

Medicare B News

Jurisdiction F

April 2019

In This Issue...

FYI

Noridian Part B Customer Service Contact	9
MLN Matters Disclaimer Statement	9
Sources for "Medicare B News" Articles	9
Quarterly Provider Update from CMS	9
Unsolicited or Voluntary Refunds Reminder	10
2019 JF Part B Quarterly Ask-the-Contractor Teleconferences	10
Annual Wellness Visit (AWV) in the New Year.....	11
February is National Heart Health Month.....	11
March is National Colorectal Cancer Awareness Month.....	12
Medicare Participating Physician Directory Information for 2019	12
Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF ABN) - Revised.....	13
Medicare Claims Processing Manual, Chapter 30 Revision.....	13
NGACO Model Post Discharge Home Visit HCPCS - Revised	14
New Waived Tests	14
Processing Instructions to Update the Standard Paper Remit (SPR).....	14

BILLING

Evaluation and Management (E/M) When Performed with Superficial Radiation Treatment - Revised	16
--	----

CLAIM SUBMISSION

Minor or Major Surgery Claim Denials.....	17
New Patient vs Established Patient Visit Claim Denials.....	17
Guidance on Coding and Billing Date of Service on Professional Claims - Revised	17

COVERAGE

Additional Information Required for Coverage and Pricing for Category III CPT Codes - R6	18
Additional Information Required for Coverage and Pricing for Category III CPT Codes - R7.....	19
Billing Limitations for Pharmacies - R2	19
Chemotherapy Administration - R16.....	20
Chemotherapy Administration - R17 and R18.....	20
Coverage of FDA Approved Biosimilars	21
Implantable Automatic Defibrillators - Coding and Billing.....	22
MolDX: Breast Cancer Index Genetic Assay - R3	22

This Bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff. Bulletins are available at no-cost from our website at:

<http://www.med.noridianmedicare.com>

Don't be left in the dark, sign up for the Noridian e-mail listing to receive updates that contain the latest Medicare news. Visit the Noridian website and select "Subscribe" on the bottom right-hand corner of any page.

CPT codes, descriptors, and other data only are copyright 2019 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS apply.

noridian
Healthcare Solutions



Noridian Healthcare Solutions, LLC

MoIDX: CFTR Gene Analysis Billing and Coding Guidelines - R2	22
MoIDX: Clonoseq Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies	23
MoIDX: ENG and ACVRL1 Gene Tests Billing and Coding Guidelines - R2	24
MoIDX: FANCC Genetic Testing Billing and Coding Guidelines - R1	24
MoIDX: Fragile X Billing and Coding Guidelines - R2.....	26
MoIDX: HBB Gene Tests Billing and Coding Guidelines - R3.....	26
MoIDX: HEXA Gene Analysis Billing and Coding Guidelines - R2	27
MoIDX: IKBKAP Genetic Testing Billing and Coding Guidelines - R1.....	27
MoIDX: L1CAM Gene Sequencing Billing and Coding Guidelines - R1.....	28
MoIDX: MCOLN1 Genetic Testing Billing and Coding Guidelines - R1	29
MoIDX: MECP2 Genetic Testing Billing and Coding Guidelines - R2.....	29
MoIDX: Oncotype DX Genomic Prostate Score Coding and Billing.....	30
Sacral Nerve Stimulation for Urinary and Fecal Incontinence - R2.....	30
Sensory Evoked Potentials & Intraoperative Neurophysiology Monitoring LCD Retirement - Effective February 22, 2019.....	31

EDUCATIONAL

E/M Education on Demand Tutorials Available.....	32
Endoscopy Education on Demand Available	32
Modifier Tutorials Available	32
Schedule of Events Layout Improved.....	32

EMERGENCIES

Hurricane Maria and Medicare Disaster Related United States Virgin Islands and Commonwealth of Puerto Rico Claims - Revised	33
Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims - Revised	33
Medicare Fee-for-Service (FFS) Response to the 2018 California Wildfires - Revised.....	33

ENROLLMENT

Do Not Forward Initiative Reminder	34
Revalidation Webpage Improvements.....	35

LABORATORY

Independent Laboratory Billing of Laboratory Tests for End-Stage Renal Disease (ESRD) Beneficiaries and the Sunset of the CB Modifier	36
Calendar Year (CY) 2019 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment - Revised.....	36
HCPCS Codes Subject to and Excluded from CLIA Edits.....	36
Medicare Part B Clinical Laboratory Fee Schedule: Revised Information for Laboratories on Collecting and Reporting Data for the Private Payor Rate-Based Payment System ...	36

MEDICARE BENEFICIARY IDENTIFIER

New Medicare Card: Are You Using the MBI?	38
New Medicare Beneficiary Identifier (MBI) Get It, Use It - Revised	38

MEDICAL POLICIES

Frequency of Hemodialysis Final LCD - Effective February 18, 2019	39
Frequency of Hemodialysis LCD - R1, Effective March 1, 2019.....	39
Intraoperative Neurophysiological Testing Draft LCD Retirement - Effective January 10, 2019.....	39
Lab: Bladder/Urothelial Tumor Markers LCD - R2	40
Lab: Controlled Substance Monitoring and Drugs of Abuse Testing LCD - R7	40
Lab: Flow Cytometry LCD - R11	40
Lumbar MRI LCD - R3	41
Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor Final LCD - Effective April 1, 2019.....	42
MolDX: Biomarkers in Cardiovascular Risk Assessment LCD - R4.....	42
MolDX: BRCA1 and BRCA2 Genetic Testing LCD - R3.....	42
MolDX: Breast Cancer Index (BCI) Gene Expression Test Final LCD - Effective April 16, 2019.....	43
MolDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing LCD - R5.....	44
MolDX: DecisionDx-UM (Uveal Melanoma) LCD - R1	44
MolDX: Genetic Testing for Lynch Syndrome Final LCD - Effective April 16, 2019.....	45
MolDX: Molecular Diagnostic Tests (MDT) LCD - R7 and R8.....	45
MolDX: Molecular Diagnostic Tests (MDT) LCD - R8	46
MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels Final LCD - Effective May 13, 2019	46
MolDX: Oncotype DX AR-V7 Nucleus Detect for Men with Metastatic Castrate Resistant Prostate Cancer (MCRPC) Final LCD - Effective March 2, 2019.....	47
MolDX: Pigmented Lesion Assay (PLA) Draft LCD Retirement - Effective March 01, 2019.....	47
Multi-Jurisdictional CAC Meeting Final Documents Available	47
Nerve Conduction Studies and Electromyography LCD - R4.....	47
Non-Covered Services LCD - R30.....	48
Lab: Bladder/Urothelial Tumor Markers LCD - R2	48
Visual Electrophysiology Testing LCD Retirement - Effective January 10, 2019	48
NCD 20.4 Implantable Cardiac Defibrillators (ICDs) - Revised	49
NCD90.2: Next Generation Sequencing (NGS) - Revised.....	49
Local Coverage Determinations (LCDs) - Revised.....	50
ICD-10 and Other Coding Revisions to NCDs - Revised	50
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) - Clarification of Payment Rules and Expansion of International Classification of Diseases Tenth Edition (ICD-10) Diagnosis Codes.....	50
ICD-10 and Other Coding Revisions to NCDs	51
Changes to the Laboratory National Coverage Determination (NCD) Edit Software for July 2019	51

MLN CONNECTS

MLN Connects - January 3, 2019.....	52
-------------------------------------	----

MLN Connects - January 10, 2019.....	52
MLN Connects Special Edition - January 16, 2019	53
MLN Connects - January 17, 2019	54
MLN Connects - January 24, 2019.....	54
MLN Connects - January 31, 2019	55
MLN Connects - February 7, 2019.....	56
MLN Connects - February 14, 2019	57
MLN Connects - February 21, 2019	58
MLN Connects - February 28, 2019	59
MLN Connects - March 7, 2019.....	60
MLN Connects - March 14, 2019	61
MLN Connects - March 21, 2019.....	62
MLN Connects - March 28, 2019	62

NORIDIAN MEDICARE PORTAL

Hospital, Inpatient, and SNF Details Expanded on Eligibility Inquiries in NMP	64
2018 1099 Tax Forms Available on NMP	64
Appeals Submission and Status Inquiry - NMP Tutorial Available.....	65
MBI Look-Up Tool Available on the Noridian Medicare Portal	65
NMP Required Use for Duplicate Remittance Advice Retrieval - Effective May 28, 2019.....	65
NMP vs. IVR Self Service Elements Comparison Tool Available	65
NMP and/or IVR Required Use for HMO or Managed Care Plan Inquiries - Effective March 8, 2019	66

OUTPATIENT THERAPY

Updates to Reflect Removal of Functional Reporting Requirements and Therapy Provisions of the Bipartisan Budget Act of 2018.....	67
--	----

REIMBURSEMENT

2019 Radiopharmaceutical Fee Schedule Updates - Revised.....	68
Calendar Year (CY) 2019 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule - Revised.....	68
DMEPOS HCPCS Code 2019 Jurisdiction List	68
January 2019 Update of the Ambulatory Surgical Center (ASC) Payment System - Revised.....	69
Clinical Laboratory Fee Schedule - Medicare Travel Allowance Fees for Collection of Specimens	69
April 2019 Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files.....	69
Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – April 2019 Update - Revised.....	70
DMEPOS Fee Schedule - April 2019 Update	70
Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files - July 2019.....	70
Update of the ASC Payment System - April 2019.....	71

UPDATES

Update to Chapter 15 of Publication (Pub.) 100-08	72
Implementation to Exchange the List of Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System - Revised	72
Updates to Immunosuppressive Guidance	72
Update to Intensive Cardiac Rehabilitation (ICR) Programs	72
HPTCs Code Set - April 2019 Update	73
RARC, CARC, MREP and PC Print Update	73
Quarterly Update to the NCCI PTP Edits, Version 25.1 Effective April 1, 2019	73

Alphabetical Listing

2018 1099 Tax Forms Available on NMP	64	Hurricane Maria and Medicare Disaster Related United States Virgin Islands and Commonwealth of Puerto Rico Claims - Revised	33
2019 JF Part B Quarterly Ask-the-Contractor Teleconferences	10	ICD-10 and Other Coding Revisions to NCDs.....	51
2019 Radiopharmaceutical Fee Schedule Updates - Revised	68	ICD-10 and Other Coding Revisions to NCDs - Revised.....	50
Additional Information Required for Coverage and Pricing for Category III CPT Codes - R6.....	18	Implantable Automatic Defibrillators - Coding and Billing.....	22
Additional Information Required for Coverage and Pricing for Category III CPT Codes - R7.....	19	Implementation to Exchange the List of Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System - Revised	72
Annual Wellness Visit (AWV) in the New Year	11	Independent Laboratory Billing of Laboratory Tests for End-Stage Renal Disease (ESRD) Beneficiaries and the Sunset of the CB Modifier.....	36
Appeals Submission and Status Inquiry - NMP Tutorial Available ..	65	Intraoperative Neurophysiological Testing Draft LCD Retirement - Effective January 10, 2019	39
April 2019 Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files	69	January 2019 Update of the Ambulatory Surgical Center (ASC) Payment System - Revised	69
Billing Limitations for Pharmacies - R2.....	19	Lab: Bladder/Urothelial Tumor Markers LCD - R2.....	40
Calendar Year (CY) 2019 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment - Revised.....	36	Lab: Bladder/Urothelial Tumor Markers LCD - R2.....	48
Calendar Year (CY) 2019 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule - Revised	68	Lab: Controlled Substance Monitoring and Drugs of Abuse Testing LCD - R7	40
Changes to the Laboratory National Coverage Determination (NCD) Edit Software for July 2019	51	Lab: Flow Cytometry LCD - R11	40
Chemotherapy Administration - R16	20	Local Coverage Determinations (LCDs) - Revised.....	50
Chemotherapy Administration - R17 and R18	20	Lumbar MRI LCD - R3	41
Clinical Laboratory Fee Schedule - Medicare Travel Allowance Fees for Collection of Specimens	69	Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor Final LCD - Effective April 1, 2019	42
Coverage of FDA Approved Biosimilars	21	March is National Colorectal Cancer Awareness Month.....	12
DMEPOS Fee Schedule - April 2019 Update.....	70	MBI Look-Up Tool Available on the Noridian Medicare Portal.....	65
DMEPOS HCPCS Code 2019 Jurisdiction List.....	68	Medicare Claims Processing Manual, Chapter 30 Revision.....	13
Do Not Forward Initiative Reminder.....	34	Medicare Fee-for-Service (FFS) Response to the 2018 California Wildfires - Revised.....	33
E/M Education on Demand Tutorials Available	32	Medicare Part B Clinical Laboratory Fee Schedule: Revised Information for Laboratories on Collecting and Reporting Data for the Private Payor Rate-Based Payment System.....	36
Endoscopy Education on Demand Available.....	32	Medicare Participating Physician Directory Information for 2019 ..	12
Evaluation and Management (E/M) When Performed with Superficial Radiation Treatment - Revised	16	Minor or Major Surgery Claim Denials.....	17
February is National Heart Health Month	11	MLN Connects - February 7, 2019	56
Frequency of Hemodialysis Final LCD - Effective February 18, 2019	39	MLN Connects - February 14, 2019.....	57
Frequency of Hemodialysis LCD - R1, Effective March 1, 2019....	39	MLN Connects - February 21, 2019.....	58
Guidance on Coding and Billing Date of Service on Professional Claims - Revised	17	MLN Connects - February 28, 2019.....	59
HCPCS Codes Subject to and Excluded from CLIA Edits	36	MLN Connects - January 3, 2019.....	52
Hospital, Inpatient, and SNF Details Expanded on Eligibility Inquiries in NMP	64	MLN Connects - January 10, 2019.....	52
HPTCs Code Set - April 2019 Update	73		

MLN Connects - January 17, 2019.....	54	MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels Final LCD - Effective May 13, 2019	46
MLN Connects - January 24, 2019.....	54	MolDX: Oncotype DX AR-V7 Nucleus Detect for Men with Metastatic Castrate Resistant Prostate Cancer (MCRPC) Final LCD - Effective March 2, 2019	47
MLN Connects - January 31, 2019.....	55	MolDX: Oncotype DX Genomic Prostate Score Coding and Billing.....	30
MLN Connects - March 7, 2019	60	MolDX: Pigmented Lesion Assay (PLA) Draft LCD Retirement - Effective March 01, 2019.....	47
MLN Connects - March 14, 2019.....	61	Multi-Jurisdictional CAC Meeting Final Documents Available	47
MLN Connects - March 21, 2019.....	62	NCD 20.4 Implantable Cardiac Defibrillators (ICDs) - Revised	49
MLN Connects - March 28, 2019.....	62	NCD90.2: Next Generation Sequencing (NGS) - Revised	49
MLN Connects Special Edition - January 16, 2019.....	53	Nerve Conduction Studies and Electromyography LCD - R4	47
MLN Matters Disclaimer Statement.....	9	New Medicare Beneficiary Identifier (MBI) Get It, Use It - Revised	38
Modifier Tutorials Available.....	32	New Medicare Card: Are You Using the MBI?	38
MolDX: Biomarkers in Cardiovascular Risk Assessment LCD - R4.....	42	New Patient vs Established Patient Visit Claim Denials	17
MolDX: BRCA1 and BRCA2 Genetic Testing LCD - R3.....	42	New Waived Tests.....	14
MolDX: Breast Cancer Index (BCI) Gene Expression Test Final LCD - Effective April 16, 2019	43	NGACO Model Post Discharge Home Visit HCPCS - Revised	14
MolDX: Breast Cancer Index Genetic Assay - R3.....	22	NMP and/or IVR Required Use for HMO or Managed Care Plan Inquiries - Effective March 8, 2019.....	66
MolDX: CFTR Gene Analysis Billing and Coding Guidelines - R2 .	22	NMP Required Use for Duplicate Remittance Advice Retrieval - Effective May 28, 2019.....	65
MolDX: Clonoseq Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies	23	NMP vs. IVR Self Service Elements Comparison Tool Available ..	65
MolDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing LCD - R5.....	44	Non-Covered Services LCD - R30.....	48
MolDX: DecisionDx-UM (Uveal Melanoma) LCD - R1.....	44	Noridian Part B Customer Service Contact.....	9
MolDX: ENG and ACVRL1 Gene Tests Billing and Coding Guidelines - R2.....	24	Processing Instructions to Update the Standard Paper Remit (SPR)	14
MolDX: FANCC Genetic Testing Billing and Coding Guidelines - R1	24	Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files - July 2019	70
MolDX: Fragile X Billing and Coding Guidelines - R2	26	Quarterly Provider Update from CMS.....	9
MolDX: Genetic Testing for Lynch Syndrome Final LCD - Effective April 16, 2019.....	45	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – April 2019 Update - Revised	70
MolDX: HBB Gene Tests Billing and Coding Guidelines - R3.....	26	Quarterly Update to the NCCI PTP Edits, Version 25.1 Effective April 1, 2019	73
MolDX: HEXA Gene Analysis Billing and Coding Guidelines - R2.....	27	RARC, CARC, MREP and PC Print Update.....	73
MolDX: IKBKAP Genetic Testing Billing and Coding Guidelines - R1	27	Revalidation Webpage Improvements.....	35
MolDX: L1CAM Gene Sequencing Billing and Coding Guidelines - R1	28	Sacral Nerve Stimulation for Urinary and Fecal Incontinence - R2.....	30
MolDX: MCOLN1 Genetic Testing Billing and Coding Guidelines - R1	29	Schedule of Events Layout Improved	32
MolDX: MECP2 Genetic Testing Billing and Coding Guidelines - R2.....	29	Sensory Evoked Potentials & Intraoperative Neurophysiology Monitoring LCD Retirement - Effective February 22, 2019	31
MolDX: Molecular Diagnostic Tests (MDT) LCD - R7 and R8	45		
MolDX: Molecular Diagnostic Tests (MDT) LCD - R8.....	46		

Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF ABN) - Revised	13
Sources for “Medicare B News” Articles	9
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) - Clarification of Payment Rules and Expansion of International Classification of Diseases Tenth Edition (ICD-10) Diagnosis Codes.....	50
Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims - Revised.....	33
Unsolicited or Voluntary Refunds Reminder	10
Update of the ASC Payment System - April 2019	71
Updates to Immunosuppressive Guidance.....	72
Updates to Reflect Removal of Functional Reporting Requirements and Therapy Provisions of the Bipartisan Budget Act of 2018	67
Update to Chapter 15 of Publication (Pub.) 100-08	72
Update to Intensive Cardiac Rehabilitation (ICR) Programs.....	72
Visual Electrophysiology Testing LCD Retirement - Effective January 10, 2019.....	48

Noridian Part B Customer Service Contact

General IVR Inquiries Available 24/7

Phone Number	Inquiry	Hours (CT)
877-908-8431	Claim Specific	Monday – Friday 8 a.m. – 6 p.m.

- Interactive Voice Response (IVR)
- Provider Contact Center (PCC)
- Provider Enrollment
- EDISS
- User Security (including NMP)

Text Teletype Calls (TTY) – 877-261-4163

Monday – Friday 8 a.m. – 6 p.m. CT

MLN Matters Disclaimer Statement

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

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

Sources for “Medicare B News” Articles

The purpose of “*Medicare B News*” is to educate the Noridian Medicare Part B provider community. The educational articles can be advice written by Noridian staff or directives from CMS. Whenever we publish 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 at the CMS website, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html>. The CMS Change Request (CR) and the date issued will be referenced within the “Source” portion of applicable articles.

CMS publishes a series of educational articles within their Medicare Learning Network (MLN), titled “MLN Matters.” These “MLN Matters” articles are also included 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.

Quarterly Provider Update from CMS

The Quarterly Provider Update is a comprehensive resource published by CMS on the first business day of each quarter. It is a listing of all non-regulatory changes to Medicare including Change Requests (CRs), manual changes and any other instructions that could affect providers. Regulations and instructions published in the previous quarter are also included in the Update.

The purpose of the Quarterly Provider Update is to:

- Inform providers about new developments in the Medicare program;
- Assist providers in understanding CMS programs and complying with Medicare regulations and instructions;
- Ensure that providers have time to react and prepare for new requirements;

- Announce new or changing Medicare requirements on a predictable schedule; and
- Communicate the specific days that CMS business will be published in the Federal Register.

Sign up for the Quarterly Provider Update listserv to receive notification when regulations and program instructions are added throughout the quarter, (electronic mailing list) at <http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/EmailUpdates.html> Indicate that you wish to receive the **CMS-QPU Listserv** on the list of available publications.

The Quarterly Provider Update can be accessed on the CMS website at <https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/index.html>. We encourage you to bookmark this website and visit it often for this valuable information.

Source: PM AB-03-075, CR 2686 dated May 23, 2003

Unsolicited or Voluntary Refunds Reminder

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

Background

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

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

Additional Information

The official CMS CR3274 instruction may be viewed in the Medicare Learning Network (MLN) Matters article at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm3274.pdf>.

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

2019 JF Part B Quarterly Ask-the-Contractor Teleconferences

Below is the listing of the 2019 Part B Quarterly Ask-the-Contractor Teleconferences (ACTs).

- March 14, 2019
- July 18, 2019
- November 14, 2019

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

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

To view ACT dates, times, toll-free number, and Q&As, select the following link: <https://med.noridianmedicare.com/web/jfb/education/act>.

No registration is required for these calls. Please call in 10 minutes prior, all calls start promptly at the time designated in the schedule listing.

By completing and submitting the Noridian “[Ask the Contractor Teleconference Question Submission Form](#),” providers may ask question(s), up to five (5) days prior, to be answered during the next ACT. Questions submitted with this form will be answered first. Lines will then be opened for additional questions, as time permits. **Do not include any Personal Health Information (PHI) or claim specific inquiries on this form. If you have claim specific questions, contact the Provider Contact Center.** Providers will need to have Version 7 or higher of Adobe Reader to use this form.

We look forward to your participation in these important calls.

Medicare Part B ACTs do not address Medicare Part A or Durable Medical Equipment (DME) inquiries. If you are interested in attending a Part A or a DME ACT, select the appropriate link below for more information.

- **JF Part A** - <https://med.noridianmedicare.com/web/jfa/education/act>
- **JD DME** - <https://med.noridianmedicare.com/web/jddme/education/act>
- **JA DME** - <https://med.noridianmedicare.com/web/jadme/education/act>

Annual Wellness Visit (AWV) in the New Year

January is Annual Wellness Visit (AWV) awareness month. Providers should encourage their patients to start 2019 out right. As part of Medicare’s preventive services program, the AWV is to develop and update a prevention plan that is tailored to the patient on an ongoing basis. This program is called a Personalized Prevention Plan Service (PPPS). The AWV is not a “routine physical”. Medicare does not provide coverage for routine physicals. Keeping patients up to date on the AWV visit helps detect early health risks and illnesses.

The initial AWV is provided to a beneficiary who is no longer within their first 12 months of Medicare Part B coverage and has not received an initial preventive physical examination (IPPE). Medicare Part B covers one initial AWV in a lifetime and subsequent AWVs every 12 months. Medicare provides this benefit without any out-of-pocket costs to the Medicare patient. No deductible or copayment/coinsurance applies.

References

- [MLN Booklet- Annual Wellness Visit](#)
- [MLN Educational Tool-AWV, IPPE and Routine Physicals- Knowing the Difference](#)
- [Preventive Services Tool](#)

This document was developed through the A/B Medicare Administrative Contractor Provider Outreach & Education Collaboration Team. This joint effort ensures consistent communication and education throughout the nation on a variety of topics and will assist the provider and physician community with information necessary to submit claims appropriately and receive proper payment in a timely manner.

February is National Heart Health Month

Heart disease is the leading cause of death for men and women in the United States. Every year, one in four deaths are caused by heart disease according to the American Heart Association.

The good news is that heart disease can often be prevented by making healthy choices and managing health conditions while practicing a heart healthy lifestyle.

Since February is American Heart Month we can use this month to raise awareness about heart disease and how people can prevent it. We can encourage the use of spices to season food instead of salt, make

physical activity a part of our day and speak to patients on ways to prevent heart disease.

February is a good time for these heart healthy reminders and to recommend heart-related screening services. Specifically, a Cardiovascular Disease Screening test option may be beneficial as well as Intensive Behavioral Counseling for Cardiovascular Disease. You may find information related to this in the [National Coverage Determination, \(NCD\) 210.11](#).

This document was developed through the A/B Medicare Administrative Contractor Provider Outreach & Education Collaboration Team. This joint effort ensures consistent communication and education throughout the nation on a variety of topics and will assist the provider and physician community with information necessary to submit claims appropriately and receive proper payment in a timely manner.

March is National Colorectal Cancer Awareness Month

Colorectal cancer screenings save lives

Of cancers that affect both men and women, colorectal cancer is the second leading cause of cancer-related deaths in the United States, according to the Centers for Disease Control and Prevention (CDC). Colorectal cancer affects all racial and ethnic groups and is most often found in people ages 50 and older, and the risk increases with age. There are often no signs or symptoms, which makes screening and early detection so vital.

Colorectal cancer screening is important in the prevention and early detection of colorectal cancer. Screening can help find this cancer at an early stage when treatment often leads to a cure. There are a variety of screening procedures for colorectal cancer covered by Medicare that vary in technique and effectiveness. Engaging patients to participate in and comply with a screening regimen is critical to the ultimate success of colorectal cancer screening.

Colorectal cancer is preventable, treatable, and beatable. Encourage your patients to get screened today.

Did you know?

Medicare pays for colorectal cancer screenings for adult Medicare beneficiaries aged 50 and older, whether they are at no risk or at high risk for colon cancer. Coverage of screening colonoscopies has no age limitation.

You can view details for [who is covered, the frequency as well as coding and billing for colorectal cancer screenings within the Medicare Learning Network's \(MLN\) Preventive Services education tool here](#). For more information, refer to the national coverage determination (NCD) for [Colorectal Cancer Screenings Tests \(NCD 210.3\)](#).

Additionally, the CDC created a brochure you can share with your patients listing the details and benefits of colorectal cancer screenings called [Colorectal Cancer Screening Saves Lives](#).

This document was developed through the A/B Medicare Administrative Contractor (MAC) Provider Outreach & Education (POE) Collaboration Team. This joint effort ensures consistent communication and education throughout the nation on a variety of topics and will assist the provider and physician community with information necessary to submit claims appropriately and receive proper payment in a timely manner.

Medicare Participating Physician Directory Information for 2019

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

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

The MEDPARD database is located on the Noridian website at: <http://norweb.noridian.com/medpard/main.aspx>

Participating providers should visit the MEDPARD directory to check their practice information for accuracy. Your participation information should appear on the website defined above. Contact Provider Enrollment directly if specific information appearing is incorrect, has changed or is not present. The information in the database is based upon information Noridian receives when initially enrolling providers in the Medicare program.

Online Assistance for Beneficiaries

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

Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF ABN) - Revised

MLN Matters Number: MM10567 Revised

Related CR Release Date: January 11, 2019

Related CR Transmittal Number: R4198CP

Related Change Request (CR) Number: 10567

Effective Date: April 30, 2018

Implementation Date: April 30, 2018

Note: This article was revised on January 11, 2019, to reflect the revised CR 10567 issued on January 11. The CR revisions had no impact on the content of the article. In the article, CMS revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

This article informs you about Change Request (CR) 10567, which advises you that the Centers for Medicare & Medicaid Services (CMS) has revised the Skilled Nursing Facility Notice of Non-coverage (SNF ABN), Form CMS-10055. With this revision, CMS is discontinuing the five Skilled Nursing Facility (SNF) Denial Letters (namely, the Intermediary Determination of Noncoverage, the UR Committee Determination of Admission, the UR Committee Determination on Continued Stay, the SNF Determination on Admission and the SNF Determination on Continued Stay), and the Notice of Exclusion from Medicare Benefits (NEMB-SNF), Form CMS-20014. Please ensure that your billing staffs are aware of these changes.

Please note that the Notice of Medicare Non-Coverage (NOMNC), Form CMS-10123 is not being discontinued with this revised SNF ABN. More information on the NOMNC is available at <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/FFS-Expedited-Determination-Notices.html>.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)10567](#).

Medicare Claims Processing Manual, Chapter 30 Revision

MLN Matters Number: MM10848

Related CR Release Date: January 11, 2019

Related CR Transmittal Number: R4197CP

Related Change Request (CR) Number: 10848

Effective Date: April 15, 2019

Implementation Date: April 15, 2019

CR10848 revises the Medicare Claims Processing Manual, Chapter 30. The current policy in Chapter 30 is not changing. The Centers for Medicare & Medicaid Services (CMS) is revising the chapter to provide improved formatting and readability. CMS also added a glossary to assist you with common terminology

within the chapter. The revised chapter is attached to CR10848. Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)10848](#).

NGACO Model Post Discharge Home Visit HCPCS - Revised

MLN Matters Number: MM10907 Revised

Related CR Release Date: December 21, 2018

Related CR Transmittal Number: R216DEMO

Related Change Request (CR) Number: 10907

Effective Date: January 1, 2019

Implementation Date: April 1, 2019

Note: CMS revised this article on March 7, 2019, to reflect a revised CR10907 issued on December 21, 2018. The CR revisions had no impact on the substance of the article. However, CMS revised the article to show a revised CR release date, transmittal number, and web address of the CR. All other information remains the same.

CR10907 makes modifications to the operations of a current benefit enhancement offered by the Next Generation Accountable Care Organization (NGACO) Model. Claims for Post Discharge Home Visit Waiver shall be processed for reimbursement and paid when they meet the appropriate payment requirements as outlined in CR10907. Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)10907](#).

New Waived Tests

MLN Matters Number: MM11080

Related CR Release Date: January 11, 2019

Related CR Transmittal Number: R4195CP

Related Change Request (CR) Number: 11080

Effective Date: April 1, 2019

Implementation Date: April 1, 2019

CR11080 informs MACs of new Clinical Laboratory Improvement Amendments of 1988 (CLIA) waived tests approved by the Food and Drug Administration (FDA). Since these tests are marketed immediately after approval, the Centers for Medicare & Medicaid Services (CMS) must notify its MACs of the new tests so that they can accurately process claims. Make sure your billing staffs are aware of these CLIA-related changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11080](#).

Processing Instructions to Update the Standard Paper Remit (SPR)

MLN Matters Number: MM11112

Related CR Release Date: February 1, 2019

Related CR Transmittal Number: R2245OTN

Related Change Request (CR) Number: 11112

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

Change Request (CR) 11112 instructs MACs to update their systems to ensure that SPRs mailed after July 1, 2019, mask the Health Insurance Claim Number (HICN), so the Social Security Number (SSN) does not

show. Make sure your billing staff is aware of these instructions.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11112](#).

Evaluation and Management (E/M) When Performed with Superficial Radiation Treatment - Revised

MLN Matters Number: MM11137 Revised

Related CR Release Date: February 22, 2019

Related CR Transmittal Number: R4246CP

Related Change Request (CR) Number: 11137

Effective Date: January 1, 2019

Implementation Date: March 25, 2019

Note: CMS revised this article on March 1, 2019, to correct an E/M code on page 2 of this article, which should have been E/M codes 99211. All other information is unchanged.

CR11137 revises Chapter 13 of the Medicare Claims Processing Manual to allow providers to bill E/M codes 99211, 99212, and 99213 for Levels I through III, when performed with superficial radiation treatment delivery (up to 200 kV), when performed for the purpose of reporting physician work associated with:

- Radiation therapy planning
- Radiation treatment device construction
- Radiation treatment management when performed on the same date of service as superficial radiation treatment delivery

Make sure your billing staffs are aware of these revisions.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11137](#).

Minor or Major Surgery Claim Denials

Has your facility received denials when billing for services following a surgery with a 10-day or 90-day global period?

To access an overview of global period post-operative days, the Medicare Physician Fee Schedule (MPFS) Lookup Tool, billing details, and services included/excluded in global surgery payment information, visit the [Global Surgery](#) webpage. If interested in looking for a specific CPT code and verify its global period, access the appropriate state file on the [Medicare Physician Fee Schedules \(MPFS\)](#) webpage.

If the denial received is because of a clerical error, a Self-Service Reopening may be requested. If your facility would like to submit a Redetermination request(s), submit it via the Noridian Medicare Portal (NMP). For those providers who do not yet use NMP, please view registration and user/administrator details on the [NMP](#) webpage

New Patient vs Established Patient Visit Claim Denials

Is your facility receiving denials on new patient Evaluation and Management (E/M) CPT codes? Could it be a result of a new patient vs established patient billing error?

Visit the [New Patient vs Established Patient Visit](#) webpage for new and established patient information; claim examples; resources; and access the “New Patient vs Established Patient Visit Decision Tree” which will help determine whether a patient is new or established.

If the denial received is because of a clerical error, a Reopening may be requested. If your facility would like to submit a Redetermination request(s), submit it via the Noridian Medicare Portal (NMP). For those providers who do not yet use NMP, please view registration and user/administrator details on the [NMP](#) webpage.

Guidance on Coding and Billing Date of Service on Professional Claims - Revised

MLN Matters Number: SE17023 Revised

Article Release Date: February 1, 2019

Note: This article was revised on February 1, 2019, to correct a statement in the Home Health Certification and Recertification Section to read, “the physician completes and signs the plan of care.” All other information is unchanged.

Providers need to determine the Medicare rules and regulations concerning the date of service and submit claims appropriately. Be sure your billing and coding staffs are aware of this information.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)17023](#).

Additional Information Required for Coverage and Pricing for Category III CPT Codes - R6

The Local Coverage Article (LCA) Additional Information Required for Coverage and Pricing for Category III CPT® Codes has been created and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes: This article revised for the new, deleted and description changes of CPT codes.

- New CPT codes added to Group 1
 - 0510T, 0511T, 0512T, 0513T, 0514T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0540T, 0541T, 0542T
- New CPT codes added to Group 4
 - 0509T, 0537T, 0538T, 0539T
- Deleted CPT codes from Group 1
 - 0159T, 0190T, 0195T, 0196T, 0337T, 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0374T
- Deleted CPT codes from Group 2
 - 0346T, 0406T, 0407T
- Deleted CPT codes from Group 3
 - 0188T, 0189T
- Deleted CPT codes from Group 4
 - 0387T, 0388T, 0389T, 0390T, 0391T
- Description changed for the following codes
 - 0335T - Insertion of sinus tarsi implant
 - 0362T - Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior
 - 0373T - Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior

Effective Date: January 1, 2019

View the locally hosted Medicare coverage article.

- Go to Noridian [Medicare Coverage Articles](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- View locally hosted Medicare coverage article

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column

- Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

Additional Information Required for Coverage and Pricing for Category III CPT Codes - R7

The Additional Information Required for Coverage and Pricing for Category III CPT® Codes Local Coverage Article (LCA), has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes: This LCA has been updated to remove Category III CPT code 0402T from Group 1 and added into Group 4.

Effective Date: January 1, 2019

View the locally hosted Medicare coverage article.

- Go to Noridian [Medicare Coverage Articles](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- View locally hosted Medicare coverage article

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

Billing Limitations for Pharmacies - R2

The Billing Limitations for Pharmacies article has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Article Summary:

- Added per 2019 CPT Updates
 - 90689 under Influenza Vaccine and J7170 under Specialty A5-Pharmacy in the narrative and to the list of Group 1 CPT Codes.
- Deleted effective 12/31/18 - Q9995

Effective Date: January 1, 2019

View the locally hosted Medicare coverage article.

- Go to Noridian [Medicare Coverage Articles](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- View locally hosted Medicare coverage article

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column

- Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

Chemotherapy Administration - R16

This coverage article has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes: Removed coding information for 2017 dates of service, as applicable, from all tables and in information for talimogene laherparepvec (Imlygic™) and rituximab and hyaluronidase (Rituxan Hycela™). In the Non-Chemotherapy Infusions section, removed C9026 as the code to use for OPPS for vedolizumab (Entyvio®) and in the Infusion Chemotherapy section for copanlisib (Aliqopa™) changed C9030 from 7/1/18 to 7/1/17.

Effective Date: January 1, 2019

View the locally hosted Medicare coverage article.

- Go to Noridian [Medicare Coverage Articles](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- View locally hosted Medicare coverage article

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

Chemotherapy Administration - R17 and R18

This coverage article has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Effective Date: January 1, 2019

Summary of Changes:

- Added the following J codes to the Infusions Chemotherapy section
 - J0640 - leucovorin calcium to have IV chemo admin codes payable when given with 5-Fluoracil
 - J2783 - rasburicase (Elitek®)
 - J2820 - sargramostim (Leukine®)
 - J9999 - (OPPS:C9399) for Elzonris™
 - Q5109 - infliximab-qbtx (Ixifi™)
- Added J2820 sargramostim (Leukine®) as payable with 96401 if given for the treatment of cancer
- Added and deleted the following codes to the list of drugs payable with an external portable pump (G0498) as indicated in each Product Information sheet
- Added:
 - J9065 - cladribine,
 - J9041 - bortezomib

- J9267 - Paclitaxel to be payable per the Product Information sheet
- Deleted:
 - J9371 - vincristine sulfate liposome (Oncovin, Vincasar PFS)
 - Adrucil® listed with J9190 since it had been discontinued

View the locally hosted Medicare coverage article.

- Go to Noridian [Medicare Coverage Articles](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- View locally hosted Medicare coverage article

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

Coverage of FDA Approved Biosimilars

The FDA approved use of biosimilars for FDA approved drugs, has increased recently. View the complete Biosimilars Coverage message on the [Drugs, Biologicals and Injections](#) webpage. Hemodialysis Frequency Coverage Article Retirement – Effective February 28, 2019

The following JF Local Coverage Article has been retired under contractor 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Medicare Coverage Database Number: A53826

Article Title: Hemodialysis Frequency

Effective Date: February 28, 2019

Summary: This article will be retired and replaced with the Local Coverage Determination (LCD) Frequency of Hemodialysis, L37504 with the related article A55676, Coding for Hemodialysis Sessions. The effective date of the LCD and the new coding article is March 1, 2019.

The article will continue to be viewable in the Active Website and will display a Retirement Date "Anticipated 02/28/2019". After this date, the article will move to the Retired Article section of the Medicare Coverage Database.

Access the Noridian Retired coverage articles from our website, follow the instructions below.

- Go to [Medicare Coverage Articles](#)
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary).
- Select the state of interest in the table under "Retired Articles."
 - This link will redirect you to the CMS website.
- Locate the above-listed CMS Medicare Coverage Database (MCD) number and article title and select the title of interest.

Implantable Automatic Defibrillators - Coding and Billing

The following Noridian coverage requirements for National Coverage Determination (NCD) 20.4 - Implantable Automatic Defibrillators – Coding and Billing has been published for notice under contract numbers 02102 (AK) 02202 (ID) 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY) in the CMS Medicare Coverage Database (MCD) and on our (Noridian) website.

NCD: Implantable Automatic Defibrillators – Coding and Billing - 20.4

Article Summary: The National Coverage Determination (NCD) 20.4, Implantable Automatic Defibrillators was revised with an effective date of February 15, 2018. The CMS A/B Medicare Administrative Contractors (MACs) have been instructed to implement the NCD at the local level. The article provides coding and billing instructions for the implementation of NCD 20.4.

Implementation Date: March 26, 2019

View this Future National Coverage Determination (NCD) Article.

- Go to Noridian [Medicare Coverage Articles](#) webpage.
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select “Accept” (if necessary).
 - Scroll down to the bottom of the webpage and select your state under the Future column.
 - This takes you to the CMS MCD where you select Future.
 - Locate/select the above listed article.

To view a complete list of all CMS NCDs available, go to [National Coverage Determinations \(NCDs\) Alphabetical Index](#).

MolDX: Breast Cancer Index Genetic Assay - R3

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L36314

LCD Title: MolDX: Breast Cancer Index Genetic Assay

Effective Date: January 1, 2019

Summary of Changes:

Updated to include and/or remove CPT/HCPCS codes.

- New/Revised CPT/HCPCS codes
 - 81518 - mRNA gene analysis of 11 genes in breast tumor tissue
- Deleted CPT/HCPCS codes
 - 81479 - unlisted molecular pathology procedure

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select “Accept” (if necessary)
- Locate above listed LCD title

MolDX: CFTR Gene Analysis Billing and Coding Guidelines - R2

The MolDX: CFTR Gene Analysis Billing and Coding Guidelines has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes:

Added per the 2019 Annual HCPCS Code Update

- CPT 8443, genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucopolipidosis type vi, gaucher disease, tay-sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, acadm, arsa, aspa, atp7b, bckdha, bckdhd, blm, cftr, dhcr7, fancg, g6pc, gaa, galt, gba, gbe1, hbb, hexa, ikbkap, mcoln1, pah)

Effective Date: January 1, 2019

View the locally hosted MoIDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MoIDX\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

MolDX: Clonoseq Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies

The MolDX: Clonoseq[®] Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies has been created and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Article: Medicare published a National Coverage Decision, 90.2 Next-Generation Sequencing for Patients with Advanced Cancer with an effective date of 03/16/2018. This coverage decision allows Medicare Administrative Contractors to cover a next generation sequencing test for cancer diagnoses in beneficiaries with advanced cancer who are seeking additional treatment. Contractors may cover up to one test per beneficiary per cancer diagnosis.

Effective Date: 03/04/2019

View the locally hosted MoIDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MoIDX\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

MolDX: ENG and ACVRL1 Gene Tests Billing and Coding Guidelines - R2

The MolDX: ENG and ACVRL1 Gene Tests Billing and Coding Guideline coverage article has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes:

- CPT code 81403, *molecular pathology procedure, level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)* is removed. The ENG gene is not included in the description of this code. AMA coding guidance does not support the use of a tier code if the gene is not listed in the CPT manual for the code. Update is a result of the 2019 Annual HCPCS Code Update.

Effective Date: January 1, 2019

View the locally hosted MolDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MolDX\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

MolDX: FANCC Genetic Testing Billing and Coding Guidelines - R1

The MolDX: FANCC Genetic Testing Billing and Coding Guidelines coverage article has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes:

Added codes per the 2019 Annual CPT Code Update. Added Part A claim filing information.

- 81412 - ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia, fanconi anemia group c, gaucher disease, tay-sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including aspa, blm, cftr, fancc, gba, hexa, ikbkap, mcoln1, and smpd1
- 81443 - genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucopolidosis type vi, gaucher disease, tay-sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, acadm, arsa, aspa, atp7b, bckdha, bckdha, blm, cftr, dhcr7, fancc, g6pc, gaa, galt, gba, gbe1, hbb, hexa, ikbkap, mcoln1, pah)

Effective Date: January 1, 2019

View the locally hosted MolDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MolDX\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

COVERAGE

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

MolDX: Fragile X Billing and Coding Guidelines - R2

The MolDX: Fragile X Billing and Coding Guidelines coverage article has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes:

- Added codes per the 2019 Annual CPT Code Update.
 - 81470 - x-linked intellectual disability (xlid) (eg, syndromic and non-syndromic xlid); genomic sequence analysis panel, must include sequencing of at least 60 genes, including arx, atrx, cdkl5, fgd1, fmr1, huwe1, il1rapl, kdm5c, l1cam, mecp2, med12, mid1, ocr1, rps6ka3, and slc16a2
 - 81471 - x-linked intellectual disability (xlid) (eg, syndromic and non-syndromic xlid); duplication/deletion gene analysis, must include analysis of at least 60 genes, including arx, atrx, cdkl5, fgd1, fmr1, huwe1, il1rapl, kdm5c, l1cam, mecp2, med12, mid1, ocr1, rps6ka3, and slc16a2
- 81244 short or long descriptor was changed in Group 1.

Effective Date: January 1, 2019

View the locally hosted MolDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MolDX\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

MolDX: HBB Gene Tests Billing and Coding Guidelines - R3

The MolDX: HBB Gene Tests Billing and Coding Guidelines coverage article has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes:

Added codes per the 2019 Annual HCPCS Code Update.

- 81443 - genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucopolidosis type vi, gaucher disease, tay-sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, acadm, arsa, aspa, atp7b, bckdha, bckdha, blm, cftr, dhcr7, fancc, g6pc, gaa, galt, gba, gbe1, hbb, hexa, ikbkap, mcoln1, pah)

Effective Date: January 1, 2019

View the locally hosted MolDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MolDX\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

MolDX: HEXA Gene Analysis Billing and Coding Guidelines - R2

The MolDX: HEXA Gene Analysis Billing and Coding Guidelines coverage article has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes:

Added codes per the 2019 Annual CPT Code Update

- 81412 - ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia, fanconi anemia group c, gaucher disease, tay-sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including aspa, blm, cftr, fancc, gba, hexa, ikbkap, mcoln1, and smpd1
- 81443 - genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucopolidosis type vi, gaucher disease, tay-sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, acadm, arsa, aspa, atp7b, bckdha, bckdhb, blm, cftr, dhcr7, fancc, g6pc, gaa, galt, gba, gbe1, hbb, hexa, ikbkap, mcoln1, pah)

Effective Date: January 1, 2019

View the locally hosted MolDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MolDX\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

MolDX: IKBKAP Genetic Testing Billing and Coding Guidelines - R1

The MolDX: IKBKAP Genetic Testing Billing and Coding Guidelines coverage article has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes:

Added codes per the 2019 Annual CPT Code Update.

- 81412 - ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia, fanconi anemia group c, gaucher disease, tay-sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including aspa, blm, cftr, fancc, gba, hexa,

ikbkap, mcoln1, and smpd1

- 81443 - genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucopolidosis type vi, gaucher disease, tay-sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, acadm, arsa, aspa, atp7b, bckdha, bckdhb, blm, cftr, dhcr7, fancc, g6pc, gaa, galt, gba, gbe1, hbb, hexa, ikbkap, mcoln1, pah)

Effective Date: January 1, 2019

View the locally hosted MoIDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MoIDX\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

MolDX: L1CAM Gene Sequencing Billing and Coding Guidelines - R1

The MolDX: L1CAM Gene Sequencing Billing and Coding Guidelines coverage article has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes:

Added codes per the 2019 Annual CPT Code Update

- 81470 - X-linked intellectual disability (xlid) (eg, syndromic and non-syndromic xlid); genomic sequence analysis panel, must include sequencing of at least 60 genes, including arx, atrx, cdkl5, fgd1, fmr1, huwe1, il1rapl, kdm5c, l1cam, mecpc2, med12, mid1, ocl, rps6ka3, and slc16a2
- 81471 - X-linked intellectual disability (xlid) (eg, syndromic and non-syndromic xlid); duplication/deletion gene analysis, must include analysis of at least 60 genes, including arx, atrx, cdkl5, fgd1, fmr1, huwe1, il1rapl, kdm5c, l1cam, mecpc2, med12, mid1, ocl, rps6ka3, and slc16a2

Effective Date: January 1, 2019

View the locally hosted MoIDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MoIDX\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD

- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

MolDX: MCOLN1 Genetic Testing Billing and Coding Guidelines - R1

The MolDX: MCOLN1 Genetic Testing Billing and Coding Guidelines coverage article has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes:

Added the following CPT codes per the 2019 Annual HCPCS Code Update

- 81412 - ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia, fanconi anemia group c, gaucher disease, tay-sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including aspa, blm, cftr, fancc, gba, hexa, ikbkap, mcoln1, and smpd1
- 81443 - genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucopolidosis type vi, gaucher disease, tay-sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, acadm, arsa, aspa, atp7b, bckdha, bckdhb, blm, cftr, dhcr7, fancc, g6pc, gaa, galt, gba, gbe1, hbb, hexa, ikbkap, mcoln1, pah)

Effective Date: January 1, 2019

View the locally hosted MolDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MolDX\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

MolDX: MECP2 Genetic Testing Billing and Coding Guidelines - R2

The MolDX: MECP2 Genetic Testing Billing and Coding Guidelines has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Changes:

Added the following CPT codes per the 2019 Annual HCPCS Code Update:

- 81470 - X-linked intellectual disability (xlid) (eg, syndromic and non-syndromic xlid); genomic sequence analysis panel, must include sequencing of at least 60 genes, including arx, atrx, cdkl5, fgd1, fmr1, huwe1, il1rapl, kdm5c, l1cam, mecp2, med12, mid1, ocl1, rps6ka3, and slc16a2
- 81471 - X-linked intellectual disability (xlid) (eg, syndromic and non-syndromic xlid); duplication/deletion gene analysis, must include analysis of at least 60 genes, including arx, atrx, cdkl5, fgd1, fmr1, huwe1, il1rapl, kdm5c, l1cam, mecp2, med12, mid1, ocl1, rps6ka3, and slc16a2

Effective Date: January 1, 2019

View the locally hosted MolDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MolDX\)](#) webpage

- The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

MolDX: Oncotype DX Genomic Prostate Score Coding and Billing

The MolDX: Oncotype DX® Genomic Prostate Score Coding and Billing Article has been created and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Summary of Article: The Oncotype DX® Genomic Prostate Score (Genomic Health®) is a covered test for use in very low risk, low risk, and favorable intermediate risk prostate cancer. The CPT code to bill for this service on or after 01/01/19 is 0047U. The article will also be linked to the Local Coverage Determination (LCD) L36368, MolDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay.

- **0047U** - Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score.

Effective Date: January 1, 2019

View the locally hosted MolDX Medicare Coverage Article.

- Go to [Molecular Diagnostic Services \(MolDX\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate and select above listed Medicare Coverage Article from "Covered Tests" or "Excluded Tests" webpage

View a complete list of Noridian coverage articles.

- Go to Noridian [Medicare Coverage Articles](#) webpage
- Scroll to bottom of page
- Select state/contract link of interest from applicable Active, Future, or Retired Articles column
 - Link will redirect you to CMS MCD
- In CMS MCD, select corresponding article title to view a comprehensive revision history for this article

Sacral Nerve Stimulation for Urinary and Fecal Incontinence - R2

The following Noridian coverage requirements for the Sacral Nerve Stimulation for Urinary and Fecal Incontinence National Coverage Determination (NCD) has been published under contract numbers 02102 (AK) 02202 (ID) 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

NCD: Sacral Nerve Stimulation for Urinary and Fecal Incontinence-230.18

Summary of Changes: This article is revised to add Type of Bill (TOB) and Revenue codes in the Bill Type Codes and Revenue Codes fields and CPT codes 64585 and 64595 to the Ancillary Codes in the Group 2 Codes as indicated in the CMS Internet Only Manual (IOM), Publication 100.04, Medicare Claims

Processing Manual, Chapter 32, Section 40.2-40.5.

Effective Date: 02/28/2019

View the locally hosted National Coverage Determination (NCD) coverage requirement articles.

- Go to Noridian [National Coverage Determination \(NCD\)](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate locally hosted NCD coverage article
- Select title of interest

View a complete list of CMS NCDs.

- Go to [National Coverage Determinations \(NCDs\) Alphabetical Index](#).

Sensory Evoked Potentials & Intraoperative Neurophysiology Monitoring LCD Retirement - Effective February 22, 2019

The following JF Local Coverage Determination (LCD) has been retired under contractor 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Medicare Coverage Database Number: L34072

LCD Title: Sensory Evoked Potentials & Intraoperative Neurophysiology Monitoring

Effective Date: February 22, 2019

LCDs are retired due to lack of evidence of current need(s) for the education and/or edits or in some cases because the material is addressed by a National Coverage Determination (NCD), a coverage provision in a CMS interpretative manual, another LCD or an article. Retirement does not mean that medical necessity has changed or that the LCD no longer reflects appropriate criteria. The guidance in the retired LCD may be helpful in assessing medical necessity.

The LCD will continue to be viewable in the Active Website and will display a Retirement Date "Anticipated 02/22/2019." After this date, it will move to the Retired LCD section of the Medicare Coverage Database.

Access Noridian Retired LCDs.

- Go to [Retired LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Select state of interest
 - Link will redirect you to CMS website
- Select "Retired LCDs" and click "Submit"
 - Locate above listed CMS MCD number, LCD title, and select title of interest

E/M Education on Demand Tutorials Available

Providers are encouraged to view the many tutorials available regarding Evaluation and Management (E/M) services.

- Chronic Care Management (CCM) Basics
- CCM Eligibility
- CCM Billing and Documentation
- E/M Modifiers
- Home and Domiciliary Visit Guidelines
- Transitional Care Management (TCM)

These and other tutorials are available on the [Education on Demand](#) webpage.

Endoscopy Education on Demand Available

View the Endoscopy Procedures and Calculations tutorial to learn how payment is calculated when related, unrelated, and multiple procedures are billed.

This tutorial is located on the [Education on Demand](#) webpage.

Modifier Tutorials Available

Noridian offers Education on Demand self-paced tutorials on evaluation and management and surgical modifiers. These tutorials review the descriptions and provide examples.

To view these tutorials, see the [Education on Demand](#) page.

Schedule of Events Layout Improved

To improve our provider/supplier visual and usability experience, the Education and Outreach Schedule of Events webpage has been updated to provide a quicker view of the upcoming webinar, Ask the Contractor Teleconference (ACT), in-person seminar, and related partnership event titles, dates, times, Continuing Education Units (CEUs) offered, and event types.

Select the event title to access its GoToWebinar registration page to view the topic details, complete the registration form, and submit educational hopes to the presenter for that event, if desired.

Noridian appreciates feedback on our educational events and the website tools available to assist providers/suppliers in the participation of outreach offered. It's the comments provided that allow us to continue our efforts to ensure our website evolves to best meet our provider/supplier community needs.

Check out the revised [Schedule of Events](#) webpage.

Hurricane Maria and Medicare Disaster Related United States Virgin Islands and Commonwealth of Puerto Rico Claims - Revised

MLN Matters Number: SE17028 Revised

Article Release Date: January 24, 2019

Note: This article was revised on January 24, 2019, to advise providers that the public health emergency (PHE) declaration and Section 1135 waiver authority for the United States Virgin Islands expired on December 9, 2018. All other information remains the same.

This MLN Matters® Special Edition Article is intended for providers and suppliers who submit claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries in the United States Virgin Islands and the Commonwealth of Puerto Rico who were affected by Hurricane Maria.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)17028](#).

Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims - Revised

MLN Matters Number: SE18024 Revised

Article Release Date: January 23, 2019

CR10843 provides instructions for payment to RHCs and FQHCs billing for communication technology-based services for dates of service on or after January 1, 2019. Make sure your billing staffs are aware of these instructions.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)18024](#).

Medicare Fee-for-Service (FFS) Response to the 2018 California Wildfires - Revised

MLN Matters Number: SE18025 Revised

Article Revised Date: February 6, 2019

Note: This article was revised on February 6, 2019, to advise providers that the public health emergency (PHE) declaration and Section 1135 waiver authority for the State of California were renewed, effective February 6, 2019. All other information remains the same.

This MLN Matters® Special Edition Article is intended for providers and suppliers who submit claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries, who were affected by the 2018 wildfires in the State of California.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)18025](#).

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 website <https://pecos.cms.hhs.gov>. 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

Revalidation Webpage Improvements

To better explain the entire revalidation process in addition to sharing two updates issued by CMS regarding documentation and timelines for submission, we have expanded the information available on the Revalidation webpage.

- **Documentation:** If Noridian can locate a provider's necessary supporting documentation within previously submitted applications (EFT, IRS documents, etc.), resubmission of the documentation is not required.
 - If we cannot find this information, a development request will be mailed to the provider.
- **When can you submit:** Applications can now be submitted 7-months in advance of the revalidation due date. This is a change from the previously communicated 6-month timeline.

Check out all the updates on the [Revalidation](#) webpage. Please share this information with office for staff members who work on Provider Enrollment and related efforts.

Independent Laboratory Billing of Laboratory Tests for End-Stage Renal Disease (ESRD) Beneficiaries and the Sunset of the CB Modifier

MLN Matters Number: MM11061

Related CR Release Date: February 1, 2019

Related CR Transmittal Number: R4227CP

Related Change Request (CR) Number: 11061

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

Change Request (CR) 11061 sunsets the requirement for Independent Laboratories to use the CB modifier to bill separately for renal dialysis laboratory tests. Make sure your billing staff is aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11061](#).

Calendar Year (CY) 2019 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment - Revised

MLN Matters Number: MM11076 Revised

Related CR Release Date: January 17, 2019

Related CR Transmittal Number: R4208CP

Related Change Request (CR) Number: 11076

Effective Date: January 1, 2019

Implementation Date: January 7, 2019

CR 11076 provides instructions for the Calendar Year (CY) 2019 Clinical Laboratory Fee Schedule (CLFS), mapping for new codes for clinical laboratory tests, and updates for laboratory costs subject to the reasonable charge payment. Make sure your billing staffs are aware of these updates.

Note: CMS revised the article on January 18, 2019, to reflect the revised CR issued on January 17. The revised CR deleted code 0008U from the list of revised codes effective January 1, 2019. CMS deleted that code from the article. Also, CMS revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11076](#).

HCPCS Codes Subject to and Excluded from CLIA Edits

MLN Matters Number: MM11135

Related CR Release Date: February 22, 2019

Related CR Transmittal Number: R4245CP

Related Change Request (CR) Number: 11135

Effective Date: January 1, 2019

Implementation Date: April 1, 2019

CR11135 informs providers and MACs about the new Healthcare Common Procedure Coding System (HCPCS) codes for 2019 that are subject to and excluded from Clinical Laboratory Improvement Amendments (CLIA) edits. Make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11135](#).

Medicare Part B Clinical Laboratory Fee Schedule: Revised Information

for Laboratories on Collecting and Reporting Data for the Private Payor Rate-Based Payment System

MLN Matters Number: SE19006

Article Release Date: February 27, 2019

This article will assist the laboratory community in meeting the requirements under Section 1834A of the Social Security Act (the Act) for the Medicare Part B Clinical Laboratory Fee Schedule (CLFS). It includes clarifications for determining whether a hospital outreach laboratory meets the requirements to be an “applicable laboratory,” the applicable information (that is, private payor rate data) that must be collected and reported to the Centers for Medicare & Medicaid Services (CMS), the entity responsible for reporting applicable information to CMS, the data collection and reporting periods, and the schedule for implementing the next private payor-rate based CLFS update. Also, this revised article includes information about the condensed data reporting option for reporting entities. CMS previously issued additional information about the CLFS data collection system and Advanced Diagnostic Laboratory Tests (ADLTs) through separate instructions.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)19006](#).

New Medicare Card: Are You Using the MBI?

Many providers are using the new Medicare Beneficiary Identifier (MBI) for Medicare transactions. For the week ending January 25, providers submitted 62% of fee-for-service claims with the MBI. We encourage you to use MBIs now for all Medicare transactions. Don't have an MBI?

- Ask your patient for their card. If they have not received a new card, ask them to look for a plain white envelope from the Department of Health and Human Services; sign into [MyMedicare.gov](https://www.mymedicare.gov) to get their new number or print an official card; or call 1-800-Medicare (1-800-633-4227).
- Use your Medicare Administrative Contractor's look up *tool (Noridian Medicare Portal (NMP))* Look-up Tool. [Sign up \(Register\)](#) for the portal
- Check the Remittance Advice. We return the MBI on the remittance advice for every claim with a valid and active Health Insurance Claim Number.

Resource

- CMS *MLN Connects* dated February 7, 2019

New Medicare Beneficiary Identifier (MBI) Get It, Use It - Revised

MLN Matters Number: SE18006 Revised

Article Release Date: March 6, 2019

Note: CMS revised this article on March 6, 2019, to add language that the MBI look-up tool can be used to obtain an MBI even for patients in a Medicare Advantage Plan. All other information remains the same.

The Centers for Medicare & Medicaid Services (CMS) is mailing the new Medicare cards with the MBI in phases by geographic location. There are 3 ways you and your office staff can get MBIs.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\) Special Edition \(SE\)18006](#).

Frequency of Hemodialysis Final LCD - Effective February 18, 2019

The following Local Coverage Determination (LCD) has completed the Open Public and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (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: L37504

LCD Title: Frequency of Hemodialysis

Effective Date: February 18, 2019

Summary of LCD: Under this policy, the MACs determine whether additional treatments furnished during a month are medically necessary and when the MACs determine that the treatments are medically justified, we pay the full base rate for the additional treatments.

To access the Noridian Future Effective LCDs from our website, follow the instructions below.

- Go to [Future LCD](#)
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary).
- On the "Future LCDs" page, select the coordinating state and locate the above listed CMS MCD number or LCD title.
 - This link will redirect you to the state specific Future Effective LCD on the CMS website.

Frequency of Hemodialysis LCD - R1, Effective March 1, 2019

The following Local Coverage Determination (LCD) has completed the Open Public and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (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: L37504

LCD Title: Frequency of Hemodialysis

Effective Date: March 1, 2019

Summary of LCD: Under this policy, the MACs determine whether additional treatments furnished during a month are medically necessary and when the MACs determine that the treatments are medically justified, we pay the full base rate for the additional treatments.

This LCD is revised to change the effective date of 2/18/19 to 3/1/2019. The effective date applies to dates of service, not to claim submission dates.

To access the Noridian Future Effective LCDs from our website, follow the instructions below.

- Go to [Future LCD](#)
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary).
- On the "Future LCDs" page, select the coordinating state and locate the above listed CMS MCD number or LCD title.
 - This link will redirect you to the state specific Future Effective LCD on the CMS website.

Intraoperative Neurophysiological Testing Draft LCD Retirement - Effective January 10, 2019

The following JF draft Local Coverage Determination (LCD) has been retired under contractor 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Medicare Coverage Database Number: DL36688

LCD Title: Intraoperative Neurophysiological Testing

Effective Date: January 10, 2019

This draft LCD is not compliant with the 21st Century Cures Act Requirements and will be retired and archived in the CMS Medicare Coverage Database effective January 10, 2019.

Access Retired draft LCDs.

- Go to [CMS Medicare Coverage Database Archive](#)
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary).

Lab: Bladder/Urothelial Tumor Markers LCD - R2

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L36680

LCD Title: Lab: Bladder/Urothelial Tumor Markers

Effective Date: May 16, 2017

Summary of Changes: Added "Lab" to the title of this LCD.

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate above listed LCD title

Lab: Controlled Substance Monitoring and Drugs of Abuse Testing LCD - R7

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L36707

LCD Title: Lab: Controlled Substance Monitoring and Drugs of Abuse Testing

Effective Date: 12/27/2018

Summary of Changes:

- Removed reference #4: Bolen J. Survey of Drug Testing Policy in the Management of Chronic Pain.
- Added "Lab" to title

View the locally hosted Noridian Active LCD

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate the above listed LCD title

Lab: Flow Cytometry LCD - R11

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L36094

LCD Title: Lab: Flow Cytometry

Effective Date: October 1, 2018

Summary of Changes: Added “Lab” to the title of this LCD.

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select “Accept” (if necessary)
- Locate above listed LCD title

Lumbar MRI LCD - R3

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L37281

LCD Title: Lumbar MRI

Effective Date: 10/01/2018

Summary of Changes: LCD updated to include code M47.815: Spondylosis without myelopathy or radiculopathy, thoracolumbar region

View the locally hosted Noridian Active LCD

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select “Accept” (if necessary)
- Locate the above listed LCD title

Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor Final LCD - Effective April 1, 2019

The following Local Coverage Determination (LCD) has completed the Open Public and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (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: L37738

LCD Title: Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor.

Effective Date: April 1, 2019

Summary of LCD: This LCD addresses use of Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for the treatment of idiopathic essential tremor (ET) patients with medication-refractory tremor.

Access Noridian Future Effective LCDs.

- Go to [Future LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Select coordinating state and locate above listed CMS MCD number or LCD title
 - This link will redirect you to state specific Future Effective LCD on CMS website

MolDX: Biomarkers in Cardiovascular Risk Assessment LCD - R4

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L36362

LCD Title: MolDX: Biomarkers in Cardiovascular Risk Assessment

Effective Date: January 31, 2019

Summary of Change: This LCD has been updated to remove ICD-10 Z13.220.

- Z13.220 - Encounter for screening for lipid disorders

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate above listed LCD title

MolDX: BRCA1 and BRCA2 Genetic Testing LCD - R3

The MolDX: BRCA1 and BRCA2 Genetic Testing LCD has been revised and published for notice under contract numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Medicare Coverage Database (MCD) Number: L36163

LCD Title: MolDX: BRCA1 and BRCA2 Genetic Testing

Effective Date: January 1, 2019

Summary of Changes: This LCD has been updated to include and/or remove CPT/HCPCS codes including the updates referenced below.

- New/Revised CPT/HCPCS codes
 - 81163 BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis

- 81164 BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)
- 81165 BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis
- 81166 BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)
- 81167 BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)
- Deleted CPT/HCPCS codes
 - 81211 BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
 - 81213 BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants
 - 81214 BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
- Revisions under Indications and Limitations of Coverage to Criteria for Testing for breast and prostate indications.
- Added verbiage under Multigene Panels to align with the National Coverage Determination (NCD90.2): Next Generation Sequencing (NGS), which describes the criteria under which contractors may cover NGS laboratory tests for patients with cancer.
- Updated Bibliography #20 to update NCCN reference version to Version 2.2019.

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate above listed LCD title

MolDX: Breast Cancer Index (BCI) Gene Expression Test Final LCD - Effective April 16, 2019

The following Local Coverage Determination (LCD) has completed the Open Public and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (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: L37824

LCD Title: MolDX: Breast Cancer Index™ (BCI) Gene Expression Test

Effective Date: April 16, 2019

Summary of LCD: This Medicare contractor will provide limited coverage for the Breast Cancer Index™ (BCI) gene expression test (Biotheranostics, Inc., San Diego, CA) for the management of postmenopausal women diagnosed with early-stage (TNM stage T1-3, pN0, M0), node-negative, non-relapsed, ER and/or PR-positive, HER2-negative breast cancer, who are being or will be treated with primary adjuvant endocrine therapy. The BCI test is used by physicians to provide a genomic-based estimate of 10y distant recurrence risk when considering addition of chemotherapy, and/or late distant recurrence risk and endocrine responsiveness when considering extension of endocrine therapy, depending upon when in the continuum of care testing is requested.

Access Noridian Future Effective LCDs.

- Go to [Future LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select “Accept” (if necessary)
- Select coordinating state and locate above listed CMS MCD number or LCD title
 - This link will redirect you to state specific Future Effective LCD on CMS website

MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing LCD - R5

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L36310

LCD Title: MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing

Effective Date: January 1, 2019

Summary of Changes:

Updated to include and/or remove CPT/HCPCS codes.

- New/Revised CPT/HCPCS codes
 - 0070U - CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON AND SELECT RARE VARIANTS (IE, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *XN)

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select “Accept” (if necessary)
- Locate above listed LCD title

MoIDX: DecisionDx-UM (Uveal Melanoma) LCD - R1

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L37072

LCD Title: MoIDX: DecisionDx-UM (Uveal Melanoma)

Effective Date: February 21, 2019

Summary of Change: This LCD has been revised to replace 81599 with CPT 0081U. The “Demirci” reference under “Clinical Performance: Validity” and in the Bibliography section are also deleted.

- 0081U - Oncology (Uveal Melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping genes), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis.

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select “Accept” (if necessary)
- Locate above listed LCD title

MolDX: Genetic Testing for Lynch Syndrome Final LCD - Effective April 16, 2019

The following Local Coverage Determination (LCD) has completed the Open Public and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (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: L36374

LCD Title: MolDX: Genetic Testing for Lynch Syndrome

Effective Date: April 16, 2019

Summary of LCD: This policy limits Lynch syndrome (LS) genetic testing to a stepped approach for Microsatellite Instability and Immunohistochemistry (MSI/IHC) screening, BRAF gene mutation, MLH1 gene promoter hypermethylation and targeted mismatch repair (MMR) germ-line gene testing to all patients with colorectal cancer (CRC) and endometrial cancer regardless of age, or a multi-gene NGS or other multi-analyte methodology that is inclusive of MSI microsatellite loci, and MLH1, MSH2, MSH6 and PMS2 genes. MSI/MMR testing is also covered for adult and pediatric patients with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options, or colorectal cancer that has progressed following treatment with fluoropyrimidine, oxaliplatin, and irinotecan.

Access Noridian Future Effective LCDs.

- Go to [Future LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Select coordinating state and locate above listed CMS MCD number or LCD title
 - This link will redirect you to state specific Future Effective LCD on CMS website

MolDX: Molecular Diagnostic Tests (MDT) LCD - R7 and R8

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L36256

LCD Title: MolDX: Molecular Diagnostic Tests (MDT)

Effective Date: January 01, 2019

Summary of Changes:

Updates made due to the 2019 Annual HCPCS Code Update

- Deleted codes: 0001M, 81211, 81213, 81214
- Added codes to existing ranges: 81163, 81164, 81165, 81166, 81167, 81171, 81172, 81173, 81174, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81204, 81233, 81234, 81236, 81237, 81239, 81271, 81274, 81284, 81285, 81286, 81289, 81305, 81306, 81312, 81320, 81329, 81333, 81336, 81337, 81343, 81344, 81345, 81443, 81518, 81596
- Codes with descriptor changes: 0006U, 0012M, 0031U, 0032U, 81109, 81162, 81212, 81215, 81216, 81217, 81244, 81287, 81327, 81334

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate above listed LCD title

MolDX: Molecular Diagnostic Tests (MDT) LCD - R8

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L36256

LCD Title: MolDX: Molecular Diagnostic Tests (MDT)

Effective Date: January 01, 2019

Summary of Changes: The following paragraph under Covered Tests has been clarified:

Other tests/assays may be addressed by separate Noridian policy. In addition, the CPT codes listed under Group 1 are addressed in the MolDX program. If a test is not linked below under Related Local Coverage Documents, it may be addressed under separate Noridian policy or it has not been approved for coverage as it has either not been vetted by the MolDX contractor or has been found to be considered statutorily excluded.

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate above listed LCD title

MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels Final LCD - Effective May 13, 2019

The following Local Coverage Determination (LCD) has completed the Open Public and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (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: L37315

LCD Title: MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

Effective Date: May 13, 2019

Summary of LCD: This policy limits coverage of multiplex polymerase chain reaction (PCR) respiratory viral panels. Panels of 3-5 pathogens are covered under limited circumstances. Specifically, the test must be ordered either in a healthcare setting that is equipped to care for and routinely does care for critically ill patients, or it must be ordered by an infectious disease specialist, unless an infectious disease specialist is not available. Multiplex PCR respiratory viral panels of 6 or more pathogens are non-covered.

Access Noridian Future Effective LCDs.

- Go to [Future LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Select coordinating state and locate above listed CMS MCD number or LCD title
 - This link will redirect you to state specific Future Effective LCD on CMS website

MolDX: Oncotype DX AR-V7 Nucleus Detect for Men with Metastatic Castrate Resistant Prostate Cancer (MCRPC) Final LCD - Effective March 2, 2019

The following Local Coverage Determination (LCD) has completed the Open Public and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (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: L37744

LCD Title: MolDX: Oncotype DX AR-V7 Nucleus Detect for Men with Metastatic Castrate Resistant Prostate Cancer (MCRPC)

Effective Date: March 02, 2019

Summary of LCD: This contractor will provide limited coverage for the Oncotype DX AR-V7 Nucleus Detect to help determine which patients with metastatic castrate resistant prostate cancer may benefit from androgen receptor signaling inhibitor therapy and which may benefit from chemotherapy.

Access Noridian Future Effective LCDs.

- Go to [Future LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Select coordinating state and locate above listed CMS MCD number or LCD title
 - This link will redirect you to state specific Future Effective LCD on CMS website

MolDX: Pigmented Lesion Assay (PLA) Draft LCD Retirement - Effective March 01, 2019

The following JF draft Local Coverage Determination (LCD) has been retired under contractor 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Medicare Coverage Database Number: DL37740

LCD Title: MolDX: Pigmented Lesion Assay (PLA)

Effective Date: March 01, 2019

Rationale and/or (below statement): The current LCD does not have the most up to date data which is being reevaluated by us. A new coverage policy is forth-coming, and a new Proposed LCD will be published on the CMS MCD after the removal date of this Proposed LCD.

Access Retired draft LCDs.

- Go to [CMS Medicare Coverage Database Archive](#)
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary).

Multi-Jurisdictional CAC Meeting Final Documents Available

The Medicare Administrative Contractors (MACs) will be hosting a multi-jurisdictional Contractor Advisory Committee (CAC) Meeting on March 20, 2019 from 1-4 p.m. ET. Access the final Agenda, PVA Bibliography, and Voting Questions documents from the [Carrier Advisory Committee](#) webpage.

Nerve Conduction Studies and Electromyography LCD - R4

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L36526

LCD Title: Nerve Conduction Studies and Electromyography

Effective Date: October 1, 2018

Summary of Changes: This LCD has been updated to include and/or remove ICD-10 codes. New/Revised ICD-10 codes

- S34.5XXD, Injury of lumbar, sacral and pelvic sympathetic nerves, subsequent encounter

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate above listed LCD title

Non-Covered Services LCD - R30

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L35008

LCD Title: Non-Covered Services

Effective Date: January 1, 2019

Summary of Changes: This LCD has been updated to remove Category III CPT code 0402T from Group 1.

- Deleted CPT codes
 - 0402T - Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate above listed LCD title

Lab: Bladder/Urothelial Tumor Markers LCD - R2

The following JF Local Coverage Determination (LCD) has been revised under contractor numbers 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), 03602 (WY).

Medicare Coverage Database (MCD) Number: L36680

LCD Title: Lab: Bladder/Urothelial Tumor Markers

Effective Date: May 16, 2017

Summary of Changes: Added "Lab" to the title of this LCD.

View the locally hosted Noridian Active LCD.

- Go to [Active LCD](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate above listed LCD title

Visual Electrophysiology Testing LCD Retirement - Effective January 10, 2019

The following JF draft Local Coverage Determination (LCD) has been retired under contractor 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT) and 03602 (WY).

Medicare Coverage Database Number: DL37116

LCD Title: Visual Electrophysiology Testing

Effective Date: January 10, 2019

This draft LCD is not compliant with the 21st Century Cures Act Requirements and will be retired and archived in the CMS Medicare Coverage Database effective January 10, 2019.

Access Retired draft LCDs.

- Go to [CMS Medicare Coverage Database Archive](#)
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary).

NCD 20.4 Implantable Cardiac Defibrillators (ICDs) - Revised

MLN Matters Number: MM10865 Revised

Related CR Release Date: February 15, 2019

Related CR Transmittal Number: R213NCD

Related Change Request (CR) Number: 10865

Effective Date: February 15, 2018

Implementation Date: March 26, 2019 - MAC local edits

Note: CMS revised this article on February 26, 2019, to reflect a revised CR10865 issued on February 15. CMS revised the CR to change the implementation date to March 26, 2019, and CMS revised the article accordingly. Also, CMS revised the CR release date, transmittal number, and the Web address of the CR. All other information is unchanged.

CR 10865 and the Medicare National Coverage Determinations (NCD) Manual Transmittal reflects the Centers for Medicare & Medicaid Services (CMS) final decision dated February 15, 2018, regarding the reconsideration of NCD 20.4, Implantable Defibrillators (ICDs). Make sure your billing staffs are aware of this decision. Effective February 15, 2018, coverage policy is no longer contingent on participation in a trial/study/registry. Therefore, claims with a Date of Service (DOS) on an after February 15, 2018, no longer require any trial-related coding.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)10865](#).

NCD90.2: Next Generation Sequencing (NGS) - Revised

MLN Matters Number: MM10878 Revised

Related CR Release Date: March 6, 2019

Related CR Transmittal Number: R214NCD

Related Change Request (CR) Number: 10878

Effective Date: March 16, 2018

Implementation Date: April 8, 2019 -A/B MACs

Note: CMS revised this article on March 13, 2019, to reflect the revised CR 10878 issued on March 6. In this article, CMS revised the CR implementation date, the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

Change Request (CR) 10878 informs, effective March 16, 2018, the Centers for Medicare & Medicaid Services (CMS) covers diagnostic laboratory tests using next generation sequencing when performed in a Clinical Laboratory Improvement Amendments- certified laboratory when ordered by a treating physician

and when specific requirements are met. Make sure your billing staffs are aware of this change.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)10878](#).

Local Coverage Determinations (LCDs) - Revised

MLN Matters Number: MM10901 Revised

Related CR Release Date: February 12, 2019

Related CR Transmittal Number: R863PI

Related Change Request (CR) Number: 10901

Effective Date: October 3, 2018

Implementation Date: January 8, 2019

Note: CMS revised this article on February 14, 2019, to reflect the revised CR 10901 issued on February 12, 2019, that includes changes to the updates in Chapter 13 of the Medicare Program Integrity Manual. The CR changed the effective date to October 3, 2018, CMS made that change in the article. CMS also revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

CR 10901 notifies MACs that, in accordance with Section 4009 of H.R. 34-21st Century Cures Act (Public Law No: 114-255), the Centers for Medicare & Medicaid Services (CMS) is updating the “Medicare Program Integrity Manual” with detailed changes to the LCD process. You should ensure that your staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)10901](#).

ICD-10 and Other Coding Revisions to NCDs - Revised

MLN Matters Number: MM11005 Revised

Related CR Release Date: November 9, 2018

Related CR Transmittal Number: R2202OTN

Related Change Request (CR) Number: 11005

Effective Date: April 1, 2019, unless otherwise noted in requirements

Implementation Date: April 1, 2019, for Medicare Shared Systems, for local MACs 60 days from release of CR 11005

Note: This article was revised on January 4, 2019, to show the correct effective date of April 1, 2019. All other information remains the same.

CR 11005 constitutes a maintenance update of International Classification of Diseases, 10th Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Please make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11005](#).

Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) - Clarification of Payment Rules and Expansion of International Classification of Diseases Tenth Edition (ICD-10) Diagnosis Codes

MLN Matters Number: MM11022

Related CR Release Date: February 1, 2019

Related CR Transmittal Number: R4229CP

Related Change Request (CR) Number: 11022

Effective Date: May 25, 2017

Implementation Date: July 1, 2019, shared system edits, March 19, 2019, local MAC edits

CR 11022 informs providers that on May 25, 2017, the Centers for Medicare & Medicaid Services (CMS) issued a National Coverage Determination (NCD) to cover SET for Medicare beneficiaries with Intermittent Claudication (IC) for the treatment of symptomatic PAD. See the Key Points section of this article and make sure your billing staff is aware of this update.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11022](#).

ICD-10 and Other Coding Revisions to NCDs

MLN Matters Number: 11134

Related CR Release Date: February 1, 2019

Related CR Transmittal Number: R2243OTN

Related Change Request (CR) Number: 11134

Effective Date: July 1, 2019 - Unless otherwise indicated

Implementation Date: July 1, 2019, - shared system edits, MAC local edits, April 2, 2019

Change Request (CR) 11134 constitutes a maintenance update of International Classification of Diseases, 10th Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Make sure that your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11134](#).

Changes to the Laboratory National Coverage Determination (NCD) Edit Software for July 2019

MLN Matters Number: MM11224

Related CR Release Date: March 22, 2019

Related CR Transmittal Number: R4265CP

Related Change Request (CR) Number: 11224

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

CR 11224 announces the changes that will be in the July 2019 quarterly release of the edit module for clinical diagnostic laboratory services. Please be sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11224](#).

MLN Connects - January 3, 2019

MLN Connects® for Thursday, January 3, 2019

[View this edition as a PDF](#)

News & Announcements

- Medicare Shared Savings Program: Final Rule Creates Pathways to Success
- Physician Compare Preview Period Extended to January 7
- Hospice Provider Preview Reports: Review Your Data by January 9
- Medicare Shared Savings Program: Submit Notice of Intent to Apply by January 18
- Laboratory Date of Service Exception Policy: Enforcement Discretion Exercised until July 1
- Quality Payment Program: 2019 Resources
- eCQM Resource: The Collaborative Measure Development Workspace
- Medicare Enrollment Application Fee for CY 2019
- Delivery of Initial Prescriptions of Immunosuppressive Drugs
- Antipsychotic Drug Use in Nursing Homes: Trend Update
- Get Your Patients Off to a Healthy Start in 2019

Provider Compliance

- Coding for Specimen Validity Testing Billed in Combination with Urine Drug Testing - Reminder

Claims, Pricers & Codes

- Medicare Diabetes Prevention Program: Valid Claims

Upcoming Events

- ESRD Quality Incentive Program: CY 2019 ESRD PPS Final Rule Call - January 15
- Clinical Diagnostic Laboratories to Collect and Report Private Payor Rates Call - January 22
- Home Health Patient-Driven Groupings Model Call - February 12

Medicare Learning Network® Publications & Multimedia

- Claim Status Category and Codes Update MLN Matters Article - New
- Ensuring Only the Active Billing Hospice Can Submit a Revocation MLN Matters Article - New
- Guidance for MACs Processing BFCC QIO 2MN SSR Determinations MLN Matters Article - New
- I/OCE Version 20.0: January 2019 MLN Matters Article - New
- FISS/DDE: New Search Features MLN Matters Article - New
- Quality Payment Program in 2018: Group Participation Web-Based Training - New
- SNF PPS Call: Audio Recording and Transcript - New
- IRF Medical Review Changes MLN Matters Article - Revised
- New Physician Specialty Code for Undersea and Hyperbaric Medicine MLN Matters Article - Revised
- Repetitive, Scheduled Non-emergent Ambulance Prior Authorization Model MLN Matters Article - Revised
- Looking for Educational Materials?

MLN Connects - January 10, 2019

MLN Connects® for Thursday, January 10, 2019

[View this edition as a PDF](#)

News & Announcements

- Medicare Shared Savings Program: Submit Notice of Intent to Apply by January 18
- New Medicare Card: Transition Period Ends December 31
- January is Cervical Health Awareness Month

Provider Compliance

- Proper Use of the KX Modifier for Part B Immunosuppressive Drug Claims - Reminder

Upcoming Events

- ESRD Quality Incentive Program: CY 2019 ESRD PPS Final Rule Call - January 15
- Clinical Diagnostic Laboratories to Collect and Report Private Payor Rates Call - January 22
- New Electronic System for Provider Reimbursement Review Board Appeals Call - February 5
- Home Health Patient-Driven Groupings Model Call - February 12
- New Part D Opioid Overutilization Policies Call - February 14

Medicare Learning Network® Publications & Multimedia

- Orders for DMEPOS Items: What Suppliers Need to Know MLN Matters Article - New
- ASC Payment System: January 2019 Update MLN Matters Article - New
- Hospital OPPS: January 2019 Update MLN Matters Article - New
- CLFS and Laboratory Services: CY 2019 Update MLN Matters Article - New
- Immunosuppressive Guidance: Updates MLN Matters Article - New
- Home Health Rural Add-on Payment MLN Matters Article - Revised
- Implantable Defibrillators: NCD 20.4 MLN Matters Article - Revised
- Medicare Billing: Form CMS-1500 and the 837 Professional Web-Based Training Course - Revised

MLN Connects Special Edition - January 16, 2019

New Medicare Card Mailing Complete, 58% of Claims Submitted with MBI

CMS finished mailing new Medicare cards to people with Medicare across all [mailing waves](#), including Wave 7 states and territories and also to people with Medicare Parts A&B who live in Canada and Mexico.

Medicare patients are using their new cards in doctor's offices and other health care facilities. For the week ending January 11, 2019, fee-for-service health care providers submitted 58% of claims with new Medicare Beneficiary Identifiers (MBIs), showing that many of you are already successfully submitting claims with MBIs. While you can continue using the former Social Security Number-based Health Insurance Claim Numbers during the transition period, we encourage you to use the new MBIs for all Medicare transactions.

To ensure that you have access to your patients' new numbers, you can individually look up MBIs if you have access to your Medicare Administrative Contractor's secure [provider portal](#). Likewise, your patients can access their new Medicare numbers or print official cards within their secure [MyMedicare.gov](#) accounts.

If your Medicare patients say they did not get a card, instruct them to:

- Look for unopened mail. We mailed new Medicare cards in a plain white envelope from the Department of Health and Human Services.
- Sign into [MyMedicare.gov](#) to get their new numbers or print official cards. They need to create an account if they do not already have one.
- Call 1-800-MEDICARE (1-800-633-4227), so we can help them get their new cards.

- Continue to use their current cards to get health care services. They can use their old cards until December 31, 2019.

MLN Connects - January 17, 2019

MLN Connects® for Thursday, January 17, 2019

[View this edition as a PDF](#)

News & Announcements

- Medicare Shared Savings Program: Submit Notice of Intent to Apply by January 18
- Hospice Quality Reporting Program: Quality Measure User's Manual
- Qualified Medicare Beneficiary Billing Requirements
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Glaucoma Awareness Month: Make a Resolution for Healthy Vision

Provider Compliance

- Hospice Election Statements Lack Required Information or Have Other Vulnerabilities - Reminder

Upcoming Events

- Clinical Diagnostic Laboratories to Collect and Report Private Payor Rates Call - January 22
- Comparative Billing Report Webinar on Intensity-Modulated Radiation Therapy Webinar - January 24
- New Electronic System for Provider Reimbursement Review Board Appeals Call - February 5
- Home Health Patient-Driven Groupings Model Call - February 12
- New Part D Opioid Overutilization Policies Call - February 14

Medicare Learning Network® Publications & Multimedia

- 2019 DMEPOS HCPCS Code Jurisdiction List MLN Matters Article - New
- DMEPOS CBP: Quarterly Update MLN Matters Article - New
- NCCI PTP Edits: Quarterly Update MLN Matters Article - New
- Medicare Claims Processing Manual MLN Matters Article - New
- Clinical Lab Fee Schedule: Medicare Travel Allowance Fees MLN Matters Article - New
- New Waived Tests MLN Matters Article - New
- ICD-10 and Other Coding Revisions to NCDs MLN Matters Article - Revised
- Local Coverage Determinations MLN Matters Article - Revised
- Skilled Nursing Facility ABN MLN Matters Article - Revised
- Medicare Preventive Services Educational Tool - Revised
- Remittance Advice: An Overview Booklet - Revised

MLN Connects - January 24, 2019

MLN Connects® for Thursday, January 24, 2019

[View this edition as a PDF](#)

News & Announcements

- New Medicare Card: Web Updates
- CDC Opioids Training Modules

- Open Payments Data Update
- Medicare Shared Savings Program and Quality Payment Program Interactions Guide
- Continue Seasonal Influenza Vaccination through January and Beyond

Provider Compliance

- Reporting Changes in Ownership - Reminder

Upcoming Events

- New Electronic System for Provider Reimbursement Review Board Appeals Call - February 5
- Home Health Patient-Driven Groupings Model Call - February 12
- New Part D Opioid Overutilization Policies Call - February 14

Medicare Learning Network® Publications & Multimedia

- Proof of Delivery Documentation Requirements MLN Matters Article - New
- New System for PRRB Appeals MLN Matters Article - New
- Appropriate Use Criteria for Advanced Diagnostic Imaging Fact Sheet - New
- Canes and Crutches: Provider Compliance Tips Fact Sheet - New
- Tracheostomy Supplies: Provider Compliance Tips Fact Sheet - New
- Ventilators: Provider Compliance Tips Fact Sheet - New
- Commodes, Bed Pans, and Urinals: Provider Compliance Tips Fact Sheet - New
- Comprehensive Outpatient Rehabilitation Facilities: Provider Compliance Tips Fact Sheet - New
- New MBI: Get It, Use It MLN Matters Article - Revised
- CLFS and Laboratory Services: CY 2019 Update MLN Matters Article - Revised
- ASC Payment System: January 2019 Update MLN Matters Article - Revised
- DMEPOS Update MLN Matters Article - Revised
- ESRD PPS: Payment for Dialysis Furnished for AKI: CY 2019 MLN Matters Article - Revised
- Influenza Virus Vaccine Code Update: January 2019 MLN Matters Article - Revised
- Next Generation ACO Model 2019 Benefit Enhancement MLN Matters Article - Revised
- ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets Educational Tool - Reminder

MLN Connects - January 31, 2019

MLN Connects® for Thursday, January 31, 2019

[View this edition as a PDF](#)

- New App Displays What Original Medicare Covers
- Physicians and Non-Physician Practitioners: New Medicare Enrollment Application
- QPP Videos: Create an Account in HARP
- QPP Videos: MIPS Data Submission
- eCQM Resources
- Hospice Quality Reporting Program: FY 2021 Data Collection Began January 1
- Hospice Training: Updates to Public Reporting in FY 2019
- Prevent Legionnaires' Disease: Water Management Program Training

Provider Compliance

- Cochlear Devices Replaced Without Cost: Bill Correctly - Reminder

Claims, Pricers & Codes

- Physician Anesthesia Claims for SNF Patients

Upcoming Events

- New Electronic System for Provider Reimbursement Review Board Appeals Call - February 5
- New Medicare Card Open Door Forum - February 6
- Home Health Patient-Driven Groupings Model Call - February 12
- New Part D Opioid Overutilization Policies Call - February 14
- MIPS Data Submission Office Hours Sessions - February 26 and March 19

Medicare Learning Network® Publications & Multimedia

- RHCs/FQHCs: Communication Technology Based Services and Payment MLN Matters Article - New
- Quality Payment Program in 2018: Transitioning to an Advanced APM Web-Based Training - New
- Hospital Based Hospice Provider Compliance Tips Fact Sheet - New
- Lab Tests: Urinalysis Provider Compliance Tips Fact Sheet - New
- Lab Tests: Routine Venipuncture Provider Compliance Tips Fact Sheet - New
- Lenses Provider Compliance Tips Fact Sheet - New
- Parenteral Nutrition Provider Compliance Tips Fact Sheet - New
- Patient Lifts Provider Compliance Tips Fact Sheet - New
- Polysomnography Provider Compliance Tips Fact Sheet - New
- Pressure Reducing Support Surfaces Provider Compliance Tips Fact Sheet - New
- TENS Provider Compliance Tips Fact Sheet - New
- ESRD Call: Audio Recording and Transcript - New
- Clinical Labs Call: Audio Recording and Transcript - New
- Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims MLN Matters Article - Revised
- DMEPOS Fee Schedule: CY 2019 Update MLN Matters Article - Revised
- Hospital OPPS: January 2019 Update MLN Matters Article - Revised
- Diabetic Shoes Provider Compliance Tips Fact Sheet - Revised
- Coding and Billing Date of Service on Professional Claims MLN Matters Article - Reissued
- TKA Removal from IPO List and 2-Midnight Rule MLN Matters Article - Reissued

MLN Connects - February 7, 2019

MLN Connects® for Thursday, February 7, 2019

[View this edition as a PDF](#)

News & Announcements

- New Medicare Card: Are You Using the MBI?
- Open Payments Registration
- Promoting Interoperability Programs: IPPS Final Rule Fact Sheet
- Promoting Interoperability Programs: Hospitals Submit Attestation Data by February 28

- SNF Provider Preview Reports: Review Your Data by March 4
- Nursing Home Compare Refresh
- QRDA III Implementation Guide Addendum
- DMEPOS: Strategies to Support Access for Dually Eligible Individuals
- February is American Heart Month

Provider Compliance

- DME Proof of Delivery Documentation Requirements

Claims, Pricers & Codes

- MIPS: Error in 2019 Payment Adjustment
- DMEPOS 2019 Fee Schedule File Revision for HCPCS Code L3761

Upcoming Events

- Home Health Patient-Driven Groupings Model Call - February 12
- Falls Prevention for Older Adults Webinar - February 13
- New Part D Opioid Overutilization Policies Call - February 14
- Quality Payment Program: Overview of APMs for Year 3 Webinar - February 21

Medicare Learning Network® Publications & Multimedia

- Functional Reporting Requirements and Therapy Provisions Update MLN Matters Article - New
- Organ Acquisition Charges Not Included in IPPS Payment MLN Matters Article - New
- RA Messaging: 20-Hour Weekly Minimum for PHP Services MLN Matters Article - New
- VA Inpatient Claims Exempt from POA Reporting MLN Matters Article - New
- ASP Medicare Part B Drug Pricing Files: April 2019 MLN Matters Article - New
- Coding and Billing Date of Service on Professional Claims MLN Matters Article - Revised
- CWF Provider Queries NPI and Submitter ID Verification MLN Matters Article - Revised
- LCDs MLN Matters Article - Revised
- Inpatient Psychiatric Facility Prospective Payment System Booklet - Revised
- Skilled Nursing Facility Prospective Payment System Booklet - Revised
- Medicare Enrollment for Providers Who Solely Order, Certify, or Prescribe Booklet - Reminder

MLN Connects - February 14, 2019

MLN Connects® for Thursday, February 14, 2019

[View this edition as a PDF](#)

News & Announcements

- New Medicare Card: 0 not O
- Home Health Compare Refresh
- MIPS: Check Your Preliminary 2019 Eligibility
- Comparative Billing Report on Family Practitioner Office Visits in February
- 2019 CMS Health Equity Award Winners
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Influenza Activity Continues: Are Your Patients Protected?

Provider Compliance

- Medicare Hospital Claims: Avoid Coding Errors - Reminder

Upcoming Events

- Comparative Billing Report: Family Practitioner Office Visits Webinar - February 28
- Dementia Care & Psychotropic Medication Tracking Tool Call - March 12
- Open Payments: Transparency and You Call - March 13

Medicare Learning Network® Publications & Multimedia

- Home Health PDGM MLN Matters Article - New
- ICD-10 and Other Coding Revisions to NCDs MLN Matters Article - New
- Implementation of the SNF PDPM MLN Matters Article - New
- Implementation to Exchange the List of eMDR for Registered Providers MLN Matters Article - New
- Independent Laboratory Billing of Tests for ESRD Beneficiaries MLN Matters Article - New
- Medicare Physician Fee Schedule Database: April 2019 Update MLN Matters Article - New
- Processing Instructions to Update the SPR MLN Matters Article - New
- Supervised Exercise Therapy for Symptomatic PAD MLN Matters Article - New
- Update to ICR Programs MLN Matters Article - New
- CWF Provider Queries NPI Verification MLN Matters Article - Revised
- Medicare FFS Response to the 2018 California Wildfires MLN Matters Article - Revised
- Advance Beneficiary Notice of Noncoverage Interactive Tutorial - Revised
- CLIA Program and Medicare Laboratory Services Fact Sheet- Revised
- Long-Term Care Hospital Prospective Payment System - Revised
- Medicare Advance Written Notices of Noncoverage Booklet - Revised
- Medicare Parts A & B Appeals Process Booklet - Revised

MLN Connects - February 21, 2019

MLN Connects® for Thursday, February 21, 2019

[View this edition as a PDF](#)

News & Announcements

- CMS: Beyond the Policy - New Podcast CAR T-cell Therapy: CMS Proposes Coverage with Evidence Development
- SNF Provider Preview Reports: Review Your Data by March 4
- IRF-PAI Clinical Help Desk: New Address for Questions
- SNF PPS Patient Driven Payment Model: Updated Resources
- Promoting Interoperability Program: 2019 Resources
- Hospital Quality Reporting: Updated QRDA I Schematron

Provider Compliance

- Payment for Outpatient Services Provided to Beneficiaries Who Are Inpatients of Other Facilities - Reminder

Upcoming Events

- MIPS: 2019 QCDR Measure Development and Review Webinar Series - February 28 and March 5

- Home Health Quality Reporting Program In-Person Training - March 5 and 6
- Dementia Care & Psychotropic Medication Tracking Tool Call - March 12
- Open Payments: Transparency and You Call - March 13
- SNF Value-Based Purchasing Program: Phase One Review and Corrections Call - March 20

Medicare Learning Network® Publications & Multimedia

- New HHAs Placed in a Provisional Period of Enhanced Oversight MLN Matters Article - New
- Quality Payment Program: 2017 MIPS Performance Feedback Web-Based Training Course - New
- Appeals Call: Audio Recording and Transcript - New
- LCDs MLN Matters Article - Revised
- How to Use the Medicare National Correct Coding Initiative Tools Booklet - Revised
- How to Use the Medicare Coverage Database Booklet - Revised
- Advance Care Planning Fact Sheet - Reminder

MLN Connects - February 28, 2019

MLN Connects® for Thursday, February 28, 2019

[View this edition as a PDF](#)

News & Announcements

- Interoperability and Patient Access to Health Data: New Proposals
- Opioid Prescribing Mapping Tool Improved with Medicaid and Rural Data
- Hospice Compare Refresh
- Data on Geographic Variation in the Medicare Program
- 2017 CMS Program Statistics
- Quality Payment Program: Payment Adjustment Resource
- Choosing a Primary Clinician in MyMedicare.gov: New Video for Your Patients

Provider Compliance

- Laboratory Blood Counts: Provider Compliance Tips - Reminder

Upcoming Events

- Interoperability and Patient Access Proposed Rule Listening Session - March 5
- Dementia Care & Psychotropic Medication Tracking Tool Call - March 12
- Open Payments: Transparency and You Call - March 13
- SNF Value-Based Purchasing Program: Phase One Review and Corrections Call - March 20
- Submitting Your Medicare Part A Cost Report Electronically Webcast - March 28

Medicare Learning Network® Publications & Multimedia

- HPTCs Code Set: April 2019 Update MLN Matters Article - New
- DMEPOS Fee Schedule: April 2019 Update MLN Matters Article - New
- NCCI: Modification of MCS Logic for Modifiers Involving PTP MLN Matters Article - New
- Home Health PDGM MLN Matters Article - Revised
- Organ Acquisition Charges Not Included in IPPS Payment MLN Matters Article - Revised
- Medical Documentation: Exchanging the List of eMDR via esMD MLN Matters Article - Revised

- How to Use the Medicare Coverage Database Booklet - Revised
- SNF Billing Reference Booklet - Revised
- Clinical Laboratory Fee Schedule Fact Sheet - Revised

MLN Connects - March 7, 2019

MLN Connects® for Thursday, March 7, 2019

[View this edition as a PDF](#)

News & Announcements

- Reducing Opioid Misuse Letter
- New Medicare Card: Need an MBI?
- CMS Improving Nursing Home Compare in April
- Comparing Hospital Quality: CMS Updates Consumer Resources
- Promoting Interoperability Programs: Attestation Deadline Extended to March 14
- CY 2018 eCQM Data: Submission Deadline Extended to March 14
- Hospice Provider Preview Reports: Review Your Data by March 31
- LTCH Provider Preview Reports: Review Your Data by April 3
- IRF Provider Preview Reports: Review Your Data by April 3
- Interoperability and Patient Access to Health Data: Comments on New Proposals due May 3
- Clinical Diagnostic Laboratories: New Resources about the Private Payor Rate-Based CLFS
- SNF Provider Threshold Report
- 2019 QRDA I Voc.xml File
- Whole Hospital Approach to Mass Casualties
- Medicare Beneficiaries at a Glance Infographic
- Help Your Patients Make Informed Food Choice

Provider Compliance

- Bill Correctly for Device Replacement Procedures - Reminder

Claims, Pricers & Codes

- Laboratory Panel Billing Requirements
- Average Sales Price Files: April 2019
- Medicare Diabetes Prevention Program: Valid Claims

Upcoming Events

- Dementia Care & Psychotropic Medication Tracking Tool Call - March 12
- Open Payments: Transparency and You Call - March 13
- Data Interoperability across the Continuum: CMS Data Element Library Call - March 19
- SNF Value-Based Purchasing Program: Phase One Review and Corrections Call - March 20
- Submitting Your Medicare Part A Cost Report Electronically Webcast - March 28

Medicare Learning Network® Publications & Multimedia

- CLFS: Collecting and Reporting Data for the Private Payor Rate-Based Payment System MLN Matters Article - New

- CLIA Edits: HCPCS Codes Subject to and Excluded MLN Matters Article - New
- Home Health Call: Audio Recording and Transcript - New
- E/M When Performed with Superficial Radiation Treatment MLN Matters Article - Revised
- Implantable Defibrillators: NCD 20.4 MLN Matters Article - Revised
- RA Messaging: 20-Hour Weekly Minimum for PHP Services MLN Matters Article - Revised
- AWV, IPPE, and Routine Physical – Know the Differences Educational Tool - Reminder
- Diabetes Self-Management Training Accrediting Organizations Fact Sheet - Reminder
- Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course - Reminder
- Dual Eligible Beneficiaries under Medicare and Medicaid Booklet - Reminder
- Procedure Coding: Using the ICD-10-PCS Web-Based Training - Reminder

MLN Connects - March 14, 2019

MLN Connects® for Thursday, March 14, 2019

[View this edition as a PDF](#)

Editor's Note:

MLN Connects® has an improved table of contents with educational materials organized by type. [Let us know](#) what you think. We will continue to deliver the Medicare news you expect each week.

News

- New Medicare Card: 67% of Claims Submitted with MBI
- DMEPOS Competitive Bidding: Get Ready for Round 2021
- Protecting the Health and Safety of all Americans
- LTCH Compare Refresh
- IRF Compare Refresh
- March is National Colorectal Cancer Awareness Month

Compliance

- Hospital Beds and Accessories: Provider Compliance Tips

Events

- Data Interoperability across the Continuum: CMS Data Element Library Call - March 19
- SNF Value-Based Purchasing Program: Phase One Review and Corrections Call - March 20
- Submitting Your Medicare Part A Cost Report Electronically Webcast - March 28

MLN Matters® Articles

- New MBI: Get It, Use It - Revised
- NGACO Model Post Discharge Home Visit HCPCS - Revised

Publications

- PECOS FAQs - Revised
- PECOS Technical Assistance Contact Information - Revised

Multimedia

- Quality Payment Program: 2017 MIPS Performance Feedback Web-Based Training Course

MLN Connects - March 21, 2019

MLN Connects® for Thursday, March 21, 2019

[View this edition as a PDF](#)

News

- Hospice Provider Preview Reports: Review Your Data by March 31
- LTCH Provider Preview Reports: Review Your Data by April 3
- IRF Provider Preview Reports: Review Your Data by April 3
- Draft 2020 QRDA Category I Implementation Guide - Submit Comments by April 8
- Medicare Promoting Interoperability Program: Submit a Measure Proposal by June 28
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Influenza Activity Continues: Are Your Patients Protected?

Compliance

- Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

Events

- Submitting Your Medicare Part A Cost Report Electronically Webcast - March 28

MLN Matters® Articles

- I/OCE Specifications: April 2019 Update
- RARC, CARC, MREP and PC Print Update
- Active Billing Hospice Submitting Revocations - Revised
- Next Generation Sequencing NCD - Revised
- SNF Patient Drive Payment Model - Revised

Publications

- Inpatient Rehabilitation Facility Prospective Payment System - Revised
- Medicare Enrollment for Institutional Providers - Revised
- Medicare Enrollment Resources - Revised
- Items and Services Not Covered Under Medicare - Reminder

Multimedia

- Promoting Interoperability Listening Session: Audio Recording and Transcript

MLN Connects - March 28, 2019

MLN Connects® for Thursday, March 28, 2019

[View this edition as a PDF](#)

News

- New Medicare Card and MBI Adoption: How Do You Compare?
- SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1

Compliance

- DME Proof of Delivery Documentation Requirements

MLN Matters® Articles

- Billing for Hospital Part B Inpatient Services

- Grandfathered Tribal FQHCs: Payment for CY 2019
- Home Health Certification and Recertification Policy Changes
- ASC Payment System: April 2019 Update
- Hospital OPPS: April 2019 Update
- Medicare Physician Fee Schedule Database: April 2019 Update - Revised

Publications

- CY 2019 eCQM
- Medicare Promoting Interoperability Program: Scoring Methodology
- Medicare Enrollment for Physicians and Other Part B Suppliers - Revised
- Medicare Preventive Services Poster - Revised
- Medicare Secondary Payer - Revised
- Safeguard Your Identity and Privacy Using PECOS - Revised

Multimedia

- Dementia Care Call: Audio Recording and Transcript
- Open Payments Call: Audio Recording and Transcript
- Medicare Secondary Payer Provisions Web-Based Training Course - Revised

Hospital, Inpatient, and SNF Details Expanded on Eligibility Inquiries in NMP

The Noridian Medicare Portal (NMP) will now provide additional details for Hospital, Skilled Nursing Facility (SNF) and Inpatient status on Eligibility inquiries. Below is an outline of the enhancements made for each line of business.

Part A: An additional “SNF/INPT Overlap” tab has been added for Part A Eligibility inquiries.

The screenshot shows a navigation bar with the following tabs: View All, Eligibility, HMO/MCO, MSP, HHEH, Hospice, Hospital, SNF, **SNF/INPT Overlap** (highlighted in green), and ESRD. Below the navigation bar, there are two more tabs: Preventive and MDPD. The main content area has a header for "SNF/INPT Overlap" and a sub-header "Inpatient SNF Hospital Summary". Below this, it states "This data will be fetched real time and on-demand from Noridian information systems." and includes a green button that says "Please click here to load this data."

Part B and DME: The Hospital and SNF tabs have been replaced with a combined Hospital/SNF tab for Part B and DME Eligibility inquiries.

The screenshot shows a navigation bar with the following tabs: View All, Eligibility, HMO/MCO, MSP, HHEH, Hospice, **Hospital/SNF** (highlighted in green), ESRD, Preventive, and MDPD. The main content area has a header for "Hospital/SNF" and a sub-header "Inpatient SNF Hospital Summary". Below this, it states "This data will be fetched real time and on-demand from Noridian information systems." and includes a green button that says "Please click here to load this data."

When choosing the “Please click here to load this data.” link on either tab, an Inpatient SNF Hospital Summary will display. The summary will provide the following for each occurrence:

- Billing NPI
- From and To Dates
- Bill Type
- Admittance and Discharge Dates
- Patient Status

The screenshot shows the "SNF/INPT Overlap" section with the sub-header "Inpatient SNF Hospital Summary". Below the sub-header, it states "The tab will present the recent 50 records of data irrespective of the date of service chosen." and lists the following fields: Billing NPI, From Date, To Date, Bill Type, Admittance Date, and Discharge Date. The Patient Status field is also listed but is currently empty.

2018 1099 Tax Forms Available on NMP

The 2018 1099-INT and/or 1099-MISC are now available on the Noridian Medicare Portal (NMP). The 1099 inquiry is available through the Financials function.

1099s on the portal are a copy of the official 1099 form that will be mailed to your facility.

View the [1099 Inquiry](#) section of the NMP User Manual to download your copy today.

Appeals Submission and Status Inquiry - NMP Tutorial Available

To help providers save time and money by taking full advantage of all Noridian Medicare Portal (NMP) functions available, we offer self-paced function-specific tutorials. View step-by-step instructions on how to submit an appeal or find status of an appeal.

View all tutorials on the [Education on Demand Tutorials](#) webpage.

MBI Look-Up Tool Available on the Noridian Medicare Portal

The Medicare Beneficiary Identifier (MBI) Look-Up Tool is now available on the Noridian Medicare Portal (NMP). This tool is an option for providers/suppliers to use if they are not able to obtain the MBI number from the patient. The new portal feature **will only return the MBI if the patient's new Medicare card has been mailed**. The new cards are being mailed in phases following a [geographic location strategy](#).

The MBI Lookup requires users to enter first and last name, Date of Birth (DOB) and Social Security Number (SSN). Users will also need to complete the "I am not a robot" verification for every five transactions.

Note: The SSN may be different than the Health Insurance Claim Number (HICN) if the patient receives benefits under a spouse or family member.

To begin using the MBI Look-Up Tool, log onto the Noridian Medicare Portal. For step-by-step instructions, view the [NMP User Manual](#) and [self-paced tutorial](#).

More information regarding MBI efforts and educational resources are available on the CMS [New Medicare Cards website](#)

NMP Required Use for Duplicate Remittance Advice Retrieval - Effective May 28, 2019

Noridian supports and encourages the use of self-service technology. The Noridian Medicare Portal (NMP) provides Part B providers an on-demand method to retrieve their Standard Paper Remittance (SPR) advices, to include Remittances Advices (RAs) that were originally generated on paper or electronically.

Effective May 28, 2019, providers will be required to use NMP for all duplicate RA requests. Such requests will no longer be processed via the Provider Contact Center or through the Interactive Voice Response (IVR). Contact Center Customer Service Representatives (CSRs) will be required to direct callers with these types of inquiries to NMP so he/she may view and print their own.

For those providers who do not yet use NMP, please view registration and user/administrator details on the [NMP](#) webpage. If the 'Remittance Advice' functionality is an option that your facility will need, providers are encouraged to register within NMP no later than May 13, 2019. This will ensure access is established prior to May 28, 2019.

NOTE: Referring providers to the self-service options is a CMS requirement. Per the [CMS Internet Only Manual \(IOM\), Publication 100-09, Medicare Administrative Contractor \(MAC\) Beneficiary and Provider Communications Manual, Chapter 6, Section 50.1](#), "Providers shall be required to use IVRs to access claim status and beneficiary eligibility information. CSRs shall refer providers back to the IVR if they have questions about claims status or eligibility that can be handled by the IVR ... Each MAC has the discretion to also require that providers use the Internet-based provider portal for claim status and eligibility inquiries if the portal has these functionalities."

This process change will allow Noridian to meet CMS requirements and our CSRs to assist callers with more complex inquiries which cannot be answered through these self-service tools. See our Provider Contact Center webpage for further information.

NMP vs. IVR Self Service Elements Comparison Tool Available

Noridian has created a tool to help providers easily identify the various eligibility, claim status, and financial details that can be accessed via the Noridian Medicare Portal (NMP) and the Interactive Voice Response (IVR). View the newly added [NMP vs. IVR Self Service Elements Comparison Tool](#).

NMP and/or IVR Required Use for HMO or Managed Care Plan Inquiries - Effective March 8, 2019

Effective March 8, 2019, providers will be required to use the Noridian Medicare Portal (NMP) and/or the Interactive Voice Response (IVR) self-service tools to access the below Health Maintenance Organization (HMO) or Managed Care Plan related information.

NMP

- Insurer Name
- Policy Number
- Managed Care Organization (MCO) Plan Benefit Package (PBP) Plan Number
- MCO PBP Plan Name
- Effective and Termination Date
- MCO Plan Type
- MCO Bill Option Code
- Address and Phone Number

IVR

- Whether or not there is an HMO
- HMO Name
- HMO Type
- Plan Code Number
- HMO Address, if available
- Phone Number
- Effective and Termination Date

Note: Referring providers to the self-service options is a CMS requirement. Per the [CMS Internet Only Manual \(IOM\), Publication 100-09, Medicare Administrative Contractor \(MAC\) Beneficiary and Provider Communications Manual, Chapter 6, Section 50.1](#) *“Providers shall be required to use IVRs to access claim status and beneficiary eligibility information. CSRs shall refer providers back to the IVR if they have questions about claims status or eligibility that can be handled by the IVR ... Each MAC has the discretion to also require that providers use the Internet-based provider portal for claim status and eligibility inquiries if the portal has these functionalities.”*

This process change will allow Noridian to meet CMS requirements and our CSRs to assist callers with more complex inquiries which cannot be answered through these self-service tools. See our Provider Contact Center webpage for further information.

Updates to Reflect Removal of Functional Reporting Requirements and Therapy Provisions of the Bipartisan Budget Act of 2018

MLN Matters Number: MM11120

Related CR Release Date: January 25, 2019

Related CR Transmittal Numbers: R4214CP, R255BP

Related Change Request (CR) Number: 11120

Effective Date: January 1, 2019

Implementation Date: February 26, 2019

CR 11120 updates both the Medicare Benefit Policy Manual and Medicare Claims Processing Manual to reflect recent changes in outpatient therapy services billing instructions and payment policies related to the Bipartisan Budget Act of 2018 and the Calendar Year (CY) 2019 Medicare Physician Fee Schedule (MPFS) Final Rule. These policy revisions include: (a) the repeal of the application of the outpatient therapy caps and the retention of the therapy cap amounts as thresholds of incurred expenses above which claims must include a modifier to confirm services are medically necessary as shown by medical record documentation; and, (b) the discontinuation of the functional reporting requirements. Please make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11120](#).

2019 Radiopharmaceutical Fee Schedule Updates - Revised

This article, originally published to Latest Updates on December 12, 2018, has been revised to include A9556 and update the A9558 pricing. All other information remains the same.

Effective: January 28, 2019

Pricing Decrease

- A9600 - \$2,200.10

Pricing Increase

- A9505 - \$158.00
- A9540 - \$34.20
- A9543 - \$55,880.37
- A9556 - \$124.54
- A9558 - \$43.47
- A9584 - \$2,813.52
- A9586 - \$3,257.44
- A9604 - \$15,771.01

Calendar Year (CY) 2019 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule - Revised

MLN Matters Number: MM11064 Revised

Related CR Release Date: January 18, 2019

Related CR Transmittal Number: R4209CP

Related Change Request (CR) Number: 11064

Effective Date: January 1, 2019

Implementation Date: January 7, 2019

Note: CMS revised this article on January 22, 2019, to reflect a revised CR 11064 that was issued on January 18. In the article, CMS revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same as the changes to the CR had no impact on the substance in the article.

CR 11064 provides the Calendar Year (CY) 2019 annual update for the Medicare DMEPOS fee schedule. The instructions include information on the data files, update factors and other information related to the update of the fee schedule. Make sure your billing staffs are aware of these updates

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11064](#).

DMEPOS HCPCS Code 2019 Jurisdiction List

MLN Matters Number: MM11085

Related CR Release Date: January 11, 2019

Related CR Transmittal Number: R4200CP

Related Change Request (CR) Number: 11085

Effective Date: January 1, 2019

Implementation Date: February 12, 2019

CR11085 updates the list of Healthcare Common Procedure Coding System (HCPCS) codes for MACs and DME MACs. Please make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11085](#).

January 2019 Update of the Ambulatory Surgical Center (ASC) Payment System - Revised

MLN Matters Number: MM11108 Revised

Related CR Release Date: December 31, 2018

Related CR Transmittal Number: R4191CP

Related Change Request (CR) Number: 11108

Effective Date: January 1, 2019

Implementation Date: January 7, 2019

Note: This article was revised on January 16, 2019, to correct Table 2. The ASC PI for C9752, C9754 and C9755 should have been J8 (not G2). All other information is unchanged.

CR 11108 informs MACs about updates to the ASC payment system for Calendar Year (CY) 2019. Be sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11108](#).

Clinical Laboratory Fee Schedule - Medicare Travel Allowance Fees for Collection of Specimens

MLN Matters Number: MM11146

Related CR Release Date: January 11, 2019

Related CR Transmittal Number: R4199CP

Related Change Request (CR) Number: CR 11146

Effective Date: January 1, 2019

Implementation Date: February 12, 2019 or sooner

CR11146 revises travel allowances payment amounts when billed on a per mileage basis using HCPCS code P9603 and when billed on a flat rate basis using HCPCS code P9604 for Calendar Year (CY) 2019. Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11146](#).

April 2019 Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

MLN Matters Number: MM11151

Related CR Release Date: January 25, 2019

Related CR Transmittal Number: R4213CP

Related Change Request (CR) Number: 11151

Effective Date: April 1, 2019

Implementation Date: April 1, 2019

The Average Sales Price (ASP) methodology is based on quarterly data submitted to the Centers for Medicare & Medicaid Services (CMS) by manufacturers. CMS supplies the MACs with the ASP and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. Payment allowance limits under the Outpatient Prospective Payment System (OPPS) are incorporated into the Outpatient Code Editor (OCE) through separate instructions available in Chapter 4, Section 50 of the Medicare Claims Processing Manual found at <https://www.cms.gov/Regulations-and-Guidance/>

[Guidance/Manuals/Downloads/clm104c04.pdf](#).

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11151](#).

Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – April 2019 Update - Revised

MLN Matters Number: MM11163 Revised

Related CR Release Date: March 18, 2019

Related CR Transmittal Number: R4258CP

Related Change Request (CR) Number: 11163

Effective Date: January 1, 2019

Implementation Date: April 1, 2019

Note: CMS revised this article on March 19, 2019, to reflect an updated Change Request (CR) that revised the attachment for codes G2014 and G2015 (see page 2 below). The CR release date, transmittal number and link to the transmittal was also changed. All other information remains the same.

This article informs you that the Centers for Medicare & Medicaid Services (CMS) has issued payment files to the MACs based upon the 2019 Medicare Physician Fee Schedule (MPFS) Final Rule. CR 11163 amends those payment files. Please be sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11163](#).

DMEPOS Fee Schedule - April 2019 Update

MLN Matters Number: MM11179

Related CR Release Date: February 15, 2019

Related CR Transmittal Number: R4242CP

Related Change Request (CR) Number: 11179

Effective Date: April 1, 2019

Implementation Date: April 1, 2019

CR11179 informs DME MACs about the changes to the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule which Medicare updates on a quarterly basis, when necessary, to implement fee schedule amounts for new codes and correct any fee schedule amounts for existing codes. Make sure that your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11179](#).

Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files - July 2019

MLN Matters Number: MM11225

Related CR Release Date: March 22, 2019

Related CR Transmittal Number: R4264CP

Related Change Request (CR) Number: 11225

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

CR 11225 provides the quarterly update for Average Sales Price (ASP) and ASP Not Otherwise Classified (NOC) Medicare Part B Drug Pricing Files and Revisions to the prior quarterly pricing files. CR11225 instructs MACs to download and implement the July 2019 and, if released, the revised April 2019, January

2019, October 2018, and July 2018 files. Make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11225](#).

Update of the ASC Payment System - April 2019

MLN Matters Number: MM11232

Related CR Release Date: March 22, 2019

Related CR Transmittal Number: R4263CP

Related Change Request (CR) Number: 11232

Effective Date: April 1, 2019

Implementation Date: April 1, 2019

CR11232 describes changes to and billing instructions for various payment policies implemented in the April 2019 Ambulatory Surgical Center (ASC) payment system update. The CR also includes HCPCS updates. Please make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11232](#).

Update to Chapter 15 of Publication (Pub.) 100-08

MLN Matters Number: MM10954

Related CR Release Date: February 8, 2019

Related CR Transmittal Number: R862PI

Related Change Request (CR) Number: 10954

Effective Date: March 12, 2019

Implementation Date: March 12, 2019

CR10954 adds information about Medicare's Parts C and D Preclusion List to the Medicare Program Integrity Manual, Chapter 15. Make sure your billing staffs are aware. The CR does not reflect any legislative or regulatory impact.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)10954](#).

Implementation to Exchange the List of Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System - Revised

MLN Matters Number: MM11003 Revised

Related CR Release Date: February 21, 2019

Related CR Transmittal Number: R2264OTN

Related Change Request (CR) Number: 11003

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

Note: CMS revised the article on February 22, 2019, to reflect the revised CR11003 issued on February 21. In the article, CMS revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

Change Request (CR) 11003 makes the changes required to send Additional Documentation Request (ADR) letters to participating providers via the (esMD) system. A CR to effectuate the exchange of ADR letters to registered providers via the esMD system will be released later. Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11003](#).

Updates to Immunosuppressive Guidance

MLN Matters Number: MM11072

Related CR Release Date: December 31, 2018

Related CR Transmittal Number: R4189CP

Related Change Request (CR) Number: CR 11072

Effective Date: April 3, 2019

Implementation Date: April 3, 2019

CR 11072 updates guidance in the Medicare Claims Processing Manual regarding the provision of covered immunosuppressive drugs to inpatients for use upon after a transplant procedure. Make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11072](#).

Update to Intensive Cardiac Rehabilitation (ICR) Programs

MLN Matters Number: MM11117

Related CR Release Date: February 1, 2019

Related CR Transmittal Number: R4222CP

Related Change Request (CR) Number: 11117

Effective Date: February 9, 2018

Implementation Date: March 19, 2019

This article is based on Change Request (CR) 11117 which informs MACs about Section 51004 of the Bipartisan Budget Act (BBA) of 2018, Pub. L. No. 115-123 (2018), which amended Section 1861(eee)(4)(B) of the Social Security Act (the Act) to expand coverage of ICR to additional conditions that became effective February 9, 2018. Make sure that your billing staff is aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11117](#).

HPTCs Code Set - April 2019 Update

MLN Matters Number: MM11121

Related CR Release Date: February 15, 2019

Related CR Transmittal Number: R4239CP

Related Change Request (CR) Number: 11121

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

CR 11121 directs MACs to obtain the most recent Healthcare Provider Taxonomy Codes (HPTCs) code set and use it to update their internal HPTC tables and/or reference files. Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11121](#).

RARC, CARC, MREP and PC Print Update

MLN Matters Number: MM11204

Related CR Release Date: March 15, 2019

Related CR Transmittal Number: R4253CP

Related Change Request (CR) Number: 11204

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

CR11204 updates the Remittance Advice Remark Code (RARC) and Claims Adjustment Reason Code (CARC) lists and instructs the ViPS Medicare System (VMS) and Fiscal Intermediary Shared System (FISS) to update the Medicare Remit Easy Print (MREP) and PC Print software. Be sure your billing staffs are aware of these changes and obtain the updated MREP and PC Print if they use that software.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11204](#).

Quarterly Update to the NCCI PTP Edits, Version 25.1 Effective April 1, 2019

MLN Matters Number: MM11126

Related CR Release Date: January 11, 2019

UPDATES

Related CR Transmittal Number: R4193CP

Related Change Request (CR) Number: 11126

Effective Date: April 1, 2019

Implementation Date: April 1, 2019

CR11126 updates the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits, which relate to Chapter 23, Section 20.9 of the Medicare Claims Processing Manual. Please make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11126](#).



Medicare B
900 42nd St. S.
Fargo, ND 58103

