pay, or LTR day to match (1 to 1 ratio) for the freestanding psych facilities. The Distinct Part Units do not use lifetime psych days so that would not apply to them.

- Fully non-covered claim for benefits exhaust
- Type of Bill 110
- Value Code 81 with all days as non-covered
- All units and charges on all revenue codes as non-covered
- Enter remarks stating, "Billing for benefits exhaust."

There is more information to be found in the Internet Only Manual (IOM), Publication 100-04, Chapter 3, Section 40.3 as well as the IPF page on our website.

Q5. Comprehensive Error Rate Testing (CERT) auditors are denying left atrial appendage occlusion (LAAO) claims for shared decision-making elements that are not indicated in the National Coverage Determination (NCD) or Decision Memo. Are there NCD updates in progress to define share decision making between all NCD that have this requirement? The documentation expectations are not aligned.
A5. In its Decision Memo CAG-00445N, CMS interchangeably uses the terms left atrial appendage closure (LAAC) and left atrial appendage occlusion (LAAO).

Missing the formal shared decision-making component is a common error across all CERT reviews. In NCD 20.34, Percutaneous Left Atrial Appendage Closure (LAAC), under the Nationally Covered Indications, LAAC is covered under certain conditions. One of these includes "A formal shared decision-making interaction with an independent non-interventional physician using an evidence-based decision tool on oral anticoagulation in patients with NVAF prior to LAAC. Additionally, the shared decision-making interaction must be documented in the medical record."

If there are examples where the CERT has denied claims for "shared decision-making elements that are not indicated in the NCD or Decision Memo" Noridian would need to see examples where this is occurring.

Any updates to the NCDs are communicated directly by CMS and recommunicated afterwards by the MACs. Currently there are no updates in progress for this NCD.

Q6. CPT 92972 (Coronary lithotripsy) is an active CPT code for Medicare but is this considered a non-covered service? This is an add-on code with no additional reimbursement but there are questions surfacing through Part B denials regarding medical necessity.
A6. On the Part A side, this is a covered service. This code does have a Status Indicator

of N in the OPPS Addendum B, which means that the payment for the code is packaged into payment for other services (wrapped into the payment of the primary code). Therefore, there is no separate ambulatory payment classification (APC) payment on the Part A bill. On the Part B bills, you would want to call our Provider Contact Center to inquire about the denial codes.

Q7. We have several claims billed for J0585 (Botox) that are denying, indicating that an additional code is necessary for payment. Our coding department has reviewed the reference article A57185, and we do not believe that coding is missing, as the claims included a covered diagnosis (K22.0) and CPT code (43236) (Under esophagogastroduodenoscopy) from Group 2. Can you explain why these codes are not being paid?

A7. Thank you for your submission on this issue, as it is timely information. This issue was something our Medical Policy, Contractor Medical Director, and Systems team recently worked on together to fine tune claims editing. Noridian's systems have been updated to allow the 43236 as an acceptable administration code. Providers who have RTP claims can simply resubmit them (F9) for reprocessing. Providers who have rejected or denied claims may call our Provider Contact Center for their jurisdiction to have Noridian reprocess the claims.

Q8. I am seeking clarification on the appropriate billing process for the professional component (PC) of radiology services in a Federally Qualified Health Center (FQHC) setting when the interpretation is performed by a contracted radiologist. Specifically, can the FQHC bill Medicare Part A for the professional component (PC) of the radiology service under its provider number when the radiologist is contracted to provide interpretations on behalf of the FQHC? If so, are there specific requirements that must be met (e.g., formal contract terms, revenue codes, place of service considerations, etc.)?

Additionally, if the FQHC cannot bill for the professional component, should the contracted radiologist bill Medicare Part B directly, or is there another billing arrangement that should be followed?

A8. Radiology services in FQHCs are not separately payable under the FQHC PPS. The technical component (TC) is billed separately to the MAC and must follow CMS' commingling policy. Costs for contracted providers are reported as direct and indirect costs on the FQHC cost report. The professional component (PC), billed with Modifier 26, is bundled into the FQHC encounter payment during a qualifying visit. FQHCs handle billing for both components for contracted radiologists.

Verbal Questions

Q9. We are also having issues getting claims accepted when Botox is given through laryngoscopy (either flexible or direct). CPT 31570 is listed in the LCD but it tells us it needs to be billed with another code. Also, why isn't 31573 included in the billing article?
A9. The list of ICD-10-CM codes that support medical necessity for botulinum toxin are listed in the Group 1 section of Billing and Coding article A57186. Per review, CPT 31570 is not deemed an appropriate administration code for botulinum toxin injections.

There are more appropriate codes that describe chemodenervation that could be utilized and allow the claim to process. If the provider believes CPT 31570 is the appropriate code for use on this claim, they will need to submit an appeal for review.

Billing and Coding: Botulinum Toxin Types A and B (A57186)

Q10. Regarding patient rights to appeal inpatient discharges, we have several patients contacting Beneficiary and Family Centered Care (BFCC) Quality Improvement Organization (QIO), Livanta, but nobody is answering, and the voicemail is full so they cannot make their appeal requests. Will Noridian pay for the continued stay as if the patient made the appeal, even if the patient attempted to appeal but it was not received by the BFCC QIO? If so, what are the documentation requirements to show the attempt was made? If not, can the hospital continue with discharge and/or notify the patient that they are personally responsible for the charges for the continued stay?
A10: If patients can't reach the BFCC QIO to appeal due to full voicemail or no response, Noridian may treat the continued stay as if the appeal was made, provided there's enough documentation. This includes records of all contact attempts (dates, times, methods) and a written statement from the patient or their representative. If the appeal isn't received, the hospital can discharge the patient if they are medically stable. Inform the patient of their right to appeal, steps to take if unable to reach the BFCC QIO, and potential financial responsibility for the continued stay. Clear communication about financial implications and assistance options is crucial. If the BFCC QIO is consistently unresponsive, consider escalating the issue to CMS. Thorough documentation and clear communication help protect patient rights and address billing issues.

Of note, there are two new appeals processes, one of which is retrospective, implemented by CMS for 2025 resulting from the Alexander v. Azar decision. CMS has the details posted on its website for providers and beneficiaries.

Hospital Appeals - Change of Inpatient Status (Alexander v Azar)

Q11. The description of code G0463 (Hospital outpatient clinic visit for assessment and management of a patient) states it's a hospital outpatient clinic visit, but can it also be used in hospital outpatient department that is not necessarily labeled as a clinic? Is the code still valid to bill as a part of telehealth in the post-PHE?

A11. CMS does not have an abundance of material published to answer this question. However, it does appear in a 2023 (last updated) COVID-19 FAQ as Question #3 on page 167, explaining CMS's intent. "HCPCS code G0463 describes a clinic visit furnished in the hospital outpatient setting when the practitioner and the patient are both located within the hospital." Noridian believes that this would require other coding if the assessment and management service were to occur in a different department setting. CMS ended the PHE waiver extension for billing the G0463 in 2023 as telehealth service, requiring that both the patient and practitioner be present at the hospital. (See the second FAQ linked below, Question #17 on page 7.)

COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing

CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency

Q12. Since outpatient hospital departments may move around, does the enrollment file need to specify a suite number for on-campus or off-campus? When we update the address, do we have to include the exact suite number?
A12. Any time there is an address change, even as small as a suite number, those should be made in the system. The claims processing system checks against PECOS when processing claims. If billers are typing in a new suite number and it differs from PECOS, that could cause a problem in processing. To the second question… This is a business decision; however, CMS does want the addresses as detailed as possible.

Q13. Regarding my written question on radiologists performing the professional component, does the radiologist have to be credentialed under our National Provider Identifier (NPI)? In the past, we've obtained a roster from the company credentialing the radiologists but we are wondering if we should be credentialing them since we are contracting the service with them.
A13. (Noridian clarification question: Are the radiologists a group on their own and the FQHC contracts with them for technical components? Answer: Yes.) The radiologists should be credentialed with the FQHCs. This ensures they meet the necessary qualifications and standards to provide the high-quality care. Credentialing is important for maintaining compliance with Medicare and Medicaid regulations, as well as ensuring patient safety and quality of care. It helps FQHCs meet accreditation requirements and maintain their status.

Clarification for Interdisciplinary Team Meetings (IDT) for Inpatient Rehabilitation Facility (IRF) Services

CMS will permit IDT meetings to be completed by Day 8 of a patient's stay in certain circumstances. If a patient is admitted to an IRF on the day their interdisciplinary team meetings are scheduled, CMS expects all patients in the IRF to be discussed during that

meeting. However, if a patient is admitted after the interdisciplinary meeting has taken place on that day, it is acceptable for the patient to be discussed for the first time at the following week's interdisciplinary meeting, which would be on Day 8 of their stay.

For example, if the IRF's weekly IDT meeting takes place every Wednesday at 2:00 PM, and a patient is admitted on Wednesday at 5:00 PM (after the regular meeting), their first IDT meeting could be held on the following Wednesday at 2:00 PM. This meeting would technically occur on the eighth day of the patient's stay in the IRF.

IRF providers must document in the medical record the specific rationale for conducting an IDT meeting on Day 8. Under no circumstances may a patient's first IDT review occur after Day 8 of their stay. CMS will notify the MACs of any policy updates regarding the weekly timeframe requirement when they occur.

Clinicians - Are You Ordering Urological Supplies for Your Patients

Urological supplies are covered as part of the Prosthetic Device benefit as outlined in the Social Security Act § 1861(s)(8). Prosthetic devices (other than dental) which replace all or part of an internal body organ (including contiguous tissue) or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ are covered when furnished on a physician's order.

Urinary catheters and external urinary collection devices are covered to drain or collect urine for a beneficiary who has permanent urinary incontinence or permanent urinary retention. This does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the medical record, including the judgment of the attending physician, indicates the condition is of long and indefinite duration, the test of permanence is considered met.

Indwelling catheters are those that remain in place, and Medicare will pay for one catheter per month, barring a few exceptions (e.g., catheter is accidentally removed, there is a malfunction with the catheter, or there is a catheter obstruction). Medicare will also pay for related catheter supplies appropriate for use with indwelling catheters.

The Urological Supplies LCD also details coverage criteria for external catheters/urinary collection devices as alternatives for indwelling catheters.

Intermittent catheters are those that are changed with each episode, and the beneficiary or caregiver can perform the procedure of changing the catheter. There are three types of intermittent catheters:

1. Straight tip catheter
2. Coude (curved) tip catheter

3. Catheter with insertion supplies (please note this particular catheter, also referred to as a "sterile kit," has additional coverage criteria such as recurrent urinary tract infections, immunosuppressed, or residing in a skilled nursing facility). The preceding are examples only and not a full list of applicable conditions where this type of intermittent catheter may be medically necessary.

Medicare will cover up to 200 intermittent catheters per month as long as the medical record supports the need for the quantity ordered by the treating practitioner.

Medicare will also consider coverage of external catheter systems if the need is substantiated by information in the beneficiary's medical records. This includes male and female external catheter systems and the inFlow device. Specific coverage criteria can be found in the LCD and related Policy Article.

A standard written order (SWO) must be in the DME supplier's possession before they can submit claims to the Medicare program. A valid standard written order contains the following elements:

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
- General description of the item
    - The description can be either a general description (e.g., catheter), a HCPCS code, a HCPCS code narrative, or a brand name/model number.
    - For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories, or additional features that are separately billed or require an upgraded code (list each separately).
    - For supplies - In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (list each separately).
- Quantity to be dispensed, if applicable
- Treating practitioner name or NPI
- Treating practitioner's signature

The DME supplier will likely send you a SWO for the urological supplies, which has been prepared for your review and signature. Please review and sign that SWO in a timely manner so the DME supplier can file claims to the Medicare program.

Following these coverage guidelines will help your patients and the Medicare program by verifying there is medical documentation to support the provision of urological supplies. Your assistance will allow Medicare to pay claims appropriately and ensure that your patient receives the DMEPOS items you have prescribed.

The LCD and Policy Article for urological supplies are located on the DME MAC websites.

News

Documentation Requirements Checklist for Laboratory

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

For a detailed checklist, visit our Laboratory Documentation Requirements webpage.

Holding Claims for Pricing Based on the July 2025 FISS Release

Effective July 1, 2025, Part A claims with dates of service on/after July 1, 2025 will be placed on a 15 day hold while pricing files are installed into the Fiscal Intermediary Shared System (FISS). This will allow claims to be verified for correct pricing to ensure proper payment.

All claims held during this time will be released no later than July 15, 2025.

Important Information on Pass-Thru (PT) and Lump Sum Report Requests

Our auditors and reimbursement specialists have noticed a significant increase in requests for Pass-Thru (PT) and Lump Sum reports to be emailed directly to providers.

To clarify, these reports are always included with the cost report reminder letter. According to the CMS Internet Only Manual (IOM), Publication 100-06, Medicare Financial Management Manual, Chapter 8, Section 10.1, these reminder letters are sent out by the last day of the third month following the close of the cost reporting period, ensuring that all necessary documentation is provided well in advance.

Unfortunately, we are unable to fulfill requests to send these reports earlier than scheduled. This policy ensures that all providers receive the information simultaneously and helps maintain the integrity and efficiency of our reporting process. Any request for these reports earlier than scheduled will be directed to this article.

We appreciate your understanding and cooperation. Thank you for your attention to this matter.

Interactive Voice Response (IVR) Authenticate Requirements

Effective June 1, 2025, Noridian's Provider Contact Center (PCC) will be able to answer up to three separate inquiries for the same National Provider Identifier (NPI) and Provider Transaction Access Number (PTAN) combination.

News

To remain in compliance with self-service and authentication requirements, Noridian will ask that all provider combinations first be authenticated through the Interactive Voice Response (IVR) system. Any inquiry for an NPI or PTAN that is different than the combination already authenticated will be asked to call back and reauthenticate through Noridian's IVR.

Partial Hospitalization Program (PHP) versus Intensive Outpatient Program (IOP)

PHP and IOP programs provide services to care for mental health conditions (including substance-use disorders), covered under Medicare. There are key differences between the two programs, which include:

- **Intensity and Duration:** PHP requires more hours of therapeutic services per week (at least 20 hours) compared to IOP (at least 9 hours).
- **Certification:** PHP requires certification from a doctor or qualified mental health professional that the patient would otherwise need inpatient treatment, whereas IOP does not.
- **Settings:** Both programs are offered in similar settings, but PHP is specifically structured as an alternative to inpatient care.
    - If you or someone you know is in crisis, call or text 988 or chat 988lifeline.org.
    - Call 911 if in an immediate medical crisis.

Resources

- Mental Health Intensive Outpatient Program
- Mental Health Partial Hospitalization Program

Psychiatric Care: Prevent Claim Denials

In 2023, the improper payment rate for outpatient psychiatry services was 13.5 percent with a projected improper payment amount of $186.1 million (see 2023 Medicare Fee-for-Service Supplemental Improper Payment Data (PDF)). Learn how to bill correctly for these services. Review the Outpatient Psychiatric Care provider compliance tip for more information, including:

- Billing codes
- Denial reasons and how to prevent them
- Covered and non-covered services

- Service frequency and duration
- Resources

Source: CMS *MLN Connects* May 22, 2025

Redetermination versus Reconsideration - Appeals Newsletter Part 15

Noridian wanted to provide information to help providers determine if a level one redetermination, or level two reconsideration, is needed to have claim denials reviewed.

Redetermination

Did your office recently receive information on a remittance advice that claims were denied?

- Complete a Redetermination paper form or;
- Complete the portal process for a Level 1 Redetermination

Reconsideration

Did your office recently receive a letter with an unfavorable decision, or a Medicare Redetermination Notice (MRN)?

- Complete a Reconsideration paper form or;
- Complete the portal process for a Level 2 Reconsideration

Appeals Resources

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

Reminder for Part A Providers: Medicare Cost Report Submission

Attention Part A Providers: Your Medicare cost reports for the fiscal year ending December 31, 2024, are due to Noridian by May 31, 2025. Submit early to avoid issues.

Rejected reports are treated as unfiled cost reports. Late submissions or uncorrected rejections will result in withheld payments and a Demand Letter. More information on cost report due dates and requirements can be found on our Cost Reports page.

We encourage you to use the Medicare Cost Report e-Filing system (MCReF) for a streamlined, efficient submission process. MCReF is a free, CMS-authorized portal that allows you to electronically file 100% of your cost report package, including all

supporting documentation, directly to your Medicare Administrative Contractor (MAC) for fiscal years ending on or after December 31, 2017

Benefits of Using MCReF:

- **Immediate Receipt Notification:** MCReF provides instant confirmation that your cost report has been received, helping you avoid delays.
- **User-Friendly Interface:** The system features a simple, straightforward interface with just one screen, making it easy to navigate.
- **Timesaving:** By filing electronically, you eliminate the need to compile and mail physical paperwork or electronic media, saving you valuable time.
- **Secure Submission:** MCReF ensures that your cost report and all supporting documents are securely transmitted to your MAC
- **Access to Documentation:** Providers can access important documentation such as interim rate review (IRR), tentative settlement (TS), and final settlement letters.

For detailed instructions on using MCReF, you can refer to the MCReF User Manual. CMS also has a Medicare Cost Report Electronic Filing (MCReF) website with resources for MCReF webinars, presentations, how to request MCReF access, and frequently asked questions.

Should you have any questions or encounter difficulties in submitting your cost report, please contact the Provider Contact Center for assistance.

Reminder to Use "Browse by Provider" for Outpatient Services on Radiation Oncology and Radiology

Ensure all necessary records are submitted to support the services rendered for Radiation Oncology and Radiology. Providers are encouraged to view these available services for assistance with proper billing, coding, and documentation requirements. Education resources can be found under "Browse by Provider" for Radiation Oncology services and Radiology services.

News

Revisions to the Benefit Policy Manual Chapter 13 - Rural Health Center (RHC) and Federally Qualified Health Center (FQHC)

Care Management Services

The Care Management Services are now classified as "Care Coordination Services"

- New service(s) added to General Care Management services
  - Advanced Primary Care Management (APCM)
    - Integrates elements of Chronic Care Management (CCM), Transitional Care Management (TCM), and Principal Care Management (PCM)
    - Bill once per patient per month, without time-based requirements
    - APCM HCPCS codes: G0556 (one chronic condition), G0557 (two or more chronic conditions), and G0558 (Qualified Medicare Beneficiary (QMB) status with two or more chronic conditions)
- Starting January 1, 2025, RHCs and FQHCs must bill the individual CPT codes and add-on codes (as necessary) for each care coordination service instead of using the general care management HCPCS code G0511
  - Providers can bill G0511 until July 1, 2025
  - Update billing systems to capture these coding changes
- For more information, refer to Section 230

Multiple visits on Same Day

This section now include:

- An Intensive Outpatient Program (IOP) service and medical visit on the same day
- A dental visit and medical visit on the same day
- Report appropriate modifiers:
  - Modifier 25 (RHC) and modifier 59 (subsequent FQHC medical visit)
  - If a mental health visit and IOP service occur on the same day, only the IOP service will be paid, with the mental health visit included in the IOP rate (packaged)
  - For more information, **refer to Section 40.3**
- Dental services closely (inextricably) linked to specific medical services and meeting clinic policies are considered qualifying visits and paid at the RHC All-Inclusive Rate (AIR) or FQHC Prospective Payment System (PPS) payment rate
  - For more information, **refer to Section 110.1**
- Expansion of Intensive Outpatient Program (IOP) services
- Starting January 1, 2025, payment for IOP services will be adjusted to cover four or more services, based on the outpatient hospital rate
- For more information, **refer to Section 250.1**

News

Preventive Services

Coverage Changes on Preventive Services

- Hepatitis B (G0010) vaccine and its administration are separately billable with a qualifying visit
    - Practitioner's order is no longer necessary
    - Starting January 1, 2025, include hepatitis B vaccine costs in the cost report
    - Starting July 1, 2025, providers may submit institutional claims for pneumococcal, influenza, hepatitis B, and COVID-19 vaccinations, with or without a qualifying visit at the time of service.
        - This policy does not apply to vaccinations administered during home health visits
        - Paid at 95 percent of their Average Wholesale Price (AWP)
- Drugs Covered as Additional Preventive Services (DCAPS) and their associated supply and administration fees are billed separately and paid at 100 percent of the Medicare amount
    - Pre-exposure prophylaxis (PrEP) for HIV HCPCS code G0012
    - No coinsurance and deductible
    - Refer to CMS PrEP for HIV and Related Preventive Services
- For more information, **refer to Sections 220**

Telehealth Services

Telehealth Flexibilities through December 31, 2025

- RHCs and FQHCs can continue to bill for non-behavioral health telehealth services, including audio-only technology, using HCPCS code **G2025**
    - Modifier 95 (optional reporting) using video and audio technology
    - Modifier 93 using audio-only communications technology
- For more information, **refer to Section 200**

References

- Change Request (CR)13923
- Medicare Learning Network (MLN) MM13946
- CMS Internet Only Manual (IOM), Publication 100-02 Medicare Benefit Policy Manual, Chapter 13

Please inform your billing staff about these changes.

News

Share Mental Health Screenings with Beneficiaries

During Mental Health Awareness Month, we encourage providers to be aware of preventive services available for Medicare beneficiaries.

- Alcohol Misuse Screening and Counseling
- Depression Screening
- Counseling to Prevent Tobacco Use
- Preventive Services
- CMS Medicare Preventive Services

Use the portal to check date of service beneficiary is eligible for each preventive service to avoid writing off payment amounts.

- Noridian Medicare Portal (NMP) Eligibility User Manual

Urine Drug Testing (UDT) Reminders

Noridian has a Local Coverage Determination (LCD) and a Billing and Coding Article that provide extensive information on UDT. The LCD policy includes purpose, definitions, drug test methods, opioid risk tool for patient self-reporting, non-covered services, etc. The Billing and Coding Article includes lab drug test codes (both presumptive and definitive) like CPTs 80305-80307 and HCPCS G0480-G0483, G0659 with 388 diagnoses covered.

Volume Decrease Adjustment (VDA) Checklist Now Available

We are pleased to announce that our Audit and Reimbursement department has released a new Volume Decrease Adjustment (VDA) Checklist. This checklist is designed to assist providers in navigating the process of requesting payment adjustments due to significant decreases in inpatient discharges.

What is the VDA Checklist?

The VDA Checklist provides a comprehensive guide for Sole Community Hospitals (SCHs) and Medicare-dependent Small Rural Hospitals (MDHs) to request payment adjustments when experiencing a decrease of more than 5% in total inpatient discharges compared to the previous cost reporting period. This adjustment helps cover fixed and semi-fixed costs that hospitals cannot control due to reduced patient volume.

Key Features of the Checklist:

- Detailed instructions on the required documentation
- Steps to submit a request before the desk review is completed or within 180 days after receiving the MAC's Notice of Program Reimbursement (NPR)
- Information on discharge data, circumstances leading to the decrease, and cost data

Access the Checklist:

Providers can access the VDA Checklist directly on the Noridian Medicare website on the Audit and Reimbursement Forms page.

We encourage all eligible providers to review the checklist and ensure they have the necessary documentation to support their requests. For any questions or further assistance, please contact our Provider Contact Center.

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

Date Posted: June 26, 2025

The following Billing and Coding Articles have 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).

Effective Date: July 1, 2025

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

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A56124	Billing and Coding: Billing Limitations for Pharmacies	90612, 90613, 90635	N/A	N/A
A59056	Billing and Coding: Influenza Diagnostic Tests	0556U	N/A	N/A

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

Billing and Coding: Bariatric Surgery Coverage (A53028) - R18 - Effective October 1, 2024

Date Posted: April 24, 2025

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, 2024

Summary of Article Changes:

Revision Effective Date: 10/01/2024

Under ICD-10-CM Codes that Support Medical Necessity, Group 1 Paragraph, added the following codes to the second bullet:

E66.812 (Obesity, class 2), E66.813 (Obesity, class 3)

Visit the Noridian Billing and Coding Articles webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: Billing Limitations for Pharmacies (A56124) - R10 - Effective January 1, 2025

Date Posted: April 24, 2025

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, 2025

Summary of Article Changes:

Under Article Guidance section, updated the Influenza Vaccine codes to remove the following codes:

- 90654: end-dated 12/31/2024
- 90659: end-dated 12/31/2003
- 90663: end-dated 12/31/2011
- 90665: end-dated 12/31/2012

Under Article Guidance section, updated the Hemophilia Clotting Factors codes to remove the following codes:

- J7184: end-dated 12/31/2011
- J7206: not a valid code and was incorrectly listed in the code range.

Under CPT/HCPCS Codes, added the following codes which were missing from the table section and were only previously listed in the Article Guidance section: 90653, 90683, J7203, J7204, J7207, J7208, J7209, J7210, J7211.

Visit the Noridian Billing and Coding Articles webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Medical Policies and Coverage

Billing and Coding: Epidural Steroid Injections for Pain Management (A58995)- R5 - Effective November 15, 2023

Date Posted: June 19, 2025

This Billing and Coding Article 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).

Effective Date: November 15, 2023

Summary of Changes: Typographical and grammatical updates.

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

Billing and Coding: Immune Globulin Intravenous (IVIg) (A57194) - R9 - Effective January 1, 2025

Date Posted: April 24, 2025

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, 2025

Summary of Article Changes:

Revision Effective Date: 01/01/2025

Under CPT/HCPCS Codes, Group 1, added J1552 Injection, immune globulin (alyglo), 500 mg.

Visit the Noridian Billing and Coding Articles webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55323) - R20 - Effective April 1, 2025

Date Posted: April 11, 2025

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: April 1, 2025

Summary of Article Changes:

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

Effective 04/01/2025 - 06/30/2025

Prialt (Ziconotide) = $9.698

Ropivacaine = $0.055

Visit the Noridian Billing and Coding Articles webpage to view the complete listing of coverage articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: Leadless Pacemakers (A59828) - R3 - Effective October 08, 2024

Date Posted: April 3, 2025

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 (WY).

Effective Date: October 08, 2024

Summary of Article Changes: Correction made to Part B billing instructions. Eight-digit National Clinical Trial Number to be placed in Item 19 of the CMS 1500 claim form or the electronic equivalent and not in Item 23.

Visit the Noridian Billing and Coding Articles webpage to view the complete listing of Billing and Coding articles and/or access the Active, Future, or Retired articles available in the CMS MCD.

Billing and Coding: MolDX: Immunohistochemistry (IHC) Indications for Breast Pathology (A57797) Retirement - Effective June 26, 2025

Date Posted: June 26, 2025

This Billing and Coding 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: June 26, 2025

Summary: This article is being retired because the information in this article has been incorporated within the Billing and Coding: Lab: Special Histochemical Stains and Immunohistochemical Stains Article.

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

Billing and Coding: MolDX: Minimal Residual Disease Testing for Hematologic Cancers (A58997) - R9 - Effective January 1, 2025

Date Posted: April 25, 2025

This Billing and Coding Article 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).

Effective Date: January 1, 2025

Summary of Changes:

Under ***Article Text*** table 1 added "assays (a bundled service) in patients with cancer." to the Test box. Under Indicated Uses and Limitations deleted last sentence. Added new row for "ClonoSeq" to Test and Indicated Uses and Limitations boxes. Revised third paragraph to add "Testing schedules are set based on the validity established for the individual test comprising the service." Added new fourth paragraph. Under ***CPT/HCPCS Codes Group 2: Paragraph*** added "Use PLA 0364U to describe the service for patients with a personal history of cancer. This code has been approved for patients with a history of Mantle Cell Lymphoma." Under ***CPT/HCPCS Codes Group 2: Codes*** added 0364U. Under ICD-10 Codes that Support Medical Necessity Group 2: Codes added C83.1A and Z85.72. This revision is due to new covered test that has successfully completed a TA and is effective for 1/29/2025.

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

Billing and Coding: MolDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58456) - R10 - February 18, 2025

Date Posted: April 25, 2025

This Billing and Coding Article 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).

Effective Date: February 18, 2025

Summary of Changes:

Under ***Article Text*** revised subheading ***Additional Test-specific Indications, Limitations and Instructions*** (2) added "Non-small cell lung cancer (NSCLC) (Natera)." This revision is due to covered test that has successfully completed a TA and is effective for 2/18/2025.

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

Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT) (A57527) - R22 - Effective April 1, 2025

Date Posted: April 4, 2025

This Billing and Coding Article 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).

Effective Date: April 1, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1: Codes added*** 0531U, 0532U, 0533U, 0534U, 0536U, 0537U, 0538U, 0539U, 0540U, 0543U, 0544U and 0549U. This revision is due to the 2025 Q2 CPT/HCPCS Code Update and is effective 4/1/2025.

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

Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58726) - R25 - Effective May 29, 2025

Date Posted: May 29, 2025

This Billing and Coding Article 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).

Effective Date: May 29, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 9: Paragraph*** revised the broken hyperlink.

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

Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft Rejection (A58170) - R9 - Effective April 1, 2025

Date Posted: April 4, 2025

This Billing and Coding Article 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).

Effective Date: April 1, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1: Codes*** added 0540U and 0544U. This revision is due to the 2025 Q2 CPT/HCPCS Code Update and is effective 4/1/2025.

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

Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft Rejection (A58170)- R10 - Effective November 21, 2024

Date Posted: May 22, 2025

This Billing and Coding Article 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).

Effective Date: November 21, 2024

Summary of Changes:

Under ***Article Text*** revised the table to add new row for Tutivia™. Under ***CPT/HCPCS Codes Group 1: Codes*** added 0320U. This revision is due to a new covered test that has successfully completed a TA and is effective 11/21/2024.

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

Medical Policies and Coverage

Billing and Coding: MolDX: Next-Generation Sequencing for Solid Tumors (A57905) - R7 - Effective April 1, 2025

Date Posted: April 4, 2025

This Billing and Coding Article 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).

Effective Date: April 1, 2025

Summary of Changes:

Updated to add ***CPT/HCPCS Codes Group 1: Codes*** 0391U, as it was missed in a previous update. This revision is due to the 2023 Q3 CPT/HCPCS Code Update and is effective on 7/1/2023.

Under ***CPT/HCPCS Codes Group 1: Codes*** added 0543U. This revision is due to the 2025 Q2 CPT/HCPCS Code Update and is effective 4/1/2025.

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

Billing and Coding: MolDX: Oncotype DX® Genomic Prostate Score (A56372) Retirement - Effective March 1, 2021

Date Posted: April 11, 2025

This Billing and Coding 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: March 1, 2021

Summary: This article is being retired because the information in this article has been incorporated within the Billing and Coding: MolDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease A57372 article.

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

Billing and Coding: MolDX: Plasma-Based Genomic Profiling in Solid Tumors (A58975) - R7 - Effective April 17, 2025

Date Posted: April 18, 2025

This Billing and Coding Article 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).

Effective Date: April 17, 2025

Summary of Changes:

Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** added C70.0 and C80.2. This revision is effective 4/17/2025.

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

Billing and Coding: MolDX: Plasma-Based Genomic Profiling in Solid Tumors (A58975) - R8 - Effective February 14, 2025

Date Posted: May 1, 2025

This Billing and Coding Article 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).

Effective Date: February 14, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1 codes*** added 0487U. Under ***CPT/HCPCS Codes Group 2 codes*** deleted 0487U. This revision is due to successful TA and is effective 2/14/2025.

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

Billing and Coding: MolDX: Proteomics Testing (A59642) - R8 - Effective April 1, 2025

Date Posted: April 4, 2025

This Billing and Coding Article 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).

Effective Date: April 1, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1: Codes added*** 0541U and 0550U.This revision is due to the 2025 Q2 CPT/HCPCS Code Update and is effective 4/1/2025.

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

Billing and Coding: MolDX: Repeat Germline Testing (A57332) - R16 - Effective April 1, 2025

Date Posted: April 4, 2025

This Billing and Coding Article 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).

Effective Date: April 1, 2025

Summary of Changes:

Under **CPT/HCPCS Codes Group 1: Codes** added 0532U and 0533U. This revision is due to the 2025 Q2 CPT/HCPCS Code Update and is effective 4/1/2025.

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

Billing and Coding: Peripheral Nerve Stimulation (A55531) - R11 - Effective June 26, 2025

Date Posted: June 26, 2025

This Billing and Coding Article 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).

Effective Date: June 26, 2025

Summary of Changes: Effective 06/26/2025, statements referring to ReActiv8 were removed from the Article Text section. We are making these edits to clarify the article does not change coverage as specified in the LCD. Devices must follow their FDA Product Approval Order, FDA Product Code description and designation, Labeling, Safety and Effectiveness Summary and comply with current panel track Supplement(s) at the time of use.

Medical Policies and Coverage

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

MolDX: Melanoma Risk Stratification Molecular Testing (L37748) - R7 - Effective June 26, 2025

Date Posted: June 26, 2025

This MolDX 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).

Effective Date: June 26, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink for the 43rd reference and changes were made to citations to reflect AMA citation guidelines.

This revision is effective on 6/26/2025.

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

Open Public Meeting Announcement - Multiple LCDs - June 26, 2025

Date Posted: May 15, 2025

This article has been 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).

Noridian Healthcare Solutions will be hosting an Open Public Meeting on June 26, 2025, from 2 pm - 4 pm CT.

Advance registration is required.

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

Proposed Local Coverage Determinations (LCDs):

- Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC)
- Lab: Special Histochemical Stains and Immunohistochemical Stains

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

Open Public Meeting Announcement - Transurethral Waterjet Ablation of the Prostate - June 26, 2025

Date Posted: May 29, 2025

This article has been 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).

Noridian Healthcare Solutions will be hosting an Open Public Meeting on June 26, 2025, from 2 pm - 4 pm CT.

Advance registration is required.

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

Proposed Local Coverage Determinations (LCDs) and Billing and Coding Articles:

- Transurethral Waterjet Ablation of the Prostate
- Billing and Coding: Transurethral Waterjet Ablation of the Prostate

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

Polysomnography and Other Sleep Studies Final LCD - Effective July 20, 2025

Date Posted: June 5, 2025

This Local Coverage Determination (LCD) has completed the Open Public Meeting and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY). Responses to comments received may be found as a link at the bottom of the final LCD.

Medicare Coverage Database (MCD) Number/Contractor Determination Number: L34040

LCD Title: Polysomnography and Other Sleep Studies

Effective Date: July 20, 2025

Summary of LCD: The LCD outlines coverage for Polysomnography and other sleep studies with specific details under Coverage Indications, Limitations and/or Medical Necessity.

Visit the Proposed LCDs webpage to access this LCD.

Proposed LCDs - Published for Review and Comments

Date Posted: May 15, 2025

The following proposed Local Coverage Determinations (LCDs) have been published for review and comments for contract numbers: 02101 (AK), 03101 (AZ), 02201 (ID), 03201 (MT), 03301 (ND), 02301 (OR), 03401 (SD), 03501 (UT), 02401 (WA), and 03601 (WY).

Medicare Coverage Database Number	LCD Title
DL40176	Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC)
DL36353	Lab: Special Histochemical Stains and Immunohistochemical Stains

Comment Period: May 15, 2025 - June 28, 2025

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

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

Proposed LCD Transurethral Waterjet Ablation of the Prostate - Published for Review and Comments

Date Posted: May 29, 2025

The following proposed Local Coverage Determinations (LCDs) have been published for review and comments for contract numbers: 02101 (AK), 03101 (AZ), 02201 (ID), 03201 (MT), 03301 (ND), 02301 (OR), 03401 (SD), 03501 (UT), 02401 (WA), and 03601 (WY).

Medicare Coverage Database Number	LCD Title
DL38707	Transurethral Waterjet Ablation of the Prostate

Comment Period: May 29, 2025 - July 12, 2025

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

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

Self-Administered Drug Exclusion List (A53033) - R42 - Effective June 1, 2025

Date Posted: April 17, 2025

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 (WY).

Effective Date: June 1, 2025

Summary of Changes:

Added: CPT/HCPCS codes Q9999 Injection, Ustekinumab-aauz (Otulfi), biosimilar, 1 mg*; J3490, J3590, C9399 lebrikizumab-lbkz (Ebglyss); and J3490, J3590, C9399 ustekinumab-stba (SteQeyma)*

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

To view the complete listing of billing and coding articles and/or access the Active, Future, or Retired articles available in the CMS MCD, visit the Billing and Coding Articles webpage.

Self-Administered Drug Exclusion List (A53033) - R43 - Effective July 1, 2025

Date Posted: June 26, 2025

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 (WY).

Effective Date: July 1, 2025

Summary of Changes:

Added: Q5098 Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg*; Q5099 Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg*; and Q5100 Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg*

Revised: Q9998 descriptor from "INJECTION, USTEKINUMAB-AEKN (SELARSDI), 1 MG" to "Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg"

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

To view the complete listing of billing and coding articles and/or access the Active, Future, or Retired articles available in the CMS MCD, visit the Billing and Coding Articles webpage.

MLN Connects

MLN Connects - April 3, 2025

MLN Connects Newsletter: April 3, 2025

News

- Home Infusion Therapy & Intravenous Immune Globulin Services: Get Monitoring Reports
- Medicare Providers & Suppliers: Report Managing Employees
- External User Services Help Desk: New Contact Information
- Advanced Primary Care Management Services: Get Information about Billing Medicare

Claims, Pricers & Codes

- Lower Limb Orthoses: Prevent Claim Denials

MLN Matters® Articles

- Rural Health Clinic & Federally Qualified Health Center Medicare Benefit Policy Manual Update

MLN Connects - April 11, 2025

MLN Connects Newsletter: Apr 11, 2025

News

- Dr. Mehmet Oz Shares Vision for CMS
- Skilled Nursing Facility Value-Based Purchasing Program: March 2025 Confidential Feedback Reports
- Skilled Nursing Facilities: Revalidation Deadline is May 1

Compliance

- Pneumatic Compression Devices: Prevent Claim Denials

Claims, Pricers & Codes

- Medicare Physician Fee Schedule Database: April Update
- Integrated Outpatient Code Editor Version 26.1

MLN Connects

MLN Matters® Articles

- ICD-10 & Other Coding Revisions to National Coverage Determinations: July 2025 Update
- DMEPOS Fee Schedule: April 2025 Quarterly Update
- Hospital Outpatient Prospective Payment System: April 2025 Update

MLN Connects - April 14, 2025

FY 2026 Proposed Payment Rules

- CMS Seeks Public Input on Inpatient Hospital Whole-Person Care, Proposes Updates to Medicare Payments
- Inpatient Rehabilitation Facility Prospective Payment System
- Hospice Wage Index & Payment Rate Update
- Inpatient Psychiatric Facility Prospective Payment System & Quality Reporting Updates
- Skilled Nursing Facility Prospective Payment System

MLN Connects - April 17, 2025

MLN Connects Newsletter: Apr 17, 2025

News

- Clotting Factors: Medicare Part B Pays for Alhemo & Qfitlia
- Skilled Nursing Facilities: Revalidation Deadline Extended to August 1
- Raise Awareness & Understanding of Alcohol Use and Misuse

MLN Connects - April 24, 2025

MLN Connects Newsletter: Apr 24, 2025

News

- Open Payments: Review Your Data by May 15
- Medicare Shared Savings Program: Application Toolkit Materials

MLN Connects

MLN Matters® Articles

- Inpatient Psychiatric Facilities: Return to Provider Claims with Point of Origin for Admission or Visit Code D & Charges for Emergency Department Services

MLN Connects - May 1, 2025

MLN Connects Newsletter: May 1, 2025

News

- Clinical Laboratory Fee Schedule Preliminary Gapfill Rates: Submit Comments by June 28

Compliance

- Acute Care Hospital Outpatient Services for Hospice Enrollees: Reduce Improper Payments
- Wheelchair Seating: Prevent Claim Denials

Events

- Clinical Laboratory Fee Schedule Annual Public Meeting - June 27

MLN Matters® Articles

- Ambulatory Surgical Center Payment System: April 2025 Update
- Clinical Laboratory Fee Schedule & Laboratory Services Subject to Reasonable Charge Payment: July 2025 Update
- HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement: July 2025 Quarterly Update

MLN Connects - May 8, 2025

MLN Connects Newsletter: May 8, 2025

News

- Direct Graduate Medical Education: Get Annual Update Factors

Compliance

- Walkers: Prevent Claim Denials

MLN Connects

Events

- HCPCS Public Meeting - June 2-3
- Medicare Advisory Panel on Clinical Diagnostic Laboratory Tests - July 23-24

Publications & Multimedia

- Medicare Preventive Services - Revised

MLN Connects - May 13, 2025

News

CMS Seeks Public Input on Improving Technology to Empower Medicare Beneficiaries

MLN Connects - May 22, 2025

MLN Connects Newsletter: May 22, 2025

News

- Discarded Drugs: Get Updated Lists
- Medicare Provider Payment & Utilization Public Use Files: Annual Update
- Medicare Fee-for-Service Geographic Variation Public Use Files & Interactive Dashboard: Annual Update
- CMS Fast Facts: Annual Update

Compliance

- Skilled Nursing Facilities: Identify & Prevent Improper Part D Payments for Drugs
- Psychiatric Care: Prevent Claim Denials

Claims, Pricers & Codes

- Medicare Physician Fee Schedule Database: July Update

MLN Connects

MLN Connects - May 22, 2025 - Departments of Labor, Health and Human Services, Treasury Announce Move to Strengthen Healthcare Price Transparency

Trump administration issues request for information, guidance to expand access to real prices

The departments of Labor, Health and Human Services, and the Treasury took action to advance President Trump's directive to ensure Americans have clear, accurate, and actionable information about healthcare prices.

The departments jointly issued a Request for Information (RFI) seeking public input on how to improve prescription drug price transparency. The agencies also released updated guidance for health plans and issuers that sets a clear applicability date for publishing an enhanced technical format for disclosures. These improvements are designed to eliminate meaningless or duplicative data and make cost information easier for consumers to understand and use.

Separately, CMS released new guidance, available on the Hospital Price Transparency resources website, to strengthen the Hospital Price Transparency requirements, requiring hospitals to post the actual prices of items and services, not estimates. CMS also issued its own RFI to gather public feedback on how to boost hospital compliance and enforcement and ensure data shared is accurate and complete.

See the full press release for more information.

MLN Connects - May 29, 2025

MLN Connects Newsletter: May 29, 2025

News

- Inpatient Hospital Admissions: Transferring Medical Review Responsibilities for Short Stay Claims
- Medicare Shared Savings Program: Apply Now

MLN Matters® Articles

- National Coverage Determination 20.36: Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management
- Qualifications for Speech-Language Pathologists Providing Outpatient Speech-Language Pathology Services

MLN Connects

From Our Federal Partners

- Providers Accepting CHAMPVA: You Must Enroll in EFT to Get Paid

MLN Connects - June 5, 2025

MLN Connects Newsletter: June 5, 2025

News

- 2023 Doctors & Clinicians Preview Period Open Until June 25
- Hospital Price Transparency: Respond to Accuracy & Completeness RFI by July 21
- Medicare & Veteran Affairs: Adjustments for Duplicate Claims Start Next Month
- Join an Accountable Care Organization

Claims, Pricers & Codes

- RHC & FQHC Care Coordination Services: HCPCS Code G0511 Deadline Extended to September 30
- Medical Education: Submit No-Pay Bills for Programs of All-Inclusive Care for the Elderly

MLN Matters® Articles

- ESRD & Acute Kidney Injury Dialysis: CY 2025 Updates - Revised

Publications & Multimedia

- Quality in Focus Interactive Video Series: 4 New Videos to Enhance Quality of Care

MLN Connects - June 12, 2025

MLN Connects Newsletter: June 12, 2025

News

- Final National Coverage Determination: Noninvasive Positive Pressure Ventilation in Home for Treatment of Chronic Respiratory Failure Consequent to COPD
- Skilled Nursing Facility Value-Based Purchasing Program: June 2025 Confidential Feedback Reports

MLN Connects

Compliance

- Mechanical Ventilation: Bill Correctly for Inpatient Claims
- SNF Services: Prevent Claim Denials

Claims, Pricers & Codes

- ICD-10 Codes: FY 2026
- National Correct Coding Initiative: July Update

MLN Matters® Articles

- Ambulatory Surgical Center Payment System: July 2025 Update
- ESRD Prospective Payment System: July 2025 Update
- ICD-10 & Other Coding Revisions to National Coverage Determinations: October 2025 Update

MLN Connects - June 18, 2025

MLN Connects Newsletter: June 18, 2025

News

- 2023 Doctors & Clinicians Preview Period Open Until June 25
- Hospital Price Transparency: Respond to Accuracy & Completeness RFI by July 21
- Medicare Part B Discarded Drug Program: Get the Latest Updates
- Medicare Part B Blood Clotting Factor Furnishing Fee Guidance
- Medicare Part B Average Sales Price Guidance

MLN Matters® Articles

- Updates to Colorectal Cancer Screening & Hepatitis B Vaccine Policies

From Our Federal Partners

- VA Recovering Overpaid Claims from Some CHAMPVA Providers

MLN Connects

MLN Connects - June 26, 2025

MLN Connects Newsletter: June 26, 2025

News

- Alert: Medicare Fraud Scheme Involving Phishing Fax Requests
- Medicare Diabetes Prevention Program: CY 2025 Payment Rates

Compliance

- Commodes, Bed Pans & Urinals: Prevent Claim Denials

Claims, Pricers & Codes

- Integrated Outpatient Code Editor Version 26.2
- Medical Education: Don’t Submit Claims for Programs of All-Inclusive Care for the Elderly

MLN Matters® Articles

- DMEPOS Fee Schedule: July 2025 Quarterly Update

Publications & Multimedia

- Medicare & Mental Health Coverage - Revised
- Substance Use Screenings & Treatment - Revised

MLN Matters

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

Related CR Release Date: April 24, 2025

MLN Matters Number: MM14055

Effective Date: July 1, 2025

Related Change Request (CR) Number: CR 14055

Implementation Date: July 7, 2025

Related CR Transmittal Number: R13192CP

CR 14055 tells you about:

- When the next Clinical Laboratory Fee Schedule (CLFS) reporting period for clinical diagnostic laboratory tests (CDLTs) begins
- New and deleted CPT codes effective July 1, 2025

Make sure your billing staff know about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14055.

DMEPOS Fee Schedule: April 2025 Quarterly Update

Related CR Release Date: April 2, 2025

MLN Matters Number: MM13990

Effective Date: April 1, 2025

Related Change Request (CR) Number: CR 13990

Implementation Date: April 7, 2025

Related CR Transmittal Number: R13122CP

CR 13990 tells you about:

- New HCPCS codes
- New fee schedule amounts
- New HCPCS codes on the fee schedule file for:
    - DMEPOS repairs and servicing
    - Complex rehabilitative power wheelchair accessories
    - Lymphedema compression treatment items

Make sure your billing staff knows about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)13990.

MLN Matters

DMEPOS Fee Schedule: July 2025 Quarterly Update

Related CR Release Date: June 20, 2025

MLN Matters Number: MM14088

Effective Date: July 1, 2025

Related Change Request (CR) Number: CR 14088

Implementation Date: July 7, 2025

Related CR Transmittal Numbers: R13257CP & R13277CP

Related CR Title: July Quarterly Update for 2025 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

CR 14088 tells you about these updates effective July 1, 2025:

- No added or deleted codes
- Corrections to the 2025 fee schedule amounts for certain items provided in non-contiguous areas
- DMEPOS rural ZIP codes

Make sure your billing staff are aware of these changes.

View the complete CMS Change Request (CR) 14088.

ESRD & AKI Dialysis: CY 2025 Updates - Revised

Related CR Release Date: May 29, 2025

MLN Matters Number: MM13686 Revised

Effective Date: January 1, 2025

Related Change Request (CR) Numbers: CR 13686 and CR 13865

Implementation Date: January 6, 2025

Related CR Transmittal Numbers: R12957CP, R12979CP, R12999BP, R13121BP, and R13245BP

Note: CMS revised this article to provide the updated post-TDAPA add-on payment adjustment amounts. CMS also made updates to the CR release date, transmittal number, and transmittal link. Substantive content changes are in dark red (pages 7 and 12).

CR 13686 tells you about:

- Finalized policies for the ESRD Prospective Payment System (PPS)
- Payment for renal dialysis services you provide to patients with Acute Kidney Injury (AKI) in ESRD facilities

MLN Matters

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

View the complete CMS Medicare Learning Network (MLN) Matters (MM)13686.

ESRD PPS: July 2025 Update

Related CR Release Date: June 9, 2025

MLN Matters Number: MM14089

Effective Date: July 1, 2025

Related Change Request (CR) Number: CR 14089

Implementation Date: July 7, 2025

Related CR Transmittal Number: R13241CP

CR 14089 tells you about:

- Adding and removing certain renal dialysis items and services
- Updating the average unit cost for renal dialysis drugs that are oral equivalents to injectable drugs
- Revising the average dispensing fee of the National Drug Codes (NDCs) qualifying for outlier payment to $0.56 per NDC per month

Make your billing staff aware of changes to the outlier services list under the ESRD Prospective Payment System (PPS) starting July 1, 2025.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14089.

HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement: July 2025 Quarterly Update

Related CR Release Date: April 17, 2025

MLN Matters Number: MM14049

Effective Date: July 1, 2025

Related Change Request (CR) Number: CR 14049

Implementation Date: July 7, 2025

Related CR Transmittal Number: R13170CP

CR tells you about coding updates for the following categories:

- Angiography, lymphatic, venous, and related procedures
- Chemotherapy
- Radioisotopes and their administration

- Certain blood clotting factors indicated for the treatment of hemophilia and other bleeding disorders
- Customized prosthetic devices

Make sure your billing staff know about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14049.

Hospital OPPS: April 2025 Update

Related CR Release Date: March 20, 2025

MLN Matters Number: MM13993

Effective Date: April 1, 2025

Related Change Request (CR) Number: CR 13993

Implementation Date: April 7, 2025

Related CR Transmittal Number: R13135CP

CR 13993 tells you about:

- Certain laboratory tests, COVID-19 monoclonal antibody therapy products, and Hospital Outpatient Prospective Payment System (OPPS) device categories
- Ambulatory payment classifications (APCs)
- Surgical and imaging procedures
- Drugs, biologicals, and radiopharmaceuticals
- Skin substitute products

Make sure your billing staff knows about these updates effective April 1, 2025, including coding and billing changes

View the complete CMS Medicare Learning Network (MLN) Matters (MM)13993.

ICD-10 & Other Coding Revisions to NCDs: July 2025 Update

Related CR Release Date: March 20, 2025

MLN Matters Number: MM13939

Effective Date: July 1, 2025 - unless noted in individual Business Requirements (BRs)

Related Change Request (CR) Number: CR 13939

Implementation Date: April 21, 2025 - BRs 1, 2, 3, 4, 5, 7 & 8; July 7, 2025 - BRs 6 & 10 only

Related CR Transmittal Number: R13097OTN

CR 13939 tells you about:

- Newly available codes
- Recent coding changes
- 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)13939.

ICD-10 & Other Coding Revisions to National Coverage Determinations: October 2025 Update

Related CR Release Date: June 6, 2025

MLN Matters Number: MM14041

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14041

Implementation Date: July 8, 2025 - BRs 14041.2 and 14041.4; October 6, 2025

Related CR Transmittal Number: R13251OTN

CR 14041 tells you about:

- New codes
- Recent coding changes

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

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14041.

Inpatient Psychiatric Facilities: Return to Provider Claims with Point of Origin for Admission or Visit Code D & Charges for ED Services

Related CR Release Date: April 17, 2025

MLN Matters Number: MM14026

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14026

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13173OTN

CR 14026 tells you about:

- Emergency Department (ED) adjustment policy
- How to bill for a patient's transfer from a hospital or critical access hospital (CAH) to the same facility's psychiatric unit

- New Fiscal Intermediary Shared System (FISS) edit to prevent underpayments
- How to correct a returned claim

Make sure your billing staff knows about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14026.

National Coverage Determination 20.36: Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management

Related CR Release Date: May 22, 2025

MLN Matters Number: MM14000

Effective Date: January 13, 2025

Related Change Request (CR) Number: CR 14000

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13246CP & R13246NCD

CR 14000 tells you about:

- National coverage of implantable pulmonary artery pressure sensors (IPAPS)
- Criteria for coverage
- Coverage with evidence development (CED) study criteria
- Claims processing requirements

Make sure your billing staff knows about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14000.

Qualifications for Speech-Language Pathologists Providing Outpatient Speech-Language Pathology Services

Related CR Release Date: January 16, 2025

MLN Matters Number: MM13922

Effective Date: April 18, 2025

Related Change Request (CR) Number: CR 13922

Implementation Date: April 18, 2025

Related CR Transmittal Number: R13051BP

Related CR Title: Qualifications for Speech-Language Pathologists Furnishing Outpatient Speech Language Pathology Services

MLN Matters

CR 13922 tells you about updates to the Medicare Benefit Policy Manual, Chapter 15, section 230.3 to match the regulatory provision for the qualifications of SLPs providing outpatient therapy services.

Make sure your billing staff knows about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)13922.

Rural Health Clinic & Federally Qualified Health Center Medicare Benefit Policy Manual Update

Related CR Release Date: March 20, 2025

MLN Matters Number: MM13946

Effective Date: January 1, 2025

Related Change Request (CR) Number: CR 13946

Implementation Date: April 21, 2025

Related CR Transmittal Number: R13133BP

CR 13946 tells you about:

- The 2025 updates to the Medicare Benefit Policy Manual, Chapter 13
- All other revisions clarifying existing policy

Make sure your billing staff knows about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)13946.

Updates to CRC Screening & Hepatitis B Vaccine Policies

Related CR Release Date: May 29, 2025

MLN Matters Number: MM14031

Effective Date: January 1, 2025

Related Change Request (CR) Number: CR 14031

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13248BP & R13248CP

CR 14031 tells you about:

- Coverage changes for colorectal cancer (CRC) screening tests
- Clarification of policy that applies to complete CRC screening
- Expanded coverage and changes to billing policies for the hepatitis B vaccine

Make sure your billing staff knows about these changes.

MLN Matters

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14031.

Contacts, Resources, and Reminders

Noridian Part A Customer Service Contact

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

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

Fax Numbers - View fax numbers and submission guidelines.

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

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

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

Medicare Learning Network Matters Disclaimer Statement

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

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

Sources for "Medicare A News" Articles

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

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

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

Unsolicited or Voluntary Refunds Reminder

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

Background

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

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

Additional Information

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

Effective Date: January 1, 2005

Implementation Date: January 4, 2005

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

Do Not Forward Initiative Reminder

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

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

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

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

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

Policy

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

Implementation Process

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

IRS-1099 Reporting

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

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

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

Contacts, Resources, and Reminders

Jurisdiction F Part A Quarterly Ask the Contractor Meetings (ACM)

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

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

ACM dates, times, toll-free number, and Q&As are available on the Jurisdiction F Part A Ask the Contractor Meetings (ACM) webpage.

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

By completing and submitting the Noridian Part A ACM Question Submission Form, providers may ask question(s), up to five (5) days prior, to be answered during the next ACM. Questions submitted with this form will be answered first. Lines will then be opened for additional questions, as time permits. **Do not include any Personal Health Information (PHI) or claim specific inquiries on this form. If you have claim specific questions, contact the Provider Contact Center.**

We look forward to your participation in these important calls.

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

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

- Jurisdiction F Part B ACMs
- Jurisdiction D DME ACMs
- Jurisdiction A DME ACMs