

Medicare B News

Jurisdiction F

April 2022

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<http://med.noridianmedicare.com>

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<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo>

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NEWS

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 8a.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>. 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.

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

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

2022 JF Part B Quarterly Ask-the-Contractor Teleconferences

Below is the listing of the 2022 Part B Quarterly Ask-the-Contractor Teleconferences (ACTs).

- April 20, 2022 - General
- October 19, 2022 - General

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, go to <https://med.noridianmedicare.com/web/ifb/education/act>.

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

By completing and submitting the Noridian “[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>

2021 1099 Tax Forms Available on NMP

The 2021 1099-INT and/or 1099-MISC are now available on the Noridian Medicare Portal (NMP). The 1099 inquiry is available through the Financials function.

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

Amniotic and/or Placental Derived Products (Also Known As “Skin Substitutes”)

Noridian is currently holding amniotic and/or placental derived MEMBRANE codes used in non-wound indications as well as all LIQUID Q code claims used for any indication. These claims will be held in the system until further direction is received.

Noridian requests that providers and other external stakeholders check the Noridian Medicare website or Listserv for updates rather than contacting the Provider Contact Center for questions.

Anesthesia Overpayments - Resolved 03/10/22

Provider/Supplier Type(s) Impacted: All

Reason Codes: N/A

Claim Coding Impact: Anesthesia claims billed with modifier AD

Description of Issue: Noridian has discovered overpayments for claims billed for more than 4 concurrent anesthesia procedures (anesthesia services containing modifier AD).

Noridian Action Required: Noridian will be adjusting claims for date of service 01/01/21-12/19/21 that are overpaid.

Provider/Supplier Action Required: Providers will be required to repay any overpaid funds once they receive their recoupment letter(s).

Proposed Resolution/Solution: Claims with date of service 01/01/21-12/19/21 were adjusted and priced correctly.

Date Reported: 03/10/22

Date Resolved: 03/10/22

Billing VEKLURY™ (Remdesivir) Antiviral Medication in Outpatient Settings

CMS created the new HCPCS code J0248 for VEKLURY™ (remdesivir) antiviral medication. This code is effective for dates of service on or after December 23, 2021, when administered in outpatient settings. CMS released this information in the [MLN Connects Special Edition for Friday, January 7, 2022](#).

BACKGROUND

VEKLURY™ (remdesivir) is FDA approved for the treatment of COVID-19 in hospitalized patients. The FDA label states that VEKLURY should only be administered in a hospital or in a healthcare setting capable of providing acute care comparable to inpatient hospital care. There are various U.S. guideline recommendations on the role of remdesivir. Following the recent statement from the National Institutes of Health (NIH) COVID-19 Treatment Guidelines Panel regarding therapies for the COVID-19 Omicron variant, CMS created HCPCS code J0248 for VEKLURY™ (remdesivir) antiviral medication when administered in an outpatient setting. The payment for VEKLURY™ (remdesivir) was included in the bundled payment for inpatient treatment plus the New COVID-19 Treatments Add-on Payment. Code J0248 is available for use by all payers and is payable by Medicare in the outpatient setting for dates of service on or after December 23, 2021.

OUTPATIENT CLAIM REQUIREMENTS FOR J0248

Your MAC wants to provide guidance for billing J0248 to prevent impacts to your claims processing.

Submit your claims with:

- VEKLURY™ (remdesivir) product code (J0248)
 - Refer to the [Remdesivir FDA label](#) for additional information about the product
- ICD-10 code U07.1 (COVID-19) or J12.82 (Pneumonia due to coronavirus disease 2019)
- In addition to the product code J0248, use the following CPT code for administration:
 - 96365 (Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour)
 - And if needed use:
 - 96366 (Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure))
- For Part A claims:
 - Appropriate type of bill (TOB)
 - Appropriate revenue codes
- For Part B claims:
 - Appropriate place of service (POS) code
 - Refer to the [NIH COVID-19 Treatment Guidelines Panel](#) for administration information
- Units administered for patient:
 - J0248 represents 1mg and units should be adjusted to reflect dosage administered for each patient
 - Price per unit set as \$5.512 (effective from December 23, 2021, to March 31, 2022)

Claims submitted with dates of service on or after December 23, 2021, will be held until the claims processing systems are updated.

C1823 - Priced Per Invoice

C1823, *Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation*, is priced per invoice. This update is effective for dates of service January 1, 2019 and after. More information on how to submit an invoice can be found on our [Avoiding Denials on Priced per Invoice Claims](#) page.

Clinician Medical Record Documentation for DMEPOS Items

For Medicare to cover any Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) item, the patient's medical record must include enough documentation to justify the need for the type and quantity of items ordered and frequency of use (or replacement if applicable). The medical record should include the patient's diagnosis and:

- Condition duration
- Clinical course (worsening or improving)
- Prognosis
- Nature and extent of functional limits
- Other therapeutic interventions and results
- Experience with related items

The medical record may include records from hospitals, nursing facilities, home health agencies, and other health care professionals.

For more information, see the [Medicare Program Integrity Manual, Chapter 5 \(PDF\)](#), section 5.9.

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

Colorectal Cancer Screening Saves Lives

Colorectal cancer affects men and women of all racial and ethnic groups, and risk increases with age. During Colorectal Cancer Awareness Month, encourage screening to help find this cancer early, when treatment is most effective. Medicare covers colorectal cancer screening, and your patients pay nothing if you accept assignment.

More Information:

- [Medicare Preventive Services](#) educational tool
- [CDC Colorectal Cancer](#) webpage
- [Preventive & Screening Services](#) webpage: Get information for your patients

Source: CMS [MLN Connects](#), dated March 10, 2022

COVID-19 Monoclonal Antibodies: Revised Emergency Use Authorization for EVUSHELD Q0221

On February 24, the FDA revised the emergency use authorization for tixagevimab co-packaged with cilgavimab (EVUSHELD™) to change the initial dose for the authorized use as pre-exposure prophylaxis of COVID-19 in certain adults and pediatric patients. For more information about dosage and administration, including information about dosing for patients who got the original lower dose, [review the fact sheet \(ZIP\)](#). CMS created new code, Q0221, effective February 24:

- Long Descriptor: Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg
- Short Descriptor: Tixagev and cilgav, 600mg

Use the existing administration codes — M0220 and M0221.

[Visit the COVID-19 Monoclonal Antibodies webpage for more information](#). Note: you may need to refresh your browser if you recently visited this webpage.

Source: CMS [MLN Connects](#), dated March 10, 2022

Cyber Security: Exercise Caution

Noridian has recently been made aware of increased attempts by bad actors to solicit fraudulent payments from health care providers and suppliers.

We urge our community of health care providers, durable medical equipment suppliers, and other medical professionals to exercise caution. Please be mindful of maintaining best practices for cyber security and apply extra diligence in checking the details of communications and monetary transfers. In particular, pay close attention to links, email addresses, and domain names to ensure they are from legitimate sources and not from similar or lookalike URLs.

Remember, Noridian will never send, nor ask for, banking or other confidential information without following standard encryption and cyber security practices. If necessary, we will call to provide a password and/or send information via fax. If you notice any suspicious communications or details that don't seem quite right, or if you have any questions, please feel free to contact us through our Contact Center to confirm information.

DMEPOS Fee Schedules and Labor Payment - 2022 Update

Updates to the DMEPOS [Jurisdiction listing](#) for 2022 have been published. This resource, updated quarterly, shows which Medicare Administrative Contractors (MACs) have jurisdiction over which Healthcare Common Procedural Coding System (HCPCS) codes.

DMEPOS Standard Written Order Requirements

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers are to follow requirements for Standard Written Orders (SWOs):

- Keep a SWO from the treating practitioner on file
- Get the SWO before submitting a claim for all DMEPOS items
- Get the SWO before delivery for certain items
- Submit completed SWOs for all DMEPOS services billed if there's an audit

Review [42 CFR 410.38](#) and [MLN Matters Article SE20007 \(PDF\)](#) to learn what elements to include on the order and related documentation:

- Beneficiary name or Medicare beneficiary identifier
- General description of the item
- Quantity you'll dispense, if applicable
- Order date
- Treating practitioner name or national provider identifier
- Treating practitioner signature

More information:

- [Standard Documentation Requirements for All Claims Submitted to DME Medicare Administrative Contractors \(MACs\)](#) local coverage article
- Find SWO final rule FAQs on your MAC's website: Noridian [Jurisdiction \(J\) A](#) and [JD](#), CGS [JB](#) and [JC](#)

Source: CMS [MLN Connects](#) dated March 24, 2022

DSMT and MNT Information Available on NMP

The Noridian Medicare Portal (NMP) now provides Diabetic Self-Management Training (DSMT) and Medical Nutrition Training (MNT) benefit information as part of an Eligibility Inquiry response. When the beneficiary that was inquired on has had DSMT or MNT services, the following information will display:

- Initial Date
- Accumulated Time in Minutes
- Follow-up Period
- HCPCS
- From/To Date
- Time in Minutes

If the beneficiary has not received the services, a message will be displayed stating that the patient has full benefits for that service.

To view other patient benefits available in NMP, view the [Eligibility Benefits](#) section of the Portal Guide.

Home Infusion Therapy Services Monitoring Report

Read the January 2022 [Home Infusion Therapy \(HIT\) Monitoring Report \(PDF\)](#) about HIT benefit use from January 1, 2019-March 31, 2021, including visits, patients, and supplier organizations.

More Information:

- [Home Infusion Therapy Services](#) webpage
- Email questions to HomeInfusionPolicy@cms.hhs.gov
- [Information for your patients](#)

Source: CMS [MLN Connects](#) dated January 27, 2022

How to Reduce Your Claim Denials

Claim Adjustment Reason Code CO-183 (CARC) indicates that the provider's specialty is not qualified to refer for this CPT. See the following link for Specialty's that can order or refer.

RESOURCES

- [CMS Ordering & Certifying](#)
- [CMS Medicare Provider Enrollment - MLN9658742 November 2021](#) - Providers who Solely Order or Certify tab
- [Missing or Invalid Order/Referring Provider Information](#)
- [YouTube tutorials - Ordered, Referred and Prescribed Services](#)
- [Denial Code Resolution](#)

How can the provider resolve this error?

- Check your PECOS registration - must be a valid NPI with a specialty that is eligible to order or certify
- Cannot be organizational National Provider Identification (NPI) number
- Be sure to submit the correct NPI qualifier on your claims

Incorrect Coinsurance Percentage Applied for Drugs and Biologicals - Resolved 03/23/22

Provider/Supplier Type(s) Impacted: All providers.

Reason Codes: Not applicable.

Claim Coding Impact: All drug and biological HCPCS.

Description of Issue: The MCS system maintainer has notified Medicare Administrative Contractors (MACs) of an issue where the copayment amount applied to drug and biological claims for any date of service finalized on or after 10/27/21, may have been applied at .2 percent instead of 20 percent.

Noridian Action Required: Noridian will publish additional information when additional details regarding a system fix and corrective actions are available.

Provider/Supplier Action Required: No provider action at this time.

03/23/22 - Providers should follow the regular process for reviewing the co-insurance and/or deductible reported on the remits for the adjusted claims.

Proposed Resolution/Solution: When the MCS shared system maintainer notifies MACs of the system fix and corrective actions needed, Noridian will provide additional information as it becomes available.

12/07/21 - MCS is continuing to work on this issue. Noridian will continue to monitor and provide updates as they become available.

12/21/21 - MCS is continuing to work on this issue. Noridian will continue to monitor and provide updates as they become available.

01/24/22 - MCS is continuing to work on this issue. Noridian will continue to monitor and provide updates as they become available.

02/10/22 - MCS updated the system. Claims are processing with the correct co-insurance as of 02/07/22. MCS is compiling a list of affected claims. Noridian will initiate mass adjustments when the claim list is available.

03/23/22 - Noridian completed mass adjustments of impacted claims on 03/21/22.

Date Reported: 11/12/21

Date Resolved: 03/23/22

January 2022 Add-On Codes Incorrect Denials - Resolved 03/24/22

Provider/Supplier Type(s) Impacted: Providers billing a procedure code with a global period ZZZ, billed alone.

Reason Codes: Standard Code 234 and Remark Code N390

Claim Coding Impact: 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22853, 22854, 22859, 33141, 33257, 33258, 33259, 33367, 33368, 33369, 33530, 33924, 34714, 34716, 34833, 37252, 37253, 69990, 93462, 93463, 93464, 93563, 93564, 93565, 93566, 93567, 93568, 93571 and 93662.

Description of Issue: The CPT codes effective 01/01/22 may be denying incorrectly.

Noridian Action Required: Noridian is in the process of updating the affected codes. Once corrected, a mass adjustment will be completed to adjust impacted claims.

Provider/Supplier Action Required: No provider action at this time.

Proposed Resolution/Solution: See above Noridian Action Required. Updates will be provided as they are available.

03/03/22 - The codes have been updated. Mass adjustments will be initiated within the next few weeks.

03/15/22 - Noridian performed the initial round of mass adjustments. A second mass adjustment will be run the week of 03/21/22 to adjust any claims that were still processing when the first adjustment was run.

03/24/22 - No further claims have been identified, so no additional mass adjustments are needed. If providers have any remaining questions, please contact the provider contact center.

Date Reported: 02/15/22

Date Resolved: 03/24/22

Manipulated, Reconstituted and/or Injectable Amniotic and Placental Derived Products

The public notice issued on 2/23/22 has been rescinded as of 3/25/22. Further direction on previously processed and newly submitted claims will be forthcoming. Please continue to watch our website and Listserv email for further direction.

Noridian requests that providers and other external stakeholders check the Noridian Medicare website or Listserv for updates rather than contacting the Provider Contact Center for questions regarding this message

This notice pertains to amniotic and/or placental derived products used for indications other than as a membranous covering for burns, wounds, or ophthalmic conditions. ALL manipulated and/or reconstituted membranous grafts or products in liquid or other forms are subject to this notice.

Manipulated, Reconstituted and/or Injectable Amniotic and Placental Derived Products - Resolved 03/25/22

Provider/Supplier Type(s) Impacted: All Providers

Reason Codes: Not Applicable

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

Description of Issue: A notice has been published to address Manipulated, Reconstituted and/or Injectable Amniotic and Placental Derived Products. Please refer to this notice for further guidance.

Noridian Action Required: N/A

Provider/Supplier Action Required: Informational only.

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

Date Reported: 02/28/22

Date Resolved: 03/25/22

Medicare Diabetes Prevention Program: New for Calendar Year 2022

The calendar year (CY) 2022 [Physician Fee Schedule \(PFS\) final rule](#) and [correction notice](#) include information on the Medicare Diabetes Prevention Program (MDPP) expanded model. The MDPP changes that went into effect January 1 include:

- Shortening the MDPP services period to 1 year for patients who enrolled on or after January 1; the first core session date is the enrollment date
- Redistributing all ongoing maintenance session payments to the first year with a focus on increasing attendance-based performance payments
- Removing the ongoing maintenance session payments for patients whose first core session occurs on or after January 1
- Maintaining the 2021 payment amounts for ongoing maintenance sessions for patients who started MDPP in 2021 or earlier and maintain 5% weight loss and attendance requirements; the first core session date is the enrollment date
- Waiving the MDPP supplier enrollment fee

[Find CY 2022 payment rates.](#)

More Information:

- [See the official instruction to your Medicare Administrative Contractor \(MAC\) \(PDF\)](#)
- [Find your MAC's website](#)
- [Final Policies for the MDPP Expanded Model for CY 2022 Medicare PFS](#) fact sheet
- [MDPP](#) webpage
- [Information for your patients](#)

Source: CMS [MLN Connects](#) dated January 27, 2022

Medicare Participating Physician Directory Information for 2022

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>

<https://med.noridianmedicare.com/web/jeb/enrollment/medpard>

<https://med.noridianmedicare.com/web/jfb/enrollment/medpard>

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

ONLINE ASSISTANCE FOR BENEFICIARIES

As part of the ongoing effort to provide Medicare beneficiaries with information to help them make health care choices, CMS has a participating physician directory at <https://www.medicare.gov>, the CMS beneficiary website. The directory information can be found by selecting "Find 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.

Medicare Requirements on Documenting E/M Services by Teaching Physicians - Effective January 1, 2022

EXCEPTION FOR EVALUATION AND MANAGEMENT (E/M) SERVICES IN CERTAIN PRIMARY CARE CENTERS

Effective January 1, 2022, teaching physicians may use only medical decision making (MDM) for purposes of E/M visit level selection when billing the Medicare program under the physician fee schedule for office or outpatient E/M visits via a primary care exception.

TIME-BASED CODES

Additional updates apply to office or outpatient E/M visit codes for which total time is used for the visit level selection. For purposes of selecting the visit level, only count time spent by the teaching physician performing qualifying activities listed by CPT (with or without direct patient contact on the date of the encounter), including the time the teaching physician is present when a resident is performing such activities.

For purposes of payment, E/M services billed by teaching physicians require that the medical records must demonstrate:

- The teaching physician performed the service or was physically present during the key or critical portions of the service when performed by the resident; and
- Participation of the teaching physician in the management of the patient.

Source: [Medicare Claims Processing Manual, Chapter 12 - Physicians/Nonphysician Practitioners, Section 100](#)

Medicare Secondary Payer (MSP) - Revised Part B Correspondence Form

Noridian has an updated and simplified MSP Part B [Correspondence Form](#) available.

Providers are encouraged to begin using the new form as of February 1, 2022, and replace any existing MSP forms that you may have been using or downloaded. The form may be completed and included with any new MSP inquiry submissions. Instructions are available on the form.

Network Outage Impacting Electronic Transaction Processing - Resolved 03/02/22

Provider/Supplier Type(s) Impacted: Electronic Transaction Submitters

Reason Codes: Not Applicable

Claim Coding Impact: Not Applicable

Description of Issue: Noridian EDI is not able to process electronic claims currently due to a high-level network outage.

Noridian Action Required: Noridian will provide updates as they are available.

Provider/Supplier Action Required: No action is required at this time.

Proposed Resolution/Solution: The issue is being researched.

03/02/22 - The issue has been resolved.

Date Reported: 03/02/22

Date Resolved: 03/02/22

Nonphysician Practitioners (NPPs): Evaluation and Management (E/M) Services

Noridian recognizes the composition of provider practices has changed and it may be common to include physicians (MD or DO), nurse practitioners (NP) and physician assistants (PA). This article describes the CMS guidelines for performing and billing such services appropriately, along with process changes Noridian is implementing for E/M codes 99202-99215, 99221-99233, 99238, 99239.

In response to the CMS initiative to reduce provider burden in the Medicare claim process, Noridian received questions and made a significant change in submission and processing steps for E/M services performed by NPPs.

Effective March 1, 2022, E/M services submitted by NPs (Specialty 50) and PAs (Specialty 97) can be considered for coverage when another E/M service from a multispecialty group has been provided.

- More than one E/M service by PA or NP payable on the same day**
 CMS allows one E/M service per beneficiary, per day, per provider specialty type. Since PAs and NPs often provide specialty care (e.g., family practice, psychiatry, orthopedics), multiple E/M services on the same DOS may be permissible, when each episode of care is addressing a different clinical condition. The additional E/M service would need to be medically necessary to treat an illness or injury separate from the initial E/M service. A different diagnosis would be required.
- Changes in processing NP and PA claims for E/M services**
 As of March 1, 2022, NP and PA providers will need to include information on each E/M claim, defining the specialty of the physician group when care is rendered in a specialty practice environment. Claims will be suspended to review specialty information and compare diagnosis codes. When both the specialty information and diagnoses are different, the second claim may be payable.
- How do NP and PA providers include specialty information on their claims?**
 Specialty information for the other claim rendered in the multispecialty group practice must be included in the 2400 NTE Segment Loop on electronic claims or Box 19 of the CMS 1500 form. Include the specialty code and definition that can be found on our website at [Eligible Specialties](#) (example: 06-cardiology). The claims are to be submitted with either NP (Specialty 50) or PA (Specialty 97) as the rendering provider as usual with this additional information describing the specialty of the other provider specialty in which the care was previously rendered. If specialty information from the other E/M service is missing, the subsequent E/M service will deny when performed on the same day.

E/M services should always accurately reflect the level of care provided during any patient encounter. CMS considers duplicative or overlapping care as medically unnecessary and MACs pay or deny such services only within the confines of CMS rules and guidelines. When multiple same-day E/M services are billed for the same beneficiary by several provider types, the following rules apply:

- When a MD and NPP from the same provider group each perform individual E/M services on the same day, for the same patient, the service should be billed as one service, using the MD's billing identifier. These combined services may support a higher level of E/M coding than either service when billed alone.
- "Incident to" requirements as defined in [CMS Publication 100-02, Chapter 15, Section 60](#). The billing physician must be present in the same office suite or area during performance of an E/M visit by an NPP, to bill the service using the physician's NPI, rather than the NPPs. The "incident to" concept does not apply in the hospital or skilled nursing facility setting.
- When multiple NPPs perform individual E/M services on the same day, for the same patient, only one of the NPP claims will be paid per day by the MAC. We recognize that NPPs are now practicing within subspecialty groups, but we remind providers that, at present, CMS does not currently assign subspecialty designations to nurse practitioners or physician assistants. Specialty type 50 (NP) and 97 (PA) will only allow one NPP service per beneficiary, per day.

CMS editing only permits one new visit per provider specialty type within a group over a three-year period. Since NPs and PAs are two different provider designations, new visits by each within a three-year period may be payable. Example: if the patient was seen in a multi-specialty practice as a new patient by a specialty 50 working within family practice, and then seen within

three years by a specialty 50 working within cardiology, the second new visit would be denied without specialty information included in the comment field. If documentation submitted on appeal supported a medically necessary service addressing a distinctly separate problem, the second service may be payable on appeal. It is permissible to bill these services as subsequent visits, since they are considered as subsequent care by a same-specialty provider in the group.

Noridian's goal is to reduce the appeals cause by appropriately submitted services when the specialty and reason for the visit are different between the two E/M services.

Physicians Ordering DMEPOS for Patients

Physicians provide the foundation for correctly billing services and/or supplies to Medicare. DMEPOS suppliers rely on prescribing providers to substantiate the need for services and/or supplies billed to the Medicare program.

MEDICAL RECORDS

Medical records should be complete, legible, and include the following information:

- Reason for encounter, relevant history, physical exam findings, test results and date of service
- Assessment and impression of diagnosis
- Plan of care with date and legible signature
- Documentation that supports that the rendering/billing provider indicated on claim is the healthcare professional providing the service
- Records should not only substantiate service performed but also required level of care

DOCUMENTATION REQUIREMENTS

- Standard Written Order (SWO) prescription (not considered part of medical record)
 - Exception to SWO - prescribing practitioners who are also suppliers
 - SWO elements may be listed in medical record
- Written Order Prior to Delivery (WOPD) for items on the CMS required list (can serve as SWO)
 - Face-to-Face (F2F) encounter

For DMEPOS items on the required F2F and WOPD list, the treating practitioner documents and communicates that the F2F occurred within six months prior to the WOPD (unless superseded by the Local Coverage Determination (LCD) and related policy article) to the supplier.

WHO CAN COMPLETE A SWO?

Power Mobility Devices (PMDs)

- Treating practitioner who conducts qualifying face-to-face (F2F) prepares SWO for PMD base

All DMEPOS items except PMDs

- Certain elements of order may be completed by someone other than the treating practitioner
- Treating practitioner identified in order must sign the document

RESOURCES

[CMS Program Integrity Manual, Publications 100-08, Chapter 5](#)

[eCFR :: 42 CFR Part 414 Subpart B -- Physicians and Other Practitioners](#)

[eCFR :: 42 CFR 410.78 -- Telehealth services](#)

[Code of Federal Regulations \(govinfo.gov\)](#)

[Forms - JD DME - Noridian \(noridianmedicare.com\)](#)

[Forms - JA DME - Noridian \(noridianmedicare.com\)](#)

[Article - Standard Documentation Requirements for All Claims Submitted to DME MACs \(A55426\) \(cms.gov\)](#)

Review Time Added to Notification Letters

Noridian Medical Review (MR) has added information to our Targeted Probe and Educate (TPE) notification letters indicating that we have 30 days to review and process a claim once documentation is received from providers.

Split or Shared Evaluation and Management Visits

Effective January 1, 2022, CMS has issued updated guidance on evaluation and management services that qualify as split or shared services by two providers who are in the same group. Per the CMS statement “A split (or shared) visit is an evaluation and management (E/M) visit in the facility setting that is performed in part by both a physician and a nonphysician practitioner (NPP) who are in the same group, in accordance with applicable law and regulations such that the service could be billed by either the physician or NPP if furnished independently by only one of them. Payment is made to the practitioner who performs the substantive portion of the visit.”

- For visits (other than critical care) furnished in calendar year 2022, substantive portion means one of the three key components (history, exam, or medical decision-making) or more than half of the total time spent by the physician and nonphysician practitioner (NPP) performing the split or shared visit.
- For calendar year 2023 and forward, the new guidance indicates the substantive portion for all split or shared visits will be defined as more than half the cumulative total time of the physician and NPP.
- Because critical care visits are time-based codes, the substantive portion will be based on more than half the cumulative total time in qualifying activities that are included in CPT® code 99291 and the units of CPT® code 99292 (as needed).
- Facility setting for purposes of this section means institutional settings in which payment for services and supplies furnished incident to a physician or practitioner's professional services is prohibited under 42 CFR [§ 410.26\(b\)\(1\)](#). Hospital or skilled nursing home are facility settings.
- Split or shared visits are billable for new and established patients, in both initial or subsequent visits and for prolonged services.

For purposes of payment for these services, the following conditions apply:

- **Substantive portion of split or shared visit** - In general, payment is made to the physician or nonphysician practitioner who performs the substantive portion of the split or shared visit.
- **Medical record documentation** - Documentation in the medical record must identify the physician and nonphysician practitioner who performed the visit. The individual who performed the substantive portion of the visit (and therefore bills for the visit) must sign and date the medical record.
- **Face-to-face contact** - For all split or shared visits, one of the practitioners must have face-to-face (in-person) contact with the patient, but it does not necessarily have to be the physician, nor the practitioner who performs the substantive portion and bills for the visit.
- **Claim modifier** - The designated modifier must be included on the claim to identify that the service was a split or shared visit.
- **Example:**
 - **Distinct Time:** In accordance with the CPT® E/M Guidelines, only distinct time can be counted. When the practitioners jointly meet with or discuss the patient, only the time of one of the practitioners can be counted.
 - **Example:** If the NPP first spent 10 minutes with the patient and the physician then spent another 15 minutes, their individual time spent would be summed to equal a total of 25 minutes. The physician would bill for this visit since they spent more than half of the total time (15 of 25 total minutes). If, in the same situation, the physician and NPP met together for five additional minutes (beyond the 25 minutes) to discuss the patient's treatment plan, that overlapping time could only be counted once for purposes of establishing total time and who provided the substantive portion of the visit. The total time would be 30 minutes, and the physician would bill for the visit since they spent more than half of the total time (20 of 30 total minutes).
 - To bill split or shared subsequent hospital service, the billing practitioner reports CPT® code 99232 if basing the coding on time. If not using time, bill CPT® codes 99231-99233 as meets the key component level on which the coding is based.

- Modifier - FS (split or shared E/M visit) must be appended to the E/M code on the claim.

CMS manual updates to [100-04, Chapter 12, Section 30.6.18](#).

[MLN MM12543 - Internet-Only Manual Updates \(IOM\) for Critical Care, Split/ Shared Evaluation and Management Visits, Teaching Physicians, and Physician Assistants](#)

Submitting Invoice Price

Starting April 25, 2022, all codes requiring an invoice price including but not limited to A9500, *Technetium tc-99m sestamibi, diagnostic, per study dose*, will deny unprocessable if not submitted with a clear total invoice price. Please refer to the [Avoiding Denials on Priced per Invoice Claims](#) page for a list of codes that require an invoice and examples of how to comment invoice information including the word “Invoice” or “Inv” and the total price in decimal format.

Updated Medicare Physician Fee Schedule 2022 Conversion Factor

President Biden signed the [Protecting Medicare & American Farmers from Sequester Cuts Act](#) in December 2021 which included an update to the conversion factor previously published in the 2022 final rule. The same Act also reinstates the sequestration adjustments in stages, starting April 1 at one percent and July 1 will be two percent.

In implementing the Act, the Centers for Medicare & Medicaid Services (CMS) updated the 2022 Medicare physician fee schedule conversion factor to \$34.6062. The initial 2022 final rule provided a reduced conversion factor of \$33.59. With the updated conversion factor, it will be slightly less than the 2021 conversion factor of \$34.8931.

Noridian updated the fee schedule prior to 2022 dates of service claims processing. Claim payments will reflect the correct payment under the updated conversion factor. If providers reviewed or downloaded the 2022 Part B fee schedule prior to December 20, the current fees are showing an update on Noridian’s website.

[JF Part B Fee Schedules](#)

[CMS Physician Fee Schedule](#)

Urgent Prior Authorization Submission Request Errors

Noridian has been receiving prior authorization request for the Hospital Outpatient Department (HOPD) program in the submission area for Prior Authorizations of Repetitive, Scheduled Non-Emergent Ambulance Transports (RSNT).

To reduce wait time and submission rejections we ask that you make sure that you are submitting to the correct fax, email, and P.O Box for the program you are requesting the prior authorization for.

Note: HOPD is a Part A program and RSNT Program is for Part B ambulance suppliers the link provides the Part A HOPD appropriate submission information.

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

You Spoke. We Listened.

Noridian Healthcare Solutions now provides access to Webinars on Demand. The webinar recordings will be available for a limited time and can be accessed through our [Education and Outreach](#) page on the Noridian website. Recordings will be viewed through GoToStage by accessing the link for each recording listed on the Webinars on Demand webpage.

After watching the webinar, we provide a survey link to receive comments and suggestions from your observations.

Please note that not all webinars will be posted. CEUs will not be available for recorded webinars.

MEDICAL POLICIES AND COVERAGE

Billing and Coding: 4Kscore Assay® (A57337) - R2 - Effective March 24, 2022

This Billing and Coding 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: March 24, 2022

Summary of Article Changes:

Under **Article Title** revised to 4Kscore® Assay.

Under **Article Text** revised title to 4Kscore® Assay. Formatting, punctuation, and typographical errors were corrected throughout the article.

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

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

Billing and Coding: Cataract Surgery in Adults (A57196) - R3 - Effective January 1, 2022

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, 2022

Summary of Article Changes: Removed CPTs 66989 and 66991 due to being incorrectly added. These codes fall under another Noridian policy and to avoid confusion are being removed.

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

Billing and Coding: Complex Drug Administration Coding - R7- Effective January 1, 2022

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, 2022

Summary of Article Changes: In the Article Text under Subcutaneous and Intramuscular Injection Non-Chemotherapy added J0897-denosumab (Prolia/Xygeva®) back into the table effective 01/01/2021. This drug was removed in error with 2/1/8/21 update.

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

Billing and Coding: Complex Drug Administration Coding - R8 - Effective April 9, 2022

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: April 9, 2022

Summary of Article Changes: J0248 remdesivir (Veklury®) was added under **Infusions Non-Chemotherapy Generic/Trade Names** table and to **CPT/HCPCS Codes Group 2 Paragraph** effective 04/09/2022 and will be added to the **Group 2 Codes** list with the next update.

Visit the Noridian [Medicare Coverage Articles](#) webpage and scroll the bottom of the webpage to the **Future Articles** tab to view the article on the CMS MCD.

Billing and Coding Facet Joint Interventions for Pain Management Local Coverage Article - R1 - Effective May 01, 2022

The following Local Coverage Billing and Coding Article (LCA) has been revised under contract numbers: 02102 (AK), 03102 (AZ), 02202 (ID), 03202 (MT), 03302 (ND), 02302 (OR), 03402 (SD), 03502 (UT), 02402 (WA), and 03602 (WY).

Medicare Coverage Database Number	Billing and Coding Article Title and Revision Number
A58405	Billing and Coding: Facet Joint Interventions for Pain Management

Effective Date: May 01, 2022

Summary of Changes: In the Article Text section of the Billing and Coding: Facet Joint Interventions for Pain Management LCA, removed the statement "This information does not take precedence over NCCI edits."

Visit the Noridian [Medicare Coverage Articles](#) webpages to view the document on the CMS MCD.

Billing and Coding: Home PT/INR Monitoring (G0249) Billing and Coding - R2 - Effective April 29, 2020

This coverage 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).

Effective Date: April 29, 2020

Summary of Article Changes: Deleted MLN Matters Special Edition (SE) 6397 article under **Sources** in the **Article Text** due to a broken link and not being able to access this article. Providers should refer to CR 6397 also under **Sources**, which is what the MLN Matters Special Edition (SE) 6397 article was based off of.

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

Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55323) - R7 - Effective January 1, 2022

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, 2022

Summary of Article Changes:

Updated prices for Prialt (Ziconotide) and Ropivacaine per quarterly ASP Drug file update.

Effective 01/01/2022 - 03/31/2022

Prialt (Ziconotide) = \$9.054

Ropivacaine = \$0.069

Formatting was also updated throughout the article

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

Billing and Coding: Influenza Diagnostic Tests (A59056) - Effective March 09, 2022

This coverage 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).

Effective Date: March 09, 2022

Summary of Article: Provide billing and coding guidance for influenza testing to avoid the overuse of antibiotics and the potential of antibiotic resistance.

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

Billing and Coding: JW Modifier Billing Guidelines - R2 - Effective April 28, 2020

This coverage 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).

Effective Date: April 28, 2020

Summary of Article Changes: Corrected the link to MLN Matters Special Edition (SE) 1316 article under **Sources** in the **Article Text**.

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

Billing and Coding: Lab: Controlled Substance Monitoring and Drugs of Abuse Testing (A55030) - R12 - Effective October 01, 2021

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: October 01, 2021

Summary of Article Changes:

Under Group 1: ICD-10-Codes that Support Medical Necessity added M54.50, M54.51, M54.59.

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

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

Billing and Coding: MoIDX: BDX-XL2 (A57357) - R3 - Effective April 22, 2021

This Billing and Coding 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: April 22, 2021

Summary of Article Changes:

Noridian has modified certain language in this article to mirror the language used presently by the MoIDX team at Palmetto GBA as part of an annual review. Revision history dates and language may not exactly match the MoIDX PGBA revision history but is updated with the revisions made in an accurate timeline. However, these revisions do not change coverage or guidance.

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

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

Billing and Coding: MoIDX: Biomarkers in Cardiovascular Risk Assessment (A57055) - R3 - Effective October 1, 2021

This Billing and Coding 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: October 1, 2021

Summary of Article Changes:

Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added E75.249, E77.9, E78.49, I63.39. Codes added to correct typographical error. This revision is effective 10/1/21.

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

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

Billing and Coding: MoIDX: Corus CAD Assay (A57416) Retirement - Effective February 15, 2022

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

Effective Date: February 15, 2022

Summary: This article is being retired because the service(s) in scope are no longer in production and no claims based on these services are anticipated.

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

Billing and Coding: MoIDX: FDA-Approved BRAF Tests (A54420) - R5 - Effective March 03, 2022

This Billing and Coding 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: March 03, 2022

Summary of Article Changes:

Under CMS National Coverage Policy added regulation, Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim. Under Article Text, revised sentence to read, "To report an FDA approved or laboratory developed test (LDT) BRAF V600 test kit service, please submit the following claim information." This revision is effective on 03/03/2022.

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

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

Billing and Coding: MoIDX: FDA-Approved EGFR Tests (A54424) - R4 - Effective March 03, 2022

This Billing and Coding 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: March 03, 2022

Summary of Article Changes:

Under CMS National Coverage Policy added regulation, Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim. Under Article Text number 2, revised sentence to read, "To report an FDA approved or laboratory developed test (LDT) EGFR test kit service, please submit the following claim information." This revision is effective on 03/03/2022.

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

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

Billing and Coding: MoIDX: FDA-Approved KRAS Tests (A54500) - R6 - Effective March 03, 2022

This Billing and Coding 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: March 03, 2022

Summary of Article Changes:

Rev 13. Under CMS National Coverage Policy added regulation, Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim. Under Article Text, revised sentence to read, "To report an FDA approved or laboratory developed test (LDT) KRAS, codon 12 and 13 test kit service, please submit the following claim information." This revision is effective on 03/03/2022.

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

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

Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (A57422) - R6 - Effective March 17, 2022

This Billing and Coding 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: March 17, 2022

Summary of Article Changes:

Under Article Text added verbiage, "For single genes performed by NGS, these tests must demonstrate compliance with L38125 MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies and its accompanying billing and coding article, A56518 Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer." This revision is effective on 03/17/2022.

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

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

Billing and Coding: MoIDX: MammaPrint (A54447) - R7 - Effective January 01, 2022

This Billing and Coding 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 01, 2022

Summary of Article Changes:

Under Article Text deleted the first paragraph. The second paragraph was revised to read, "MammaPrint® is a diagnostic test that analyzes the gene expression profile of FFPE breast cancer tissue samples to assess a patient's risk for distant metastasis" and a new third paragraph was added. The second bullet point was revised to add the verbiage, "For dates of service on or after 01/01/2022, use CPT code 81523 for the test if performed by NGS". A new paragraph was added after verbiage regarding instructions on how to submit claims information. This revision is effective for dates of service on or after 1/1/2022.

Under CPT/HCPCS Codes Group 1: Codes added 81523. This revision is due to the 2022 Annual CPT/HCPCS Code Update and is effective on 1/1/2022.

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

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

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Hematologic Cancers (A58456) - Effective December 26, 2021

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: December 26, 2021

Summary of Article: The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Minimal Residual Disease Testing for Cancer L38816.

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

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

Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) (A57527) - R5 - Effective January 01, 2022

This Billing and Coding 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 01, 2022

Summary of Article Changes:

Under CPT/HCPCS Codes Group 1: Paragraph added the verbiage “The codes listed below fall within scope of the associated policy but do not automatically imply coverage. This revision is effective January 1, 2022.

Under CPT/HCPCS Codes Group 1: Codes added 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U, 0300U, 81349, and 81523. Deleted 0208U. The description was revised for 0016M, 0017M, 0090U, 0154U, 0155U, 0177U, 0180U, 0193U, 0200U, 0205U, 0216U, 0221U, 0244U, 0258U, 0262U, 0265U, 0266U, 0276U, 81194, 81228, and 81229. This revision is due to the 2022 Annual CPT/HCPCS Code Update and is effective on January 1, 2022.

Noridian has modified certain language in this article to mirror the language used presently by the MoIDX team at Palmetto GBA as part of an annual review. Revision history dates and language may not exactly match the MoIDX PGBA revision history. However, these revisions do not change coverage or guidance.

10.01.2021: Under CPT/HCPCS Codes Group 1: Codes added 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0282U and deleted 0168U. This revision is due to the Q4 2021 CPT®/HCPCS Code Update and is effective for dates of service on or after 10/1/2021.

07.01.2021: Under CPT/HCPCS Codes Group 1: Codes added 0016M. This revision is due to coding that is applicable to the MoIDX program and is retroactive effective for dates of service on or after 1/1/2021. Under CPT/HCPCS Codes Group 1: Codes added 0250U. This revision is due to the Q3 2021 CPT/HCPCS Code Update and is effective for dates of service on or after 7/1/2021.

12/09/2021 - The following CPT/HCPCS codes were deleted: 0208U was deleted from Group 1

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

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

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58726) - R1 - Effective April 17, 2022

This Billing and Coding 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: April 17, 2022

Summary of Article Changes:

Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, A41.81, A41.89, A48.1, A48.2, B25.0, B33.23, B33.24, B59, J05.0, J12.0, J12.2, J12.3, J13, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.7, J15.8, J15.9, J16.0, J20.0, J20.1, J20.2, J20.3, J20.4, J20.6, J22, J84.116, J84.117, J84.2, J85.0, J85.1, J85.2, J85.3, T86.33, and T86.812.

Under **ICD-10 Codes that Support Medical Necessity Group 2: Paragraph** added the verbiage “Targeted”. Under **ICD-10 Codes that Support Medical Necessity Group 2: Codes** added A08.31, A08.32, A32.11, A32.12, A32.7, K51.414, K92.1, R10.11, R10.12, R10.13 and T86.852. Deleted B20, K50.018, K50.111, K50.818, K50.918, K51.018, K51.218, K51.318, K51.518, and K51.818.

Under **ICD-10 Codes that Support Medical Necessity Group 3: Codes** added R41.82 and R50.9. Deleted B00.1. Under **ICD-10 Codes that Support Medical Necessity Group 4: Codes** deleted E10.69, E11.69, and E13.69.

Under **ICD-10 Codes that Support Medical Necessity Group 5: Codes** added O98.711, O98.712, and O98.713. Under **ICD-10 Codes that Support Medical Necessity Group 6: Paragraph** added verbiage “For testing in POS other than POS 21 or 23” to beginning of second sentence and “(once per transplant)” to third sentence.

Under **ICD-10 Codes that Support Medical Necessity Group 6: Codes** added E08.43, E10.43, E11.43, and E13.43. Deleted A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, A41.81, A41.89, A41.9, A48.1, A48.2, B25.0, B25.1, B25.2, B25.8, B33.23, B33.24, B59, B97.21, B97.29, D80.7, J05.0, J12.0, J12.2, J12.3, J12.81, J12.82, J12.89, J12.9, J13, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.7, J15.8, J15.9, J16.0, J16.8, J18.1, J20.0, J20.1, J20.2, J20.3, J20.4, J20.5, J20.6, J20.8, J20.9, J21.9, J22, J44.0, J44.1, J45.31, J45.32, J45.41, J45.42, J45.51, J45.52, J45.901, J45.902, J84.116, J84.117, J84.2, J85.0, J85.1, J85.2, J85.3, R65.20, R65.21, R78.81, T86.33, and T86.812.

Under **ICD-10 Codes that Support Medical Necessity Group 7: Paragraph** added verbiage “For testing in POS other than POS 21 or 23” to beginning of second sentence and “(once per transplant)” to third sentence.

Under **ICD-10 Codes that Support Medical Necessity Group 7: Codes** deleted A00.0, A00.1, A00.9, A01.00, A01.09, A01.1, A01.2, A01.3, A02.0, A02.1, A02.8, A03.0, A03.1, A03.2, A03.3, A03.8, A04.0, A04.1, A04.2, A04.3, A04.5, A04.6, A04.71, A04.72, A04.8, A04.9, A05.0, A05.1, A05.2, A05.3, A05.4, A05.5, A06.0, A06.1, A06.2, A07.1, A07.2, A07.4, A08.0, A08.11, A08.19, A08.2, A08.31, A08.32, A08.39, A08.8, A09, A32.11, A32.12, A32.7, A41.50, A41.51, A41.52, A41.53, A41.59, A41.81, A41.89, A41.9, B25.0, B25.8, D80.7, K50.014, K50.114, K50.814, K50.914, K51.014, K51.214, K51.314, K51.414, K51.514, K51.814, K51.914, K52.1, K56.0, K92.1, M31.19, R10.0, R10.11, R10.12, R10.13, R10.31, R10.32, R10.33, R10.811, R10.812, R10.813, R10.814, R10.815, R10.817, R10.821, R10.822, R10.823, R10.824, R10.825, R10.826, R10.827, R10.829, R10.84, R19.5, R19.7, R50.9, R65.20, R65.21, R78.81, and T86.852.

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

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

Billing and Coding MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58726) Final Billing and Coding Article - Effective April 17, 2022

This Local Coverage Determination (LCD) has completed the Open Public Meeting 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).

Medicare Coverage Database (MCD) Number/Contractor Determination Number: A58726

Billing and Coding Article Title: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing

Effective Date: April 17, 2022

Summary of Billing and Coding Article: The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing L39003

Visit the [Proposed LCDs](#) webpage to access this Billing and Coding Article.

Billing and Coding: MoIDX: Molecular Testing for Solid Organ Allograft Rejection (A58170) - R1 - Effective November 25, 2021

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: November 25, 2021

Summary of Article Changes:

Under Article Text revised the title of the table to read, "Solid Organ Allograft Rejection Tests that meet coverage criteria of policy L38568" and revised the table to add the last row. Under CPT/HCPCS Codes Group 1: Codes added 0118U. This revision is retroactive effective for dates of service on or after 10/5/2021.

06/06/2021: Under Article Text added table; Under CPT/HCPCS Codes Group 1: Paragraph added the statement, "AlloSure® Heart is to be billed in conjunction with AlloMap®". This revision is retroactive effective for dates of service on or after 6/6/2021

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

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

Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (A57340) - R15 - Effective February 03, 2022

This Billing and Coding 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: February 03, 2022

Summary of Article Changes:

Under CPT/HCPCS Codes Group 1: Paragraph deleted the sentence, "May only be billed in places of service 20, 21, 23, or 81 (Urgent care, Inpatient hospital, Emergency room, or Independent Laboratory respectively)" and added new paragraph that reads, "During the Federally designated public health emergency (PHE), the following place of service (POS) codes may be billed: 05, 06, 07, 08, 11, 17, 19, 20, 21, 22, 23, 24, 26, 49, 50, 71, 72, 81." The sentence, "The following paragraph does not apply during the PHE:" was added before the last paragraph. Under Group 1 ICD-10 Codes: Added J09.X1, J09.X2, J09.X3, J09.X9, J12.0, J12.1, J12.3

This revision is retroactive effective for dates of service on or after 02/03/2021.

04.01.2021: Typographical Error: Under ICD-10 Codes that Support Medical Necessity Group 1: Code R05 was deleted effective 04.01.2021.

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

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

Billing and Coding: MolDX: myPath® Melanoma Assay (A57627) - R3 - Effective January 01, 2022

This Billing and Coding 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 01, 2022

Summary of Article Changes:

Under CPT/HCPCS Codes Group 1: Codes the description was revised for 0090U. This revision is due to the 2022 Annual CPT/HCPCS code update

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

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

Billing and Coding: MolDX: Myriad’s BRACAnalysis CDx® (A55294) - R8 - Effective January 06, 2022

This Billing and Coding 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 06, 2022

Summary of Article Changes:

Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added C25.9, C48.2, C50.911, C50.912, C50.921, C50.922, C56.9, and C79.9. The deletion of these codes with Revision 7 was done in error and is retroactive effective for dates of service on or after 4/29/2021.

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

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

Billing and Coding: MolDX: Next-Generation Sequencing for Solid Tumors (A57905) - R1 - Effective January 01, 2022

This Billing and Coding 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 01, 2022

Summary of Article Changes:

Under CPT/HCPCS Codes Group#1: Codes the description was revised for 0244U. This revision is due to the 2022 Annual CPT/HCPCS Code Update and is effective on January 1, 2022. Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added: C00.2, C00.5, C00.9, C02.9, C03.9, C04.9, C05.9, C06.9, C09.9, C10.9, C11.9, C13.9, C15.9, C16.9, C17.9, C18.9, C25.9, C31.9, C32.9, C38.3, C41.9, C43.9, C44.9, C44.99, C45.9, C47.9, C48.2, C49.9, C49.A0, C51.9, C53.9, C54.9, C57.9, C60.9, C63.9, C67.9, C68.9, C70.9, C71.9, and C75.9. The deletion of these codes with Revision 1 was done in error and is retroactive effective for dates of service on or after 06/24/2021.

10/01/2021: Under CPT/HCPCS Codes Group 1: Codes added 0250U. This revision is due to the Q3 2021 CPT/HCPCS Code Update and is effective for dates of service on or after 7/1/2021. Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added C56.3. This revision is due to the Annual ICD-10 Update and will become effective on 10/1/2021.

06/24/2021: Under CPT/HCPCS Codes Group 1: Codes added 0244U. This revision is due to the Q2 2021 CPT/HCPCS Code Update and is effective for dates of service on or after 4/1/2021. Under CMS National Coverage Policy removed regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15 §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests and §80.1.1 Certification Changes and §80.2 Clinical Laboratory Services. Added regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15 §80.1.2 A/B MAC (B) Contacts with Independent Clinical Laboratories. Under Article Text added the verbiage, “Relevant Article: Billing and Coding: MolDX: Testing of Multiple Genes A57503” and added verbiage regarding instructions on how to submit claims information. Under ICD-10 Codes that Support Medical Necessity Group 1: Codes deleted C00.2, C00.5, C00.9, C02.9, C03.9, C04.9, C05.9, C06.9, C09.9, C10.9, C11.9, C13.9, C15.9, C16.9, C17.9, C18.9, C25.9, C31.9, C32.9, C38.3, C41.9, C43.9, C4A.9, C44.99, C45.9, C47.9, C48.2, C49.9, C49.A0, C51.9, C53.9, C54.9, C57.9, C60.9, C63.9, C67.9, C68.9, C70.9, C71.9, and C75.9.

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

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

Billing and Coding: MolDX: Pharmacogenomics Testing (A57385) - R3 - Effective January 01, 2022

This Billing and Coding 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 01, 2022

Summary of Article Changes:

Under Article Text Table 1 Gene TPMT added 0034U and 0286U to the CPT Code column. Under CPT/HCPCS Codes Group 1: Codes added 0034U. This revision is retroactive effective for dates of service on or after 1/1/2022.

Under CPT/HCPCS Codes Group 1: Codes added 0286U. This revision is due to the 2022 Annual CPT®/HCPCS Code Update and is effective 1/1/2022.

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

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

Billing and Coding: MolDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer (A57330) - R1 - Effective January 06, 2022

This Billing and Coding 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 06, 2022

Summary of Article Changes:

Under CMS National Coverage Policy updated section CMS Internet-Only Manuals to add CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.1.2 A/B MAC (B) Contacts with Independent Clinical Laboratories. Formatting and punctuation were corrected throughout the article.

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

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

Billing and Coding: MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer (A57330) - R3 - Effective February 24, 2022

This Billing and Coding 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: February 24, 2022

Summary of Article Changes:

Under Article Text, third paragraph "To report a Service, please submit the following claim information" deleted the second bullet. Added two new bullet points with verbiage regarding instructions on how to submit claims information.

This revision is effective on 02/24/2022.

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

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

Billing and Coding: MoIDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer (A58187) - R2 - Effective January 01, 2022

This Billing and Coding 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 01, 2022

Summary of Article Changes:

Under CPT/HCPCS Code Group 1: Codes the description was revised for 0016M. The revision is due to the 2022 Annual CPT/HCPCS Code Update and is effective on January 1, 2022.

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

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

Billing and Coding: Pulmonary Rehabilitation Services - R2 - Effective March 6, 2022

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: March 6, 2022

Summary of Article Changes: Added Section A to the Individual Components heading and clarified the requirements of what criteria is needed for these components.

Removed G0424 and added 94625 and 94626 as codes to bill for services the meet the requirements of a pulmonary rehabilitation program per 42 Code of Federal Regulations (CFR) §410.47, clarified that the formal education must assist in achievement of individual goals towards independence in activities of daily living, adaptation to limitations and improved quality of life in section B of the Article Text.

Added the heading Public Health Emergency Telehealth Services in the Article Text.

Added text to the Group 1 Paragraph to indicate G0237-G0329 are to be used when performing the Individual Components and added the Group 2 Paragraph text as to what codes to use for the formal pulmonary rehab services and in the Group 2 Codes section added CPT® Codes 94625 and 94626 .

Added the following diagnosis codes to the ICD-10 Codes That Support Medical Necessity section.

- J43.0 Unilateral pulmonary emphysema [MacLeod's syndrome]
- J43.1 Panlobular emphysema
- J43.2 Centrilobular emphysema
- J43.8 Other emphysema
- J44.0 Chronic obstructive pulmonary disease with (acute) lower respiratory infection
- J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
- J44.9 Chronic obstructive pulmonary disease, unspecified
- U09.9 Post COVID-19 condition, unspecified

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

Billing and Coding: MoIDX: Repeat Germline Testing (A57332) - R2 - Effective January 01, 2022

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 01, 2022

Summary of Article Changes:

Under CPT/HCPCS Code Group 1: Codes the description was revised for 81228 and 81229. The revision is due to the 2022 Annual CPT/HCPCS Code Update and is effective on January 1, 2022.

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

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

Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer (A56518) - R5 - Effective January 01, 2022

This Billing and Coding 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 01, 2022

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 2: Codes** the description was revised for 0244U. This revision is due to the 2022 Annual CPT/HCPCS Code Update and is effective on January 1, 2022.

Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** added D46.4, D47.9, D72.829, and D75.9. Under **ICD-10 Codes that Support Medical Necessity Group 2: Codes** added: C00.2, C00.5, C00.6, C00.9, C02.3, C02.9, C03.9, C04.9, C05.9, C06.80, C06.9, C08.9, C09.9, C10.9, C11.9, C13.9, C14.0, C15.9, C16.5, C16.6, C16.9, C17.9, C18.9, C21.0, C22.8, C24.9, C25.9, C26.0, C31.9, C32.9, C34.00, C34.10, C34.30, C34.80, C34.90, C34.91, C34.92, C38.3, C39.0, C39.9, C40.00, C40.10, C40.20, C40.30, C40.80, C40.90, C40.91, C40.92, C41.9, C43.10, C43.20, C43.30, C43.60, C43.70, C43.9, C4A.10, C4A.20, C4A.30, C4A.60, C4A.70, C4A.9, C44.00, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.121, C44.191, C44.201, C44.202, C44.209, C44.211, C44.221, C44.291, C44.300, C44.301, C44.309, C44.310, C44.320, C44.390, C44.40, C44.500, C44.501, C44.509, C44.601, C44.602, C44.609, C44.611, C44.621, C44.691, C44.701, C44.702, C44.709, C44.711, C44.721, C44.791, C44.80, C44.90, C44.91, C44.92, C44.99, C45.9, C47.10, C47.20, C47.6, C47.9, C48.2, C49.10, C49.20, C49.6, C49.9, C49.A0, C50.019, C50.029, C50.119, C50.129, C50.219, C50.229, C50.319, C50.329, C50.419, C50.429, C50.519, C50.529,

C50.619, C50.629, C50.819, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C51.9, C53.9, C54.9, C55, C56.9, C57.00, C57.10, C57.20, C57.4, C57.9, C60.9, C62.00, C62.10, C62.90, C62.91, C62.92, C63.00, C63.10, C63.9, C64.9, C65.9, C66.9, C67.9, C68.9, C69.00, C69.10, C69.20, C69.30, C69.40, C69.50, C69.60, C69.80, C69.90, C69.91, C69.92, C70.9, C71.9, C72.20, C72.30, C72.40, C72.50, C72.9, C74.00, C74.10, C74.90, C74.91, C74.92, C75.8, C75.9, C7A.00, C7A.019, C7A.029, C7A.094, C7A.095, C7A.096, C76.40, C76.50, C80.0, and C80.1. The deletion of these codes with Revision 11 was done in error and is retroactive effective for dates of service on or after 06/24/2021.

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

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

Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Next-Generation Sequencing Testing in Cancer (A56518) - R6 - Effective March 16, 2022

This Billing and Coding 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: March 16, 2022

Summary of Article Changes:

Under **Article Text** added verbiage and hyperlinks for “Refer to Billing and Coding: MoIDX: Next-Generation Sequencing for Solid Tumors for CPT/HCPCS codes and ICD-10 codes relevant for solid tumors. Refer to Billing and Coding: MoIDX: Next-Generation Sequencing Lab-Developed Test for CPT/HCPCS codes and ICD-10 codes relevant for myeloid malignancies”.

Under **CPT/HCPCS Codes Group 1: Paragraph** deleted the verbiage.

Under **CPT/HCPCS Codes Group 1: Codes** deleted all CPT/HCPCS codes listed.

Under **CPT/HCPCS Group 2: Paragraph** deleted the verbiage.

Under **CPT/HCPCS Codes Group 2: Codes** deleted all CPT/HCPCS codes listed.

Under **ICD-10 Codes that Support Medical Necessity Group 1: Paragraph** deleted the verbiage. Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** deleted all ICD-10 codes listed. Under **ICD-10 Codes that Support Medical Necessity Group 2: Paragraph** deleted the verbiage. Under **ICD-10 Codes that Support Medical Necessity Group 2: Codes** deleted all ICD-10 codes listed.

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

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

Billing and Coding: MoIDX: Testing of Multiple Genes (A58121) - R2 - Effective February 10, 2022

This Billing and Coding 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: February 10, 2022

Summary of Article Changes:

Under **Article Text** added the verbiage: “Refer to Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) A57527 for CPT/HCPCS Codes that are applicable to this article” after the first sentence. Under **CPT/HCPCS Codes Group 1: Paragraph** deleted the verbiage and moved it to the end of the Article Text section. Under **CPT/HCPCS Codes Group 1: Codes** deleted all

codes. Deleted CPT/HCPCS Codes Group 2: Paragraph, CPT/HCPCS Codes Group 2: Codes, and CPT/HCPCS Modifiers Group 2: Codes.

12/17/2021: Under CPT/HCPCS Modifiers: added 59 modifier to group 2. Noridian has modified certain language in this article to mirror the language used presently by the MoIDX team at Palmetto GBA as part of an annual review. Revision history dates and language may not exactly match the MoIDX PGBA revision history. However, these revisions do not change coverage or guidance.

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

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

Billing and Coding Outpatient Cardiac Rehabilitation - R7 - Effective January 1, 2022

The following Noridian coverage requirements for the Billing and Coding Outpatient Cardiac Rehabilitation National Coverage Determination (NCD) have 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).

NCD: Outpatient Cardiac Rehabilitation 20.10.1

Effective Date: January 1, 2022

Summary of Changes: Updated the Coverage criteria and the use of the KX modifier to indicate the additional 36 services are medically necessary for Outpatient Cardiac Rehabilitation Services in the Article Text.

Also added the KX modifier to the CPT/HCPCS Modifiers section.

Removed ICD-10-CM code I50.32 - Chronic diastolic (congestive) heart failure from the ICD-10 Codes that Support Medical Necessity section.

Visit the [National Coverage Determination \(NCD\)](#) webpage to view the NCD coverage articles.

Billing and Coding Outpatient Cardiac Rehabilitation - R7 - Effective January 1, 2022

The following Noridian coverage requirements for the Billing and Coding Outpatient Cardiac Rehabilitation National Coverage Determination (NCD) have 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).

NCD: Outpatient Cardiac Rehabilitation 20.10.1

Effective Date: January 1, 2022

Summary of Changes: Outpatient Rehabilitation CPT® codes 93797 & 93798 were assigned as category 3 codes on the Physician Fee Schedule List of Telehealth Services CY 2022 effective January 1, 2022, until December 31, 2023, per CR 12549. Also added billing instructions for telehealth services.

Visit the [National Coverage Determination \(NCD\)](#) webpage to view the NCD coverage articles.

Billing and Coding: Platelet Rich Plasma - Retirement - Effective January 23, 2022

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

Medicare Coverage Database (MCD) Number: A58351

Summary: This coverage article has been retired due to updated information that will be included in an upcoming Local Coverage Determination (LCD) and Local Coverage Article (LCA). The Noridian guidance in the retired article may still be helpful in assessing medical necessity. Where providers have adjusted their billing and coding practices to comply with the guidance in a coverage article, they will want to be very careful in departing from these practices just because the article is retired. Provider offices remain responsible for correct documentation, coding, billing and demonstrating medical necessity under Medicare. This responsibility for correct claims submission is unchanged whether or not there is a coverage article in place.

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

Billing and Coding: Positron Emission Tomography Scans Coverage - R32 - Article effective January 1, 2022

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, 2022

Summary of Article Changes: Added the sentence "For providers to be paid appropriately, A9595 must be billed per mCi effective 01/01/2022" to the Group 17 Paragraph.

Added Group 19 Paragraph & Group 19 ICD-10 Codes for the new tracer Gallium 68-ga Gozetotide/PSMA-11 (Illucix®) effective 12/17/21 when billed with A9597 for the tracer, PET Scan codes 78811-78816 and the PI or PS modifier.

Visit the [National Coverage Determination \(NCD\)](#) webpage to view the NCD coverage articles.

Billing and Coding: Pulmonary Rehabilitation Services - R2 - Effective March 6, 2022

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: March 6, 2022

Summary of Article Changes: Updated the coverage requirements for the Pulmonary Rehabilitation Program as outlined in CMS Change Request 12613, 100-02 Benefit Policy Manual, Chapter 15 Section 231 and 100-4 Claims Processing Manual Chapter 32, Section 140.4.1, 140.3.1, 140.4, and 140.4.2.5. Clarified 94625 and 94626 can only be billed when all the Pulmonary Rehabilitation Program requirements are met in Section B.

In Section A reworded the statement; "When one or more individual pulmonary rehabilitation components are still payable when the documentation supports:" to "If all the Pulmonary Rehabilitation Program requirements listed in Section B below are not met, individual pulmonary rehabilitation components are still payable using the GXXXX or 97XXX codes when the documentation supports."

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

Billing and Coding: Remote Imaging of the Retina to Screen for Retinal Diseases - R1 - Effective October 28, 2021

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: October 28, 2021

Summary of Article Changes: The article has been updated to add ICD-10 Codes E10.9 and E11.9 to group one of the payable codes.

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

Billing and Coding: Routine Foot Care - R8 - Effective November 28, 2021

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: November 28, 2021

Summary of Article Changes: In the **Medical Necessity ICD-10-CM Codes Asterisk Explanation** sections for Groups 2-4, removed the reference to MLN Matters article SE1113 and reworded the previous statement to “When the patient's condition is one of those designated by an asterisk (*), routine procedures are covered only if the patient is under the active care of a Doctor of Medicine or Osteopathy, who documents he/she has seen the patient for treatment and/or evaluation of the complicating disease process during the 6-month period prior to the rendition of the routine-type services per the Benefit Policy Manual, Publication 100-02, Chapter 15, Section 290F-Presumption of Coverage” in all 3 Groups and deleted the reference to MLN Matters article Special Edition (SE) 1113 since it is no longer published.

Also corrected the Part B link in the statement “Please refer to the CMS website for instructions for billing Part A and Part B claims” in the **Article Text**.

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

Billing and Coding: Short Tandem Repeat (STR) Markers and Chimerism (CPT® codes 81265-81268) (A57843) - Effective March 03, 2022

This coverage article 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).

Effective Date: March 03, 2022

Summary of Article: Coverage guidance for Short Tandem Repeat (STR) Markers and Chimerism (CPT® codes 81265-81268)

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

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

Billing and Coding: Spinal Cord Stimulators for Chronic Pain - R1 - Effective January 1, 2022

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, 2022

Summary of Article Changes: The article has been updated to add ICD-10 Codes E10.42 and E11.42 to group one of the payable codes.

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

Billing and Coding: Wound and Ulcer Care - R1 - Effective February 03, 2022

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: February 03, 2022

Summary of Article Changes: In the **Article Text** under **Surgical Debridement - CPT codes 11000-11012, and 11042-11047**, changed the wording of the sub-bullet under the sixth bullet to read "Per CMS Change Request (CR) 8863, CMS will continue to recognize the -59 modifier, a modifier used to define a "Distinct Procedural Service," but notes that Current Procedural Terminology (CPT) instructions state that the -59 modifier should **not** be used when a more descriptive modifier is available. Please see CMS CR 8863 for more information."

Under **Other URL(s)**, changed the link from MM8863 to CR 8863 as the link to the MLN Matters MM8863 is no longer available.

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

Billing and Coding: Spinal Cord Stimulators for Chronic Pain - R1 - Effective January 1, 2022

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, 2022

Summary of Article Changes: The article has been updated to add ICD-10 Codes E10.42 and E11.42 to group one of the payable codes.

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

Coding Guidelines: Noninvasive Peripheral Venous Studies - Retirement - Effective February 1, 2022

This coverage article will be retired under contract numbers: 02102 (AK), 03102 (AZ), 02202 (ID), 03202 (MT), 03302 (ND), 02302 (OR), 03402 (SD), 03502 (UT), 02402 (WA), and 03602 (WY).

Medicare Coverage Database (MCD) Number: A55529

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

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

Epidural Steroid Injections for Pain Management - Published for Review and Comments

This proposed Local Coverage Determination (LCD) has been published for review and comments for contract numbers: 02102 (AK), 03102 (AZ), 02202 (ID), 03202 (MT), 03302 (ND), 02302 (OR), 03402 (SD), 03502 (UT), 02402 (WA), and 03602 (WY).

Medicare Coverage Database (MCD) Number: DL39242/DA58995

LCD Title: Epidural Steroid Injections for Pain Management

LCA Title: Billing and Coding: Epidural Steroid Injections for Pain Management

Comment period: February 10, 2022 - March 26, 2022

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

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

Lab: Flow Cytometry (L36094) - R14 - Effective April 08, 2021

This 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), and 03602 (WY).

Medicare Coverage Database (MCD) Number: L36094

LCD Title: Lab: Flow Cytometry

Effective Date: April 08, 2021

Summary of Changes:

References were moved from the Sources of Information section to the Bibliography section and related verbiage was revised as appropriate. Formatting, punctuation, and typographical errors were corrected, and acronyms were defined where appropriate throughout the policy.

Visit the [Molecular Diagnostic Services \(MoIDX\)](#) webpage to access the locally hosted MoIDX Medicare Local Coverage Determination from the "Active LCD" Webpage.

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

MoIDX: BDX-XL2 (L37062) - R3 - Effective April 22, 2021

This 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), and 03602 (WY).

Medicare Coverage Database (MCD) Number: L37062

LCD Title: MoIDX: BDX-XL2

Effective Date: April 22, 2021

Summary of Changes: MoIDX: BDX-XL2

Under CMS National Coverage Policy added regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests and §80.1.1 Certification Changes.

Under Bibliography changes were made to citations to reflect AMA citation guidelines. Registered marks were added throughout the LCD where applicable. Formatting, punctuation, and typographical errors were corrected throughout the LCD. Acronyms were defined and inserted where appropriate throughout the LCD.

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

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

MolDX: Billing and Coding: PIK3CA Gene Tests (A55602) - R5 - Effective January 01, 2022

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 01, 2022

Summary of Article Changes:

Noridian has modified certain language in this article to mirror the language used presently by the MoIDX team at Palmetto GBA as part of an annual review. Revision history dates and language may not exactly match the MoIDX PGBA revision history but is updated with the revisions made in an accurate timeline. However, these revisions do not change coverage or guidance.

Under CPT/HCPCS Codes Group 1: Codes the description was revised for 0155U. This revision is due to the 2022 Annual CPT®/HCPCS Code Update and is effective on 1/1/2022.

04/01/2020: Under CPT/HCPCS Codes Group 1: Codes the description was changed for HCPCS code 0155U. This revision is due to the 2nd Quarter CPT®/HCPCS Code Update and is effective on 4/1/20.

10/31/2019: Under CPT/HCPCS Codes Group 1: Codes the description was changed for CPT® code 81404. This revision is due to 4th quarter CPT®/HCPCS Code update and becomes effective on 10/1/2019.

10/24/2019: This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles.

Under Article Title changed the title to “Billing and Coding: MoIDX: PIK3CA Gene Tests”. Acronyms were inserted where appropriate throughout the LCD. CPT® was inserted throughout the article where applicable.

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

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

MolDX: Biomarkers in Cardiovascular Risk Assessment - R8 - Effective April 22, 2021

This 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), and 03602 (WY).

Medicare Coverage Database (MCD) Number: L36362

LCD Title: MoIDX: Biomarkers in Cardiovascular Risk Assessment

Effective Date: April 22, 2021

Summary of Changes:

Under CMS National Coverage Policy Changed Code of Federal Regulations (CFR) to eCFR.

Moved text from Sources of Information to Bibliography and changes were made to citations to reflect AMA citation guidelines. Accession dates were updated.

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

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

MoIDX: BRCA1 and BRCA2 Genetic Testing (L36163) - R8 - Effective April 29, 2021

This 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), and 03602 (WY).

Medicare Coverage Database (MCD) Number: L36163

LCD Title: MoIDX: BRCA1 and BRCA2 Genetic Testing

Effective Date: April 29, 2021

Summary of Changes:

Under CMS National Coverage Policy added regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests. Under Bibliography changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation, and typographical errors were corrected throughout the LCD. Acronyms were defined and inserted where appropriate throughout the LCD. Lynparza® was inserted throughout the LCD where applicable.

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

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

MoIDX: Corus® CAD Assay (L37675) Retirement - Effective February 15, 2022

This Local Coverage Determination (LCD) has been retired under contractor 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: L37675

Effective Date: February 15, 2022

Rationale: This LCD is being retired because the service(s) in scope are no longer in production and no claims based on these services are anticipated.

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

MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (L39003) Final LCD - Effective April 17, 2022

This Local Coverage Determination (LCD) has completed the Open Public Meeting 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: L39003

LCD Title: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing

Effective Date: April 17, 2022

Summary of LCD: This policy provides limited coverage for outpatient testing with molecular syndromic panels for infectious disease pathogen identification testing. This policy does NOT address coverage for the inpatient setting.

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

MolDX: Plasma-Based Genomic Profiling in Solid Tumors - Published for Review and Comments

This proposed Local Coverage Determination (LCD) has been published for review and comments for contract numbers: 02102 (AK), 03102 (AZ), 02202 (ID), 03202 (MT), 03302 (ND), 02302 (OR), 03402 (SD), 03502 (UT), 02402 (WA), and 03602 (WY).

Medicare Coverage Database (MCD) Number: DL39232

LCD Title: MolDX: Plasma-Based Genomic Profiling in Solid Tumors

Comment period: January 20, 2022 - March 05, 2022

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

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

MolDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer (L38329) - R1 - Effective January 06, 2022

This 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), and 03602 (WY).

Medicare Coverage Database (MCD) Number: L38329

LCD Title: MolDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer

Effective Date: January 06, 2022

Summary of Changes:

Under Bibliography changes were made to citations to reflect AMA citation guidelines and updated accessed date. Formatting and punctuation were corrected throughout the LCD. Acronyms were defined and inserted where appropriate throughout the LCD.

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

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

MolDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease (L38341) - R1 - Effective February 03, 2022

This 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), and 03602 (WY).

Medicare Coverage Database (MCD) Number: L38341

LCD Title: MolDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease

Effective Date: February 03, 2022

Summary of Changes:

Under CMS National Coverage Policy deleted CMS Internet-Only Manuals, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.2. Formatting and punctuation were corrected throughout the LCD.

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

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

Multiple MoIDX Coverage Article Updates - Effective December 17, 2021

The following 42 coverage articles have 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 Number	Billing and Coding Article Title and Revision Number
A57972	Billing and Coding: MoIDX: HLA Testing for Transplant Histocompatibility
A55971	Billing and Coding: MoIDX: CDH1 Genetic Testing
A55289	Billing and Coding: MoIDX: MMACHC Test
A56013	Billing and Coding: MoIDX: FDA Approved CLL Companion Diagnostic Test
A55628	Billing and Coding: MoIDX: SEPT9 Gene Test
A55291	Billing and Coding: MoIDX: Mitochondrial Nuclear Gene Tests
A55632	Billing and Coding: MoIDX: PAX6 Gene Sequencing
A55093	Billing and Coding: MoIDX: 9p21 Genotype Test
A55242	Billing and Coding: MoIDX: Fragile X
A55184	Billing and Coding: MoIDX: FANCC Genetic Testing
A55284	Billing and Coding: MoIDX: MCOLN1 Genetic Testing
A55631	Billing and Coding: MoIDX: SMPD1 Genetic Testing
A55252	Billing and Coding: MoIDX: HAX1 Gene Sequencing
A55089	Billing and Coding: MoIDX: Aspartoacyclase 2 Deficiency (ASPA) Testing
A55100	Billing and Coding: MoIDX: BCKDHB Gene Test
A55256	Billing and Coding: MoIDX: HEXA Gene Analysis
A55613	Billing and Coding: MoIDX: IKBKAP Genetic Testing
A55091	Billing and Coding: MoIDX: 4q25-AF Risk Genotype
A55280	Billing and Coding: MoIDX: LPA-Aspirin Genotype
A55282	Billing and Coding: MoIDX: LPA-Intron 25 Genotype
A55265	Billing and Coding: MoIDX: HTTLPR Gene Testing
A55116	Billing and Coding: MoIDX: BluePrint® Test
A55599	Billing and Coding: MoIDX: PreDx®
A55254	Billing and Coding: MoIDX: HBB Gene Tests
A55182	Billing and Coding: MoIDX: ENG and ACVRL1 Gene Tests
A55601	Billing and Coding: MoIDX: SULT4A1 Genetic Testing
A55114	Billing and Coding: MoIDX: BLM Gene Analysis
A55244	Billing and Coding: MoIDX: GBA Genetic Testing
A55293	Billing and Coding: MoIDX: myPap™
A55469	Billing and Coding: MoIDX: VEGFR2 Tests
A55275	Billing and Coding: MoIDX: Know error®

Medicare Coverage Database Number	Billing and Coding Article Title and Revision Number
A55098	Billing and Coding: MoIDX: ATP7B Gene Tests
A55481	Billing and Coding: MoIDX: STAT3 Gene Testing
A55618	Billing and Coding: MoIDX: PTCH1 Gene Testing
A55286	Billing and Coding: MoIDX: MECP2 Genetic Testing
A55273	Billing and Coding: MoIDX: KIF6 Genotype
A55615	Billing and Coding: MoIDX: NSD1 Gene Tests
A55614	Billing and Coding: MoIDX: RPS19 Gene Tests
A55616	Billing and Coding: MoIDX: TERC Gene Tests
A55487	Billing and Coding: MoIDX: TP53 Gene Tests
A55086	Billing and Coding: MoIDX: CHD7 Gene Analysis
A55278	Billing and Coding: MoIDX: L1CAM Gene Sequencing

Effective Date: December 17, 2021

Summary of Article Changes: Noridian has modified certain language in the articles to mirror the language used presently by the MoIDX team at Palmetto GBA as part of an annual review. Revision history dates and language may not exactly match the MoIDX PGBA revision history. However, these revisions do not change coverage or guidance.

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

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

Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease - Published for Review and Comments

This proposed Local Coverage Determination (LCD) has been published for review and comments for contract numbers: 02102 (AK), 03102 (AZ), 02202 (ID), 03202 (MT), 03302 (ND), 02302 (OR), 03402 (SD), 03502 (UT), 02402 (WA), and 03602 (WY).

Medicare Coverage Database (MCD) Number: DL38615/DA58097

LCD Title: Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease

LCA Title: Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease

Comment period: January 20, 2022 - March 5, 2022

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

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

Policy Revision for Facet Joint Interventions for Pain Management Local Coverage Determination and Associated Billing and Coding Facet Joint Interventions for Pain Management Local Coverage Article - R1 - Effective February 03, 2022

The following Local Coverage Determinations (LCD) and associated Billing and Coding Article (LCA) have been revised under contract numbers: 02102 (AK), 03102 (AZ), 02202 (ID), 03202 (MT), 03302 (ND), 02302 (OR), 03402 (SD), 03502 (UT), 02402 (WA), and 03602 (WY).

Medicare Coverage Database Number	LCD Title and Revision Number
L38803	Facet Joint Interventions for Pain Management

Medicare Coverage Database Number	Billing and Coding Article Title and Revision Number
A58405	Billing and Coding: Facet Joint Interventions for Pain Management

Effective Date: February 03, 2022

Summary of Changes: Corrected link #5 in Bibliography section and removed link for #11. No updates to the LCA were made.

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

Policy Revision for Respiratory Care (Respiratory Therapy) Local Coverage Determination and Associated Billing and Coding Respiratory Care (Respiratory Therapy) Local Coverage Article - R9 - Effective January 01, 2022

The following Local Coverage Determinations (LCD) and associated Billing and Coding Article (LCA) have been revised under contract numbers: 02102 (AK), 03102 (AZ), 02202 (ID), 03202 (MT), 03302 (ND), 02302 (OR), 03402 (SD), 03502 (UT), 02402 (WA), and 03602 (WY).

Medicare Coverage Database Number	LCD Title and Revision Number
L37293	Respiratory Care (Respiratory Therapy)

Medicare Coverage Database Number	Billing and Coding Article Title and Revision Number
A57225	Billing and Coding: Respiratory Care (Respiratory Therapy)

Effective Date: January 01, 2022

Summary of Changes: The following updates were made to the Billing and Coding Respiratory Care (Respiratory Therapy) LCA. No updates to the LCD were made.

- Added M35.89 - Other specified systemic involvement of connective tissue to the Group 1 list of DX codes effective 01/01/2021. Adding this DX code was missed with the additional 2021 ICD-10 updates done in Revision History #6.
- Deleted procedure codes 94625 and 94626 as these codes were added in error since this policy only addresses components of the Pulmonary Rehab Program as outlined in 42 CFR 410.47.

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

Retirement of Proposed Epidural Procedures for Pain Management Local Coverage Determination (LCD) and Associated Billing and Coding: Epidural Procedure for Pain Management Local Coverage Article (LCA) - Effective January 5, 2022

This Proposed Epidural Procedures for Pain Management LCD and associated Proposed Billing and Coding: Epidural Procedures for Pain Management LCA is retired under contractor 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 Number	LCD Title
DL39095	Epidural Procedure for Pain Management

Medicare Coverage Database Number	Billing and Coding Article Title
DA58830	Billing and Coding: Epidural Procedure for Pain Management

Effective Date: January 5, 2022

Rationale: This Proposed LCD is retired. Please watch our website for any further updates.

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

Self-Administered Drug Exclusion List - R25 - Effective April 24, 2022

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: April 24, 2022

Summary of Changes: The SAD article is revised to add Ropeginterferon alfa-2b-njft (Besremi®) to HCPCS codes C9399, J3490, J3590 effective 04/24/2022.

Visit the [Self-Administered Drugs \(SADs\)](#) webpage to view the locally hosted Self-Administered Drug Exclusion List.

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

Self-Administered Drug Exclusion List - R26 - Effective May 15, 2022

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: May 15, 2022

Summary of Changes: The article is updated to add: Risankizumab-rzaa (Skyrizi™) - C9399, J3490, J3590.

Visit the [Self-Administered Drugs \(SADs\)](#) webpage to view the locally hosted Self-Administered Drug Exclusion List.

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

MLN CONNECTS

MLN Connects - January 6, 2022

Provider Compliance Product List Updated

[MLN Connects newsletter for Thursday, January 6, 2022](#)

NEWS

- COVID-19 Vaccine Access in Long-term Care Settings
- SNF VBP: Nominate Technical Expert Panel Members by January 16
- COVID-19 Vaccine & Monoclonal Antibody Products: Changes for MA Plan Claims Started January 1

CLAIMS, PRICERS, & CODES

- IPPS: Updated Web Pricer Features

EVENTS

- Medicare Ground Ambulance Data Collection System: Q&A Session - January 18

MLN MATTERS® ARTICLES

- January 2022 Update of the Ambulatory Surgical Center (ASC) Payment System
- Transvenous (Catheter) Pulmonary Embolectomy National Coverage Determination (NCD) Section 240.6
- Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2022
- Implementation of the Capital Related Assets Adjustment (CRA) for the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES) Under the End Stage Renal Disease Prospective Payment System (ESRD PPS) - Revised

PUBLICATIONS

- Original Medicare vs. Medicare Advantage
- Medicare Learning Network® (MLN) Provider Compliance Products - Revised
- Opioid Treatment Programs (OTPs) Medicare Enrollment - Revised

MLN Connects Special Edition - January 7, 2022 - COVID-19: New HCPCS Code for Remdesivir Antiviral Medication

Following the recent statement from the [National Institutes of Health \(NIH\) COVID-19 Treatment Guidelines Panel](#) regarding therapies for the COVID-19 Omicron variant, CMS created HCPCS code J0248 for VEKLURY™ (remdesivir) antiviral medication when administered in an outpatient setting. This code is available for use by all payers and is effective for dates of service on or after December 23, 2021:

- Long descriptor: Injection, remdesivir, 1 mg
- Short descriptor: Inj, remdesivir, 1 mg

Medicare Administrative Contractors (MACs) determine Medicare coverage when there is no national coverage determination, including in cases when providers use FDA-approved drugs for indications other than what is on the approved label. The MACs consider the major drug compendia, authoritative medical literature and accepted standards of medical practice to determine medical necessity when considering coverage. Therefore, the MACs will determine Medicare coverage for HCPCS code J0248 for VEKLURY™ (remdesivir) administered in an outpatient setting.

Your MAC will share coverage and claims processing information for J0248. [Contact your MAC](#) if you have questions about coverage.

MLN Connects - January 13, 2022

COVID-19: Long-term Care, Remdesivir, & Booster Doses

[MLN Connects newsletter for Thursday, January 13, 2022](#)

NEWS

- COVID-19: Updated Materials for Visiting Nursing Homes During Omicron Surge
- COVID-19: Vaccine Access in Long-term Care Settings
- COVID-19: New HCPCS Code for Remdesivir Antiviral Medication - Updated NIH Treatment Guidelines Panel Link
- COVID-19: Pfizer Booster Doses for Ages 12+ & Immunocompromised Ages 5-11
- CMS Proposes Medicare Coverage Policy for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease & National Stakeholder Call
- Additional Residency Positions: Apply by March 31
- Medicare Ground Ambulance Data Collection System: Updated Documents
- DMEPOS Requirement Updates Effective April 13
- RHC: AIR Payment Limit for CY 2022
- Non-Medical Factors Can Affect Patient Health

COMPLIANCE

- DMEPOS Items: Documenting Medical Records

CLAIMS, PRICERS, & CODES

- DMEPOS: Accreditation Claims Edits

EVENTS

- National Stakeholder Call with the CMS Administrator - January 18

PUBLICATIONS

- Clinical Lab Fee Schedule - Revised

MLN Connects - January 20, 2022

COVID-19: Long-term Care, RHCs, & FQHCs

[MLN Connects newsletter for Thursday, January 20, 2022](#)

NEWS

- COVID-19: Vaccine Access in Long-term Care Settings
- There's Still Time: Recommend the Flu Shot
- Chiropractic Treatment of the Spine: Comparative Billing Report in January

MLN MATTERS® ARTICLES

- Calendar Year (CY) 2022 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment - Revised
- New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE - Revised

PUBLICATIONS

- Rural Health Clinic - Revised

MLN Connects - January 27, 2022

COVID-19: Tools to Determine if Vaccine Requirements Apply

[MLN Connects newsletter for Thursday, January 27, 2022](#)

NEWS

- COVID-19: Tools to Determine if Vaccine Requirements Apply
- COVID-19 Vaccine Codes: Pfizer Pre-Diluted Vaccine for Patients Ages 12+ & Third Dose for Immunocompromised Patients Ages 5-11
- COVID-19: Vaccine Access in Long-term Care Settings
- Medicare Diabetes Prevention Program: New for Calendar Year 2022

CLAIMS, PRICERS, & CODES

- Acute Hospital Care at Home: New Occurrence Span Code and Revenue Code

MLN MATTERS® ARTICLES

- April 2022 Update to the Medicare Severity - Diagnosis Related Group (MS-DRG) Grouper and Medicare Code Editor (MCE) Version 39.1 for the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for 2019 Novel Coronavirus (COVID-19) Vaccination Status and ICD-10 Procedure Coding System (PCS) Codes for Introduction or Infusion of Therapeutics and Vaccines for COVID-19 Treatment
- Clinical Laboratory Fee Schedule - Medicare Travel Allowance Fees for Collection of Specimens
- CY2022 Telehealth Update Medicare Physician Fee Schedule
- Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits
- Internet-Only Manual Updates (IOM) for Critical Care, Split/Shared Evaluation and Management Services, Teaching Physicians, & Physician Assistants
- New Waived Tests

PUBLICATIONS

- Home Infusion Therapy Services Monitoring Report

MLN Connects - February 3, 2022

Provider Compliance Virtual Focus Group - February 24

[MLN Connects newsletter for Thursday, February 3, 2022](#)

NEWS

- COVID-19: Letter to Health Care Facility Administrators on Health Care Worker Vaccination Rule
- COVID-19 Vaccine & Monoclonal Antibody Products: Changes for Medicare Advantage Plan Claims Started January 1 - Reminder

COMPLIANCE

- Home Health Low Utilization Payment Adjustment Threshold: Bill Correctly

CLAIMS, PRICERS, & CODES

- SNF Consolidated Billing Codes for CY 2022

EVENTS

- Provider Compliance Virtual Focus Group - February 24

MLN MATTERS® ARTICLES

- Expedited Review Process for Hospital Inpatients in Original Medicare
- Internet-Only Manual Updates for Critical Care Evaluation and Management Services

- Quarterly Update for Clinical Laboratory Fee Schedule (CLFS) and Laboratory Services Subject to Reasonable Charge Payment
- National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds - Revised

PUBLICATIONS

- Medicare Preventive Services - Revised

MLN Connects Special Edition - February 3, 2022 - Biden-Harris Administration Will Cover Free Over-the-Counter COVID-19 Tests Through Medicare

CMS Developing Initiative to Enable Access to Eight Free Over-the-Counter COVID-19 Tests for Medicare Beneficiaries in Early Spring

As part of the Biden-Harris Administration's ongoing efforts to expand Americans' access to free testing, people in either Original Medicare or Medicare Advantage will be able to get over-the-counter COVID-19 tests at no cost starting in early spring. Under the new initiative, Medicare beneficiaries will be able to access up to eight over-the-counter COVID-19 tests per month for free. Tests will be available through eligible pharmacies and other participating entities. This policy will apply to COVID-19 over-the-counter tests approved or authorized by the U.S. Food and Drug Administration (FDA).

This is the first time that Medicare has covered an over-the-counter test at no cost to beneficiaries. There are a number of issues that have made it difficult to cover and pay for over-the-counter COVID-19 tests. However, given the importance of expanding access to testing, CMS has identified a pathway that will expand access to free over-the-counter testing for Medicare beneficiaries. This new initiative will enable payment from Medicare directly to participating pharmacies and other participating entities to allow Medicare beneficiaries to pick up tests at no cost. CMS anticipates that this option will be available to people with Medicare in the early spring.

Until then, people with Medicare can access free tests through a number of channels established by the Biden-Harris Administration. Medicare beneficiaries can:

- Request four free over-the-counter tests for home delivery at covidtests.gov.
- Access COVID-19 tests through healthcare providers at over 20,000 free testing sites nationwide. A list of community-based testing sites can be found [here](#).
- Access lab-based PCR tests and antigen tests performed by a laboratory when the test is ordered by a physician, non-physician practitioner, pharmacist, or other authorized health care professional at no cost. In addition to accessing a COVID-19 lab test ordered by a health care professional, people with Medicare can also already access one lab-performed test without an order, also without cost sharing, during the public health emergency.

In addition:

- Medicare Advantage plans may offer coverage and payment for over-the-counter COVID-19 tests as a supplemental benefit in addition to covering Medicare Part A and Part B benefits, so Medicare beneficiaries covered by Medicare Advantage should check with their plan to see if it includes such a benefit.
- All Medicare beneficiaries with Part B are eligible for the new benefit, whether enrolled in a Medicare Advantage plan or not.

For more information, please see these Frequently Asked Questions, <https://www.cms.gov/files/document/covid-19-over-counter-otc-tests-medicare-frequently-asked-questions.pdf>

MLN Connects - February 10, 2022

COVID-19: New HCPCS Code for Convalescent Plasma in Outpatient Setting

[MLN Connects newsletter for Thursday, February 10, 2022](#)

NEWS

- COVID-19: New HCPCS Code for Convalescent Plasma in Outpatient Setting
- Long-term Care Hospital Provider Preview Reports: Review Your Data by February 25
- Inpatient Rehabilitation Facility Provider Preview Reports: Review Your Data by February 25
- Skilled Nursing Facility Quality Reporting Program: January Refresh
- Nursing & Allied Health Medicare Advantage Payment - Revision to CY 2018
- Help Address Heart Health Disparities

CLAIMS, PRICERS, & CODES

- Inpatient Psychiatric Facility: Web Pricer & Last PC Pricer

EVENTS

- Transitional Coverage for Emerging Technologies Listening Sessions - February 17 & March 31
- Provider Compliance Virtual Focus Group - February 24

PUBLICATIONS

- Getting Started with Hospice CASPER Quality Measure Reports - Revised

MULTIMEDIA

- COVID-19: Training for Frontline Nursing Home Staff & Management

MLN Connects - February 17, 2022

Expanded Coverage: Lung Cancer Screening with Low Dose Computed Tomography

[MLN Connects newsletter for Thursday, February 17, 2022](#)

NEWS

- CMS Expands Coverage of Lung Cancer Screening with Low Dose Computed Tomography
- There's Still Time to Recommend the Flu Shot

COMPLIANCE

- Surgical Dressings: Medicare Requirements

MLN MATTERS® ARTICLES

- Gap Billing Between Hospice Transfers
- April 2022 Update to the Medicare Severity - Diagnosis Related Group (MS-DRG) Grouper and Medicare Code Editor (MCE) Version 39.1 for the International Classification of Diseases, Tenth Revision (ICD-10) Diagnosis Codes for 2019 Novel Coronavirus (COVID-19) Vaccination Status and ICD-10 Procedure Coding System (PCS) Codes for Introduction or Infusion of Therapeutics and Vaccines for COVID-19 Treatment – Revised

MLN Connects Special Edition - February 18, 2022 - COVID-19 Monoclonal Antibodies: FDA Authorized Bebtelovimab

On February 11, the FDA [authorized the emergency use](#) of the monoclonal antibody bebtelovimab for the treatment of mild-to-moderate COVID-19 in adult and pediatric patients when all of these apply:

- They have a positive COVID-19 test result
- They're at high-risk for progression to severe COVID-19
- Alternative COVID-19 treatment options approved or authorized by the FDA aren't accessible or clinically appropriate for them

CMS created new codes, effective February 11:

Q0222:

- Long descriptor: Injection, bebtelovimab, 175 mg
- Short descriptor: Bebtelovimab 175

M0222:

- Long Descriptor: Intravenous injection, bebtelovimab, includes injection and post administration monitoring
- Short Descriptor: Bebtelovimab injection

M0223:

- Long Descriptor: Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency
- Short Descriptor: Bebtelovimab injection home

[Visit the COVID-19 Monoclonal Antibodies webpage for more information.](#)

MLN Connects - February 24, 2022

CMS Released Skilled Nursing Facility & ESRD Web Pricers

[MLN Connects newsletter for Thursday, February 24, 2022](#)

NEWS

- Podiatry Nail Debridement & Evaluation and Management Services: Comparative Billing Report
- Skilled Nursing Facilities: Submit Technical Expert Panel Nominations by March 16

CLAIMS, PRICERS, & CODES

- HCPCS Application Summaries & Coding Decisions: Non-Drug and Non-Biological Items and Services
- Skilled Nursing Facility Web Pricer
- ESRD: Web Pricer & Last PC Pricer

MLN MATTERS® ARTICLES

- CWF Editing - National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds
- International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) - July 2022
- Revisions to National Coverage Determination (NCD) 240.2 (Home Use of Oxygen) and 240.2.2 (Home Oxygen Use for Cluster Headache)
- Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2022 Update

MLN Connects - March 3, 2022

2022 Payment, Quality, & Policy Changes

[MLN Connects newsletter for Thursday, March 3, 2022](#)

NEWS

- Ambulance Prior Authorization Model Expands April 1
- Nutrition-related Health Conditions: Recommend Medicare Preventive Services

CLAIMS, PRICERS, & CODES

- HCPCS Application Summaries & Coding Decisions: Drugs and Biologicals

EVENTS

- ICD-10 Coordination & Maintenance Committee Meeting - March 8-9

MLN MATTERS® ARTICLES

- An Omnibus CR Covering: (1) Removal of Two National Coverage Determination (NCDs), (2) Updates to the Medical Nutrition Therapy (MNT) Policy, and (3) Updates to the Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR), and Intensive Cardiac Rehabilitation (ICR) Conditions of Coverage
- The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Fiscal Year (FY) 2020 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCHs)

PUBLICATIONS

- Medicare Payment Systems - Revised

MLN Connects - March 10, 2022

COVID-19 Monoclonal Antibodies: Revised Emergency Use Authorization for EVUSHELD

[MLN Connects newsletter for Thursday, March 10, 2022](#)

NEWS

- COVID-19 Monoclonal Antibodies: Revised Emergency Use Authorization for EVUSHELD
- Program for Evaluating Payment Patterns Electronic Reports for Short-term Acute Care Hospitals
- Quality Payment Program: 2020 Performance Information on Care Compare
- Skilled Nursing Facilities: Submit Technical Expert Panel Nominations by March 16
- Long-term Care Hospitals: Reissued March 2022 Preview Reports
- Inpatient Rehabilitation Facilities: Reissued March 2022 Preview Reports
- Teaching Hospitals: Direct Graduate Medical Education Resets
- Colorectal Cancer: Screening Saves Lives

COMPLIANCE

- Implanted Spinal Neurostimulators: Document Medical Records

CLAIMS, PRICERS, & CODES

- Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 28.1, Effective April 1, 2022

MLN MATTERS® ARTICLES

- Internet Only Manual Update, Pub. 100-04, Chapter 11, Sections 20.1.4 and 30.3 Regarding the Cancellation of an Election and Billing for Services
- Gap Billing Between Hospice Transfers - Revised

PUBLICATIONS

- Collaborative Patient Care is a Provider Partnership - Revised

MLN Connects - March 17, 2022**Kidney Health: Help Address Disparities**

[MLN Connects newsletter for Thursday, March 17, 2022](#)

NEWS

- Medicare Shared Savings Program: Application Deadlines for January 1, 2023, Start Date
- Kidney Health: Help Address Disparities

CLAIMS, PRICERS, & CODES

- April 2022 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
- Federally Qualified Health Centers: Retroactive Claims Adjustments
- Home Health Web Pricer

EVENTS

- Medicare Ground Ambulance Data Collection System: Q&A Session - March 29

MLN MATTERS® ARTICLES

- April 2022 Update to the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS)

PUBLICATIONS

- Complying with Medicare Signature Requirements - Revised
- Medicare Preventive Services - Revised
- SBIRT Services - Revised

MLN Connects - March 24, 2022**ICD-10: Comment on Proposed Procedure and Diagnosis Codes**

[MLN Connects newsletter for Thursday, March 24, 2022](#)

NEWS

- Additional Residency Positions: Apply by March 31
- Long-term Care Hospitals: March Preview Period Ends April 6
- Inpatient Rehabilitation Facilities: March Preview Period Ends April 6
- Home Health Quality Reporting Program: Review Your Preview Reports
- Physicians, Teaching Hospitals, Physician Assistants, & Advanced Practice Nurses: Register in the Open Payments System
- Long-term Care Facilities: Quality Measure Rating Threshold Changes
- Lipid Panel Testing: Comparative Billing Report in March

COMPLIANCE

- DMEPOS Standard Written Order Requirements

CLAIMS, PRICERS, & CODES

- ICD-10 Procedure Codes: Comment by April 8
- ICD-10 Diagnosis Codes: Comment by May 9

MLN MATTERS® ARTICLES

- April Quarterly Update for 2022 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
- Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)

MLN Connects Special Edition - March 30, 2022 - Fiscal Year 2023 Hospice Payment Rate Update Proposed Rule - Comment by May 31

On March 30, CMS issued a proposed rule (CMS-1773-P) that would provide routine updates to hospice-based payments and the aggregate cap amount for fiscal year (FY) 2023 in accordance with existing statutory and regulatory requirements. This rule proposes to establish a permanent mitigation policy to smooth the impact of year-to-year changes in hospice payments related to changes in the hospice wage index.

CMS is committed to addressing consistent and persistent inequities in health outcomes by improving data collection to measure and analyze disparities across programs and policies that apply to the Hospice Quality Reporting Program (HQRP). This rule discusses the HQRP including the Hospice Outcomes and Patient Evaluation (HOPE) tool; provides an update on quality measures (QMs) that will be in effect in FY 2023 as well as future QMs; and also provides updates on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey Mode Experiment. This rule also contains a request for information (RFI) on health equity and proposes updates to advancing a health information exchange.

Proposed Medicare Hospice Payment Policies:

This proposed rule proposes a permanent, budget neutral approach to smooth year-to-year changes in the hospice wage index. Specifically, we are proposing a permanent cap on negative wage index changes greater than a 5% decrease from the prior year (regardless of the underlying reason for the decrease) for hospices in the FY 2023 proposed rule.

Routine Annual Rate Setting Changes:

As proposed, hospices would see a 2.7% (\$580 million) increase in their payments for FY 2023. The proposed 2.7% hospice payment update for FY 2023 is based on the estimated 3.1% inpatient hospital market basket update reduced by the productivity adjustment (0.4 percentage point). Hospices that fail to meet quality reporting requirements receive a 2-percentage point reduction to the annual market basket update for FY 2023.

The hospice payment update includes a statutory aggregate cap that limits the overall payments per patient that is made to a hospice annually. The proposed cap amount for FY 2023 is \$32,142.65 (FY 2022 cap amount of \$31,297.61 increased by 2.7%.

Hospice Quality Reporting Program:

This rule provides an update on the development of a patient assessment instrument, titled HOPE, which would contribute to a patient's plan of care when adopted. This includes an update on the BETA testing and derivatives that will be achieved during this phase of testing, such as burden estimates and timepoints for collection, as well as additional outreach efforts that will be conducted during and after BETA testing and during our future plans for adoption. CMS also discusses potential future quality measures within the HQRP based on HOPE and administrative data, including HOPE-based process measures and hybrid quality measures, which could be based upon multiple sources that include HOPE, claims, and other data sources.

This rule announces a potential future update to the CAHPS Hospice Survey, which is used to collect data on experiences of hospice care from primary caregivers of hospice patients. In particular, CMS is providing an update on a mode experiment whose goal was to test the effect of adding a web-based mode to the CAHPS Hospice Survey.

In this proposed rule, we are seeking information on our Health Equity Initiative within the HQRP by describing our current assessment of health equity within hospice. We are also seeking input on a potential future structural measure as well as responses to specific questions that would further inform future efforts.

More Information:

- [Proposed rule](#): We'll accept public comments until May 31, 2022
- [Hospice Center](#) webpage

MLN Connects - March 31, 2022

Continuous Glucose Monitor: Provide Supplies for a Calendar Month

[MLN Connects newsletter for Thursday, March 31, 2022](#)

NEWS

- Home Health Providers: Services Provided Data for April 2022 Refresh
- Continuous Glucose Monitor: Provide Supplies for a Calendar Month
- Cognitive Impairment: Medicare Provides Opportunities to Detect & Diagnose

CLAIMS, PRICERS, & CODES

- Hospice Web Pricer

EVENTS

- Medicare Cost Report E-Filing System: Interim Rate & Settlement Documentation Webinar - April 26

MLN MATTERS® ARTICLES

- April 2022 Update of the Ambulatory Surgical Center (ASC) Payment System
- Medicare Part B Clinical Laboratory Fee Schedule: Revised Information for Laboratories on Collecting & Reporting Data for the Private Payor Rate-Based Payment System - Revised

MLN Connects Special Edition - March 31, 2022 - IPF and IRF Proposed FY 2023 Payment Rules

IPF & IRF PROPOSED FY 2023 PAYMENT RULES

- Inpatient Psychiatric Facilities: Fiscal Year 2023 Proposed Rule - Submit Comments by May 31
- Inpatient Rehabilitation Facilities: Fiscal Year 2023 Proposed Rule - Submit Comments by May 31

INPATIENT PSYCHIATRIC FACILITIES: FISCAL YEAR 2023 PROPOSED RULE - SUBMIT COMMENTS BY MAY 31

On March 31, CMS issued the fiscal year 2023 inpatient psychiatric facility (IPF) prospective payment system proposed rule to update IPF payments, wage index, and policies. [See a summary of key provisions.](#)

Proposals include:

- Updating payment rates by 2.7% with estimated payments to increase by 1.5% after productivity adjustment
- Requesting comments on the IPF prospective payment system [refinement analysis](#)
- Applying a permanent 5% cap on wage index decreases

We encourage you to [review the rule](#), and submit formal comments by May 31, 2022.

INPATIENT REHABILITATION FACILITIES: FISCAL YEAR 2023 PROPOSED RULE - SUBMIT COMMENTS BY MAY 31

On March 31, CMS issued the fiscal year 2023 inpatient rehabilitation facility (IRF) prospective payment system proposed rule to update Medicare payment policies and rates. [See a summary of key provisions.](#)

Proposals include:

- Updating payment rates by 2.8%, with estimated overall payments to increase by 2.0% after productivity and outlier adjustments
- Applying a permanent 5% cap on annual wage index decreases
- Expanding quality data reporting on all IRF patients, regardless of payer

We encourage you to [review the rule](#), and submit formal comments by May 31, 2022.

MLN MATTERS

2022 Annual Update of HCPCS Codes for SNF CB Update

Related CR Release Date: October 14, 2021

Related CR Transmittal Number: R11052CP

Related Change Request (CR) Number: CR12487

Effective Date: January 1, 2022

Implementation Date: January 3, 2022

CR 12487 tells you about changes to Healthcare Common Procedure Coding System (HCPCS) codes and Medicare Physician Fee Schedule designations that will be used to revise Common Working File (CWF) edits to allow A/B Medicare Administrative Contractors (MACs) to make appropriate payments in accordance with policy for Skilled Nursing Facility (SNF) Consolidated Billing (CB) in Chapter 6, Section 110.4.1 for A/B MACs (B) and Chapter 6, Section 20.6 for A/B MACs (A).

View the complete [CMS Change Request \(CR\)12487](#).

AIF for Calendar Year (CY) 2022 and Productivity Adjustment

Related CR Release Date: October 13, 2021

Related CR Transmittal Number: R11044CP

Related Change Request (CR) Number: 12488

Effective Date: January 1, 2022

Implementation Date: January 3, 2022

CR 12488 manualizes the Ambulance Inflation Factor (AIF) so that Medicare contractors can accurately determine payment amounts for ambulance services. This recurring update notification applies to publication 100-04, Medicare Claims Processing Manual, chapter 15, section 20.4.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(CR\)12488](#).

An Omnibus CR Covering: (1) Removal of Two NCD, (2) Updates to the MNT Policy, and (3) Updates to the PR, CR, and ICR Conditions of Coverage

MLN Matters Number: MM12613

Related CR Release Date: February 18, 2022

Related CR Transmittal Number: R11272CP, R11272NCD, and R11272BP

Related Change Request (CR) Number: 12613

Effective Date: January 1, 2022 (by statute)

Implementation Date: July 5, 2022

CR 12613 tells you about:

- Removal of 2 National Coverage Determinations (NCDs) (NCD 180.2 and NCD 220.6)
- Updates to the Medical Nutritional Therapy (MNT) policy
- Updates to the conditions of coverage for Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR), and Intensive Cardiac Rehabilitation (ICR)

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12613](#).

April 2022 Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

Related CR Release Date: December 22, 2021

Related CR Transmittal Number: R11169CP

Related Change Request (CR) Number: CR12559

Effective Date: April 1, 2022

Implementation Date: April 4, 2022

CR 12559 tells you that CMS will supply the contractors with the Average Sales Price (ASP) and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)12559](#).

April 2022 Update of the Ambulatory Surgical Center (ASC) Payment System

MLN Matters Number: MM12679

Related CR Release Date: March 24, 2022

Related CR Transmittal Number: R11303CP

Related Change Request (CR) Number: 12679

Effective Date: April 1, 2022

Implementation Date: April 4, 2022

CR 12679 tells you about:

- Updates to Calendar Year (CY) 2022 payment rates for separately payable procedures, services, drugs, and biologicals
- Descriptors for newly created CPT and Level II HCPCS codes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12679](#).

April Quarterly Update for 2022 DMEPOS Fee Schedule

MLN Matters Number: MM12654

Related CR Release Date: May 10, 2022

Related CR Transmittal Number: R11292CP

Related Change Request (CR) Number: 12654

Effective Date: April 1, 2022

Implementation Date: April 4, 2022

CR 12654 tells you about:

- The April 2022 quarterly update for the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule
- Fee schedule amounts for new and existing codes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12654](#).

Calendar Year (CY) 2022 Annual Update for CLFS and Laboratory Services Subject to Reasonable Charge Payment - Revised

MLN Matters Number: MM12558 Revised

Related CR Release Date: January 12, 2022

Related CR Transmittal Number: R11186CP

Related Change Request (CR) Number: 12558

Effective Date: January 1, 2022

Implementation Date: January 3, 2022

Note: CMS revised this Article to reflect a revised CR 12558. The CR revision shows the delay in the CLFS data reporting period for clinical diagnostic laboratory tests and also the delay in the application of the 15% percent phase-in reduction. CMS revised the Article to show those delays. The changes are in dark red font on pages 1-2. CMS also revised the CR release date, transmittal number, and the web address of the CR. All other information is the same.

CR 12558 informs you of:

- Instructions for the CY 2022 Clinical Laboratory Fee Schedule (CLFS)
- Mapping for new codes for clinical laboratory tests
- Updates for laboratory costs subject to the reasonable charge payment

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12558](#).

Changes to the Laboratory NCD Edit Software for April 2022

MLN Matters Number: MM12575

Related CR Release Date: December 22, 2021

Related CR Transmittal Number: R11170CP

Related Change Request (CR) Number: 12575

Effective Date: April 1, 2022

Implementation Date: April 4, 2022

CR 12575 informs you of:

- Changes in the April 2022 quarterly release of the edit module for clinical diagnostic laboratory services
- How to access the National Coverage Determination (NCD) spreadsheet to view relevant changes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12575](#).

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

MLN Matters Number: MM12593

Related CR Release Date: January 14, 2022

Related CR Transmittal Number: R11184CP

Related Change Request (CR) Number: 12593

Effective Date: January 1, 2022

Implementation Date: February 2, 2022

CR 12593 tells you about:

- Calendar Year (CY) 2022 changes to travel allowances when you bill:
 - On a per mileage basis using HCPCS code P9603
 - On a flat rate basis using HCPCS code P9604

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12593](#).

CWF Editing - National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds

MLN Matters Number: MM12611

Related CR Release Date: February 10, 2022

Related CR Transmittal Number: R11262OTN

Related Change Request (CR) Number: 12611

Effective Date: April 13, 2021

Implementation Date: July 5, 2022, October 3, 2022, Requirement 5, CWF only

CR 12611 tells you about:

- New edits for autologous Platelet-Rich Plasma (PRP) claims for diabetes and chronic ulcers

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12611](#).

CY2022 Telehealth Update Medicare Physician Fee Schedule

MLN Matters Number: MM12549

Related CR Release Date: January 14, 2022

Related CR Transmittal Number: R11175OTN

Related Change Request (CR) Number: 12549

Effective Date: January 1, 2022

Implementation Date: April 1, 2022

CR 12549 tells you about:

- The 2 additional modifiers for calendar year (CY) 2022 for telehealth services
- An update to the [Telehealth Services List](#)
- Other changes to the MPFS for telehealth

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12549](#).

HCPCS Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits

MLN Matters Number: MM12573

Related CR Release Date: January 20, 2022

Related CR Transmittal Number: R11208CP

Related Change Request (CR) Number: 12573

Effective Date: April 1, 2022

Implementation Date: April 4, 2022

CR 12573 tells you about:

- Discontinued Healthcare Common Procedure Coding System (HCPCS) codes
- New HCPCS codes
- Which HCPCS codes are subject to and excluded from Clinical Laboratory Improvement Amendments (CLIA) edits

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12573](#).

International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to NCDs--July 2022

MLN Matters Number: MM12606

Related CR Release Date: February 10, 2022

Related CR Transmittal Number: R11264OTN

Related Change Request (CR) Number: 12606

Effective Date: July 1, 2022

Implementation Date: March 12, 2022 - A/B MACs; July 5, 2022 - Shared Systems

CR 12606 tells you about:

- Newly available codes
- Separate National Coverage Determination (NCD) coding revisions
- Coding feedback

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12606](#).

Internet-Only Manual Updates for Critical Care Evaluation and Management Services - Revised

MLN Matters Number: MM12550 Revised

Related CR Release Date: March 2, 2022

Related CR Transmittal Number: R11287CP

Related Change Request (CR) Number: 12550

Effective Date: January 1, 2022

Implementation Date: February 22, 2022

Note: CMS revised this Article due to a revised CR 12550. The CR revision didn't affect the substance of the Article. CMS did change the CR release date, transmittal number, and web addresses for the CR. All other information is the same.

CR 12550 tells you about:

- Critical care updates for a patient in a global surgical period
- The use of modifier FT

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12550](#).

Internet-Only Manual Updates (IOM) for Critical Care, Split/Shared Evaluation and Management Services, Teaching Physicians, and Physician Assistants - Revised

MLN Matters Number: MM12543 Revised

Related CR Release Date: March 4, 2022

Related CR Transmittal Number: R11288CP and R11288BP

Related Change Request (CR) Number: 12543

Effective Date: January 1, 2022

Implementation Date: February 15, 2022

Note: CMS revised this Article due to a revised CR 12543. The CR revision didn't affect the substance of the Article. CMS did update the CR release date, transmittal numbers, and the web addresses of the CR. All other information is the same.

CR 12543 tells you about CMS revisions to Medicare manuals for:

- Critical care services
- Split (or shared) Evaluation and Management (E/M) visits
- Teaching Physician Services
- Physician Assistant (PA) billing and payment

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12543](#).

January 2022 Update of the ASC Payment System

MLN Matters Number: MM12553

Related CR Release Date: December 16, 2021

Related CR Transmittal Number: R11164CP

Related Change Request (CR) Number: 12553

Effective Date: January 1, 2022

Implementation Date: January 3, 2022

CR 12553 informs you of:

- Updates to the Ambulatory Surgical Center (ASC) payment system in January
- Payment offsets for HCPCS codes C1832 and C1833
- Changes to the ASC Covered Procedure List Policy for CY 2022

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12553](#).

Medicare Part B Clinical Laboratory Fee Schedule: Revised Information for Laboratories on Collecting & Reporting Data for the Private Payor Rate-Based Payment System

MLN Matters Number: SE19006 Revised

Article Release Date: March 24, 2022

Note: CMS revised this Article to note that for CDLTs that aren't ADLTs, the data reporting is delayed by 1 year and must now be reported from January 1, 2023-March 31, 2023 (previously January 1, 2022-March 31, 2022). CMS changed all references to the 2022 data reporting period to 2023. You'll find substantive content updates in dark red font (see pages 2,14,15 and 20-23). There are no other changes to the substance of the Article.

SE 19006 will help laboratories meet the requirements under Section 1834A of the Social Security Act (the Act) for the Medicare Part B Clinical Laboratory Fee Schedule (CLFS). It covers:

- Clarifications for deciding whether a hospital outreach laboratory meets the requirements to be an "applicable laboratory"
- Applicable information (private payor rate data) that you must collect and report to us
- The entity responsible for reporting applicable information to us
- The data collection and reporting periods
- Information about our online data collection system
- Our schedule for implementing the next private payor-rate based CLFS update
- Information about the condensed data reporting option for reporting entities

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

Modifications/Improvements to Value-Based Insurance Design (VBID) Model - Implementation - Revised

MLN Matters Number: MM12349 Revised

Related CR Release Date: October 20, 2021

Related CR Transmittal Number: R11071DEMO

Related Change Request (CR) Number: 12349

Effective Date: January 1, 2022

Implementation Date: January 3, 2022

Note: CMS revised this Article to reflect a revised CR 12349. The CR revision didn't impact the substance of the Article. CMS did change the CR release date, transmittal number, and the web address of the CR. All other information is the same.

CR 12349 tells you about modifications to CR 11754. That CR is testing the inclusion of the Medicare hospice benefit into MA through the VBID Model (Hospice Benefit Component) for Calendar Year (CY) 2022. Unless otherwise stated, all requirements in CR 11754 remain the same. CMS will test the Hospice Benefit Component of the Model through 2024.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12349](#).

National Coverage Determination (NCD) 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds - Revised

MLN Matters Number: MM12403 Revised

Related CR Release Date: January 20, 2022

Related CR Transmittal Number: R11214CP and R11214NCD

Related Change Request (CR) Number: 12403

Effective Date: April 13, 2021

Implementation Date: February 14, 2022, for MACs; January 3, 2022, for Shared Systems

Note: CMS revised this Article to reflect a revised CR 12403. The CR added HCPCS G0465 and additional information on HCPCS G0460 (noted in the Article in red font). CMS shows a revised implementation date for the MACs (see above). Also, CMS revised the CR release date, transmittal numbers, and the web addresses of the transmittals. All other information remains the same.

CR 12403 is for autologous Platelet-Rich Plasma (PRP). Make sure your billing staff knows that CMS will nationally cover PRP for the treatment of chronic non-healing diabetic wounds under specific conditions.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12403](#).

New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE - Revised

MLN Matters Number: SE20016 Revised

Article Release Date: January 13, 2022

Note: CMS revised this article to add the 2022 payment rate for distant site telehealth services and information on RHC payment limits. You'll find substantive content updates in dark red font (see pages 2, 3, 5, 6 and 7). All other information is the same.

To provide as much support as possible to you and your patients during the COVID-19 PHE, both Congress and we (CMS) have made several changes to Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) requirements and payments. These changes are for the duration of the COVID-19 PHE, and we'll make other discretionary changes as necessary.

to make sure that your patients have access to the services they need during the pandemic. For more information, view the RHC/FQHC COVID-19 FAQs at <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>.

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

New Waived Tests

MLN Matters Number: MM12581

Related CR Release Date: January 14, 2022

Related CR Transmittal Number: R11188CP

Related Change Request (CR) Number: 12581

Effective Date: April 1, 2022

Implementation Date: April 4, 2022

CR 12581 tells you about:

- The latest tests approved by the FDA as waived tests under CLIA
- Laboratory claim edits
- Facility certification requirements

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12581](#).

Quarterly Update for CLFS and Laboratory Services Subject to Reasonable Charge Payment

MLN Matters Number: MM12612

Related CR Release Date: January 27, 2022

Related CR Transmittal Number: R11221CP

Related Change Request (CR) Number: 12612

Effective Date: April 1, 2022

Implementation Date: April 4, 2022

In this Article, you'll learn about:

- Instructions for the April 2022 update to the Clinical Laboratory Fee Schedule (CLFS)
- New codes effective April 1, 2022.

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12612](#).

Quarterly Update to the MPFSDB - April 2022 Update

MLN Matters Number: MM12623

Related CR Release Date: February 17, 2022

Related CR Transmittal Number: R11268CP

Related Change Request (CR) Number: 12623

Effective Date: April 1, 2022

Implementation Date: April 4, 2022

CR 12623 tells you about:

- April 2022 updates to the Medicare Physician Fee Schedule Database (MPFSDB)
- New payment files based on the Calendar Year (CY) 2022 MPFS Final Rule

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12623](#).

Quarterly Update to the NCCI PTP Edits, Version 28.1, Effective April 1, 2022

Related CR Release Date: January 14, 2022

Related CR Transmittal Number: R11172CP

Related Change Request (CR) Number: CR12567

Effective Date: April 1, 2022

Implementation Date: April 4, 2022

CR 12567 is the quarterly update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits. The attached recurring update notification applies to publication 100-04, chapter 23, section 20.9.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)12567](#).

Transvenous (Catheter) Pulmonary Embolectomy NCD Section 240.6

MLN Matters Number: MM12537

Related CR Release Date: December 16, 2021

Related CR Transmittal Number: R11159NCD

Related Change Request (CR) Number: 12537

Effective Date: October 28, 2021

Implementation Date: January 17, 2022

CR 12537 informs you of:

- CMS removed the National Coverage Determination (NCD) for TPE
- In the absence of an NCD, your MAC will make coverage determinations for TPEs

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)12537](#).