

Medicare B News

Jurisdiction F
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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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ACM B Questions and Answers - April 10, 2024

WRITTEN PRE-Q/A:

Q1. For Evaluation and Management (E/M) documentation, when a patient has comorbidities (e.g., COPD), must a provider state how or why the condition may complicate surgery that requires anesthesia or identify condition as a patient risk factor? Are there plans to audit with this depth of scrutiny? Is provider documentation burden considered?

A1. If the COPD would be a risk to the patient for the planned surgery with anesthesia, the documentation should indicate the reason for the risk to support the medical necessity of billing for a higher-level E/M service.

The level of service billed would need to be supported by the medical record. Not all COPD patients may be at a higher risk, depending on the status of their COPD, controlled or not, complications could be a factor.

Q2. When documentation does not indicate condition is chronic for Gastroesophageal reflux disease (GERD), would a Medicare auditor consider the condition stable? GERD is usually chronic, does the provider need to state "chronic GERD-stable" when the problem is clearly addressed?

A2. Each patient's GERD condition may be different, depending on other factors, comorbidities, age of patient, medications, etc. The documentation would need to support the status of the patient during the current encounter and if GERD were treated or considered. The statement of 'Chronic GERD-stable' would help to provide the status of the patient if that is determined. Each GERD patient may be different and templated language in all GERD patient's medical records may raise a concern.

Q3. When documentation supports time-based coding for E/M services, and time indicates "Approximately 35-40 minutes" for E/M activities related to the patient on date of service, would it be appropriate to choose the code based on 35 minutes?

A3. Timed documentation may be used to determine the level of E/M. The office E/M codes have time indicated that they were met or exceeded. The 35-40 minutes would not allow the higher level of E/M code to be used as the description indicates time met or exceeded. CPTs 99203 = 30 minutes, 99204 = 45 minutes, 99214 = 30 minutes and 99215 = 40 minutes and time indicating "approximately", when time may not have met or exceeded the 40 minutes.

Q4. Is a signature required to be dated the same date as the encounter?

A4. Yes. It is not acceptable to add late signatures to orders or medical records (*beyond the short delay that happens during the transcription process*). When an undated entry is received, and if it can be determined by previous dated entries, immediately above and below, medical review may assume the entry date in question.

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[Complying with Medicare Signature Requirements 905364](#) and [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4.](#)

Q5. Would the risk of management options be High if an MD documents that the patient is on a drug that requires intensive monitoring for toxicity, but the MD is not the one prescribing or managing the drug or the condition that is being treated with the drug? The MD is seeing the patient for a separate condition.

A5. From CPT 2024 E/M guidelines: For the purpose of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk of patient management criteria applies to the patient management decisions made by the reporting physician or other qualified health care professional as part of reported encounter.

If the condition and the drug is not being monitored or managed by the MD, documentation should support the appropriate level of MDM and related risk associated with the current encounter and problem(s) addressed. Without documentation, regarding consideration of drug interactions by the physician treating the hypertension, this would **not** be considered high risk management.

Q6. Our patients receive Trigger Point Injections (TPIs) for myalgia in the lower back and a greater Occipital Nerve block for occipital neuralgia in the office. Does this only apply when it's performed in a surgery center with an epidural steroid injection (ESI), Facet, etc.?

A6. Yes. This limitation would apply in all settings and not just a surgery center. It is not considered medically reasonable and necessary to perform multiple blocks (ESI, sympathetic blocks, facet blocks, etc.) during the same session as TPI.

Q7. If a patient has received Trigger Point Injections prior to April 1, 2024, will these count toward their "no more than three trigger point injections per year" total for the next rolling 12 months?

A7. No. The new April 1, 2024 policy starts on that date of 12 rolling months for the first injections and going forward.

Q8. Are telehealth visits billed with place of service (POS) 10 supposed to be paying less than POS 11 (office) in-person visits? If not, is this being fixed in the payment system?

A8. No. Noridian has implemented a mass adjustment that began 3/15/2024, to reprocess claims that were paid incorrectly for the POS 10. Always check our home page "ALERTS" section for these types of issues. This was reported 1/29/2024 and under "POS 10 Pricing at Facility Rate".

Q9. The LCD for Facet Injections and Epidural Steroid Injections (ESI) appear to be in conflict when billing for cyst aspiration and transforaminal ESI with CPTs 64493 and 64483. Prior authorization (PA) is required for 64493 when performing medial branch blocks (MBB), but that isn't what we are documenting, which denies the PA due to

medical necessity. The cyst aspiration and MBB are billed with the same code. How can we have the cyst aspiration procedure paid?

A9. The Facet Joint Interventions for Pain Management LCD has recently completed a comment period on March 2, 2024, as the LCD is being revised. The medical directors are now reviewing all comments received to make any necessary revisions. The draft version can be viewed on the CMS Coverage Database under:

[JE Proposed LCD - Facet Joint Interventions for Pain Management \(DL38801\)](#)

[JF Proposed LCD - Facet Joint Interventions for Pain Management \(DL38803\)](#)

Q10. Local Coverage Article A57327 and LCD L37283 references electrocardiograms. Where can I find coverage for a specific diagnosis for echo add-on CPT 93319?

A10. Per Medical Policy, the electrocardiogram article has been updated to remove the 93319 (still shows as of April 2024) and there is no LCD that specifically covers transthoracic echocardiograms. This information was updated March 21, 2024 and is viewable in the Medicare Coverage Database (MCD) as of Thursday, March 28, 2024.

Q11a. Inpatients at a rehab facility or nursing facility seen at a Part B provider office for an unrelated condition, would the office visit be billed as 99203 or 99213 with POS 31 or 32?

A11a. No, the POS would be the office where the patient is seen. If they are listed as an inpatient, the provider should see that patient at that facility. If the patient is not an inpatient at a Part A stay (such as nursing facility vs SNF), then the patient could be brought to the office and billed as POS 11.

Q11b. What about if x-rays are performed?

A11b. If it is a Part A inpatient stay, only the professional component can be billed to Part B. The [CMS Skilled Nursing Facility \(SNF\) Consolidated Billing](#) requirement bundles care provided to residents during a covered Part A SNF stay. Exception: There are a limited number of services specifically excluded and separately payable. The answer depends on where the patient is located and if it's a Part A stay.

Q11c. Is that solely the inpatient facility's responsibility and would this change if the condition is related to the patient's inpatient stay?

A11c. If it is a Part A stay and no, the condition does not change the responsibility. POS is determined by where the patient is and if there are other services like supplies or equipment brought in, they may fall under Consolidated billing.

Q11d. As an orthopedic office, we receive requests from facilities to evaluate and treat inpatients. Some patients are on hospice, and we can append modifiers GV or GW, others are not terminal. We are told to bill Part B and we receive denials. Do we ask the facility for reimbursement?

A11d. This would depend on if the patient is in a Part A stay at the facility and the services that are billed.

Q12. When a patient arrives for a scheduled chemotherapy and a physician performs a detailed exam (including lab review for drug toxicity) can the physician bill an E/M service since the hospital bills for the chemo administration? The physician is not an employee of the hospital.

A12. No. It is appropriate to bill an E/M service on the same day as a drug administration code when documentation clearly supports a medically necessary E/M service unrelated to the chemotherapy administration.

This may include a physician or NPP evaluation and management of the disease process requiring the administration for the drug, if an alteration of the treatment plan may be required, due to symptoms or signs, adverse treatment reactions, etc.

A routine interval evaluation to assure there are no new issues, when the patient presents for chemotherapy, may not be separately paid by Medicare, and must not be billed.

Q13. Are surveillance mammograms, for asymptomatic patients with history of breast cancer who are >5 years post treatment, considered screening or diagnostic?

A13. Per NCD 220.4:

- Medicare does not have a specific policy with mammography coverage for an asymptomatic person with a history of breast cancer. CMS allows the attending physician to decide the appropriate procedure for the patient.
- A **diagnostic** mammography is a radiologic procedure furnished to a man or woman **with** signs and symptoms of breast disease, or a personal history of breast cancer, or a personal history of biopsy - proven benign breast disease and includes a physician's interpretation of the results of the procedure.
- A **screening** mammography is a radiologic procedure furnished to a woman **without** signs or symptoms of breast disease, for the purpose of early detection of breast cancer, and includes a physician's interpretation of the results of the procedure.
- Z12.31 should be the primary diagnosis code when ordering a screening mammogram.

Q14. Is Home Infusion Therapy (HIT) paid per hour, per visit, or per 15-minute increment?

A14. HIT payment is based on five hours of infusion therapy; regardless of the actual visit length. Bill your **actual** G-code time in 15-minute increments. E.g., 106 minutes, falls in the range of 98 minutes to <113 minutes = 7 units.

Q15. When a chaperone is in the exam room for a pelvic exam that was not completed, can we still bill CPT +99459?

A15. Depends. This add-on code was established to capture the additional required

resources during a pelvic exam, as part of the service for those that require pelvic examinations. Medical documentation would need to support that a pelvic exam was performed. +99459 should not be added to every female medical exam without the proper documentation. Code is billed ONLY with E/M CPTs, 99202-99205 or 99212-99215.

Q16. Is time required to be documented for hospital discharge CPTs 99238 (30 minutes or less) and 99239 (more than 30 minutes)? If provider documents 30 minutes, does that support?

A16. No. CPT 99238 does not include a minimum time requirement, so documentation of 30 minutes or less would only meet 99238. However, CPT 99239, has a **minimum** time requirement of 30 minutes or more, so time notation is a requirement to indicate either start and stop times or total minutes.

Q17. Since G2211 is included on the CMS telehealth list and can be satisfied by an audio-only interaction, can it be billed with E/M phone codes 99441-99443, rather than 99212-99215 for established patients?

A17. No. HCPCS +G2211 (add-on complexity) may only be billed with office and outpatient E/M codes (99202-99215). G2211 **cannot** be billed if the E/M has modifier 25 appended for E/M CPTs. This was effective January 1, 2024, and read more at [CMS Change Request \(CR\) 13272-E/M Complexity +G2211.pdf](#).

Q18. We have several denials under N115 (noncovered services as not deemed medically necessary) stating that CPT 77002 and G0260 cannot be billed together. What can we do when we've called Noridian multiple times and told G0260 will deny if billed without 77002 or 77012?

A18. You're correct that G0260 (sacroiliac joint injection) and CPT 77002 (fluoroscopy) are allowed together per the National Correct Coding Initiative (NCCI) edits. Indicator 1 shows G0260 77002 20120101 *, where modifier 59 is appended to 77002.

However, per Noridian's Local Coverage Article (LCA) Billing and Coding: Sacroiliac Joint Injections and Procedures (A59246), revised 1/25/2024, "The medical record must contain documentation that fluoroscopic guidance or CT guidance (77002 or 77012) was used with HCPCS code G0260" and packaged into G0260.

If using fluoroscopy for other imaging performed on the same day, then modifier 59 could be appended. **No separate payment** is made to the ASC (POS 24) or Outpatient Prospective Payment System (OPPS) hospital outpatient department for 77002 and 77012.

In January, Noridian had an alert and mass adjustments completed.

Q19. Does a Transcatheter Aortic Valve Replacement (TAVR) require separate documentation from the cardiologist and cardiovascular surgeon? Or can the cardiologist document the work of both co-surgeons?

A19. Both must document. Many providers are supplying either one independent

evaluation performed by one cardiac surgeon, or two independent evaluations performed by the same surgeon. The National Coverage Determination (NCD 20.32) for TAVR, under Indications and Limitations of Coverage states the following:

"Two cardiac surgeons have independently examined the patient face-to-face and evaluated the patient's suitability for open aortic valve replacement (TAVR) surgery; and both surgeons have documented the rationale for their clinical judgment and the rationale is available to the heart team."

To be compliant with this requirement, documentation would include two individual evaluations, performed by two separate cardiac surgeons, and signed.

Q20. Is nail debridement (CPTs 11720 and 11721) documentation of marked limitation of ambulation optional, if a patient is experiencing pain from their mycotic nails?

A20. Documentation is not optional. The treatment of mycotic nails may be covered, when the physician, attending the patient's mycotic condition documents:

Ambulatory patient:

1. Clinical evidence of mycosis of the toenail, and
2. Patient has marked limitation of ambulation, pain, or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

Non-ambulatory patient:

1. Clinical evidence of mycosis of the toenail, and
2. Patient suffers from pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate.

[CMS Internet Only Manual \(IOM\) Publication 100-02, Chapter 15, Section 290.C4](#)

Q21. Will Noridian be recognizing the new times listed in the 2024 CPT book for office visits (99205 and 99215)? Will prolonged services go by the new time as listed on the CPT (99205 60 mins. and 99215 40 mins.)?

A21. In January, Noridian reached out to CMS to verify if the times listed in the 2024 CPT book would change the CMS Internet Only Manual (IOM), 100-04, Chapter 12, Section 30.6.15.2. We were told the time ranges in the IOM would remain unchanged. If planning to submit claims for prolonged services with an E/M code, the IOM time ranges would need to be followed.

Q22. When is it appropriate to code for CPT 94375 (respiratory flow volume loop) vs. 94010 (breathing capacity test-spirometry)? Does 94010 include 94375 that has a higher relative value unit (RVU)?

A22. Yes. CPT 94010 does include 94375 with the higher RVU. You may bill either code alone; just never together. Note: Per the NCCI manual, 2024 Chapter 11, page XI-18: If the provider is performing spirometry, they should bill 94010, which includes 94375.

- Pulmonary Services CPT coding for pulmonary function tests includes both comprehensive and component codes to accommodate variation among pulmonary function laboratories.
 - Alternate methods of reporting data obtained during a spirometry or other pulmonary function session shall not be reported separately. For example, the flow volume loop is an alternative method of calculating a standard spirometric parameter. CPT code 94375 is included in standard spirometry (rest and exercise) studies.

Q23a. Telehealth POS 02 or 10 is determined by the location of where the patient is, correct? Would it be POS 02 when the patient is in the nursing home and provider is in their office?

A23a. Yes, the POS is determined where the patient is located. Would the nursing home be the patient's permanent residence? Or is this a skilled nursing facility that is only temporary? Use POS 10 when the patient is in their residence (MLN MM12427).

Q23b. When a provider is licensed in multiple states but only enrolled in one, can the provider bill the Medicare contractor where they are enrolled if telehealth was provided to a patient in another state?

A23b. For Medicare purposes, the provider needs to be licensed and enrolled in Medicare where they are sitting, when they perform telehealth services. States may have other licensing requirements that need to be followed. For the denied claims, it may be how the information is entered and would need to be reviewed.

VERBAL Q/A:

Q24. How do we code different vaccinations; such as FLU, T-DAP and MMR?

A24. COVID-19, Influenza and Pneumonia vaccine codes and their pricing can be found on the [CMS Medicare Part B Drugs and Vaccine Pricing](#). For example:

- Vaccines allowed as preventive
 - Influenza, (several CPT 906xx) with G0008 (influenza administration)
 - Pneumonia (several CPTs 907xx) with G0009 (pneumonia administration)
- CPT 90715 (Tetanus-Diphtheria and Pertussis T-Dap) - only allowed with wound, injury or burn
 - With 90471 or 90472 (administration)
 - Not allowed from Medicare B as preventive or booster
- Measles, Mumps and Rubella (MMR) only covered by Medicare Part D plans

Read more under Noridian's Browse by Topic, Tetanus and Diphtheria Vaccinations Billing Guidelines

Q25. Can +G2211 complexity be billed with an office visit 99214 and an influenza (G0008) or pneumonia (G0009) administration?

A25. As long as the E/M does not have a modifier 25, you can also bill your vaccine and administration. If you review the [National Correct Coding Initiative \(NCCI\) Policy Manual, Chapter 11](#). It states when an E/M code is billed with vaccine codes, the E/M code may be reported with modifier 25. This is item number 15 on the bottom of page XI-6 in the 1/1/2024 version. There isn't a bundling edit for this, but it is indicated in the NCCI manual.

- [MM 13473](#) How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211
- [MM 13272](#) Revised - Edits to Prevent Payment of G2211 with Office/Outpatient Evaluation and Management Visit and Modifier 25

Q26. Is a formal transfer of care required when a surgeon requests an anesthesiologist with neuro-critical care specialty? Does it require a formal transfer of care if they take over in post-op and then back to the surgeon prior to discharge? Patient is still in the hospital and another provider (not the surgeon) providing post-op care.

A26. When the surgeon does request another physician to perform the post-op care, the medical record would indicate the physician performing the post-op care. Both the surgeon and the physician providing the postoperative care must keep a copy of the written transfer agreement in the beneficiary's medical record.

The surgeon would bill the surgery with the appropriate surgical code and append modifier 54. The physician performing the post-op care portion would bill the same surgery code with modifier 55. Both indicate the number of post-op days, they are responsible for, in item 19 (or electronic equivalent) per [CMS IOM Publication 100-04, Chapter 12, Section 40.2.3](#).

Q27. How do we bill for code T1014 for mental health Telehealth?

A27. This is an invalid code for Medicare and would reject in the system.

Q28. Does Noridian have something regarding documentation, amending records and delayed entries? For example: if the clinician doesn't document at the time services were rendered, when they finally enter the progress note and delayed entry; how should it be distinctly identified?

A28. Records sourced from electronic systems containing amendments, corrections or delayed entries must:

- a. Distinctly identify any amendment, correction, or delayed entry, and
- b. Provide a reliable means to clearly identify the original content, modified content, and the date and authorship of each modification of the record.

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Log into the EHR system, with own unique login, and when finished with entry, date and lock that entry with electronic signature, name, credentials, and date.

Noridian's website addresses documentation under Browse by Topic:

JEB: [Browse by Topics, Documentation Requirements](#)

JFB: [Browse by Topics, Documentation Requirements](#)

Q29. When a provider leaves the critical care or unit to document in the EHR, the location could be in an office, home, or quiet spot for the provider to document with less interruption and distraction. When they're off the floor or unit, would it be permissible for that provider to include the total time for critical time off the floor, off the unit, and bill? It's still showing floor or unit in the IOM.

A29. It does require time by bedside or elsewhere on the floor or unit. If the provider is leaving the facility, going to a different unit or floor, the time is **not** counted. You can count the time you're completing the medical record if you're on the same floor or bedside. CMS did not make the change to the critical care services. We also recommend reaching out to your specialty society.

Q30. If the MoIDX technical assessment test is "not successful", does that automatically render the test 'non-covered'?

A30. Yes. It could mean that the test has not shown its clinical utility and/or is not reasonable and medically necessary for the patient.

Q31a. Is the insulin pump training included and part of Diabetic Self-Management Training (DSMT) with HCPCS G0108 and G0109, or can we bill this separately?

A31a. Not really, as training is not usually included in DSMT. However, when the patient receives the pump from the DME supplier, they would receive training on how to use it from the supplier. Read more under Noridian's Browse by Specialty pages, under Preventive, Diabetic, DSMT and Medical Nutrition Therapy (MNT):

JEB: [Browse by Specialty, Preventive, Diabetic, DSMT and MNT](#)

JFB: [Browse by Specialty, Preventive, Diabetic, DSMT and MNT](#)

Q31b. If we bill an insulin pump training separately from DSMT, would the Continuous Glucose Monitoring (CGM) codes (95249 or 95250) be used for the training? Would it matter if the patient has the imbedded monitor vs. no imbedded monitor?

A31b. Patient training is included when billing CPT 95249 (*patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training and printout of recording*) and 95250 (*physician or other QHP provided equipment, technical components of CGMs, including patient training, glucose sensor placement, monitor calibration, use of a transmitter, sensor removal, and downloading of data recording printout*). The CGM implantable Local Coverage Article (LCA) A58133 is discussed at

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[CMS Medicare Coverage Database \(MCD\) - LCA A58133](#). Coding depends on CPTs 0446T, 0447T or 0448T and information included.

Q31c. For CGM 95249 or 95250, does the provider need to document whether the device is patient-owned or clinic provided?

A31c. Yes. There are many initial provisions that must be met in order to have the CGM device covered by Durable Medical Equipment (DME) with HCPCS E2103 (*non-adjunctive, **non-implanted** continuous monitor or receiver*). *Class II DME (including FreeStyle Libre 2 system and FreeStyle Libre 3 system)* does not utilize a modifier. KF modifier does apply to Class III DME (including FreeStyle Libre 14-day system). Documentation requirements:

JA: [DME Webinar on Demand](#)

JD: [DME Webinar on Demand](#)

Ambulance Duplicate Denials - Appeals Newsletter part 9

Are you getting duplicate denials for multiple trips for a single beneficiary the same day?

If all points of pickups are in the same zip code, they may be billed on the same claim.

If any of the points are in different zip codes:

- Submit a separate claim for each zip code.
- Item 19 (freeform text field) provide comments on multiple pickups
 - Example: 8:15 a.m. Transported to dialysis, 4:30 p.m. returned home from dialysis

If the second claim is denied as duplicate, submit a **Redetermination**. Only use GY modifier when the service is statutorily non-covered or is not a Medicare benefit.

Advanced Beneficiary Notice of Non-coverage cannot be presented in an emergency.

Resource:

- [CMS Medicare Carriers Manual Part 3 08-95](#)
- [CMS Medicare Claims Processing Manual 30.2.4](#)

Billing the Subsequent Inpatient Care 99232 Correctly - Appeals Newsletter 11

For the month of May there was a large number of appeals for CPT 99232.

CPT 99232 - Subsequent hospital inpatient or observation care, per day, for evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of decision making.

When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. Below are some of the most common denial reasons from the appeals we received:

- Partially furnished by another provider
 - Verify with other providers treating patient who should bill
- Attachment or documentation required for adjudication were missing.
- Charge exceeds fee schedule or legislated fee amount - This is an information message telling you the amount you billed is more than the Medicare Physician Fee Schedule is allowed to pay by law.
 - There are usually no appeal rights attached with this message. The remainder is an amount you would write off, based on your agreement with Medicare to accept their payment as payment in full.
- Benefit for this service is included in the payment for another provider.
 - [CMS does not reimburse a subsequent hospital visit in addition to hospital discharge day management service on the same day by the same physician.](#)
- Payment adjusted because payer deems information submitted does not support this many, or frequency of services.

Resource

- [CMS Internet Only Manual \(IOM\), Publication 100-04, Medicare Claims Processing Manual, Chapter 12 - Physician and Non-physician Practitioners](#)
- Observation and Inpatient (E/M) Common Denials and Resolutions

Change Healthcare Security Incident - Resolved 04/24/24

Provider/Supplier Type(s) Impacted: All

Reason Codes: Not applicable.

Claim Coding Impact: Not applicable.

Description of Issue: Noridian is aware of the recent cyber security incident at Change Healthcare. Our priority is to ensure the security of our data. There is no indication of any impact on our data. In the meantime, we appreciate your patience and understanding.

Noridian Action Required: We are closely monitoring the situation and assessing any potential impact.

Provider/Supplier Action Required: If your Electronic Data Interchange (EDI) clearinghouse is impacted by the Change Healthcare cyber security incident, we recommend you check with them for further instructions.

Proposed Resolution/Solution:

Update 04/24/24: Optum, the parent company for Change Healthcare, has worked with Noridian to transition providers enrolled in Change Healthcare connections to the Optum iEDI Clearinghouse. The transition has been completed for claim submission as well as electronic remittance advices. Noridian will maintain dual enrollment for claim submission to ensure an easy transition as the Change Healthcare platforms come online. Partners and providers do not need to take any action. For additional information, visit: [Optum Solution Status](#)

Update 04/05/24: If providers are unable to submit medical records timely for requested Medical Review Additional Documentation Requests (ADRs) related to the recent Change Healthcare Security Incident, please reach out to the clinical reviewer contact listed in your notification letter to discuss and possibly extend your documentation submission timeline. Please have a listing of the ordered ADRs identifier number ready. The Case Manager will require verbal or written attestation that your request is related to the Change Healthcare cyber security incident.

Update 03/29/24: Optum, the parent company for Change Healthcare, has worked with Noridian to transition providers enrolled in Change Healthcare connections to the Optum iEDI Clearinghouse. The transition at this time is for claim submission only, however work continues on determining a plan for electronic remittance advices. Noridian will maintain dual enrollment for claims to ensure an easy transition as the Change Healthcare platforms come online. Partners and providers do not need to take any action. This transition is ongoing and Optum will publish additional updates as they are available. For additional information, visit: [Optum Solution Status](#)

Update 03/15/24: Noridian offers four alternative options for submitting claims.

Option 1: Change to a new vendor

1. Provider will log into their EDISS Connect account at [EDISS Connect](#)
Note: If it has been more than 90 days since your last login, select the 90 days since last login? option to regain access to your account.
2. Select Manage Transactions.
3. For the 837 transactions, select Add Vendor.
Note: Only two submission methods can be listed in the EDISS Connect account. If you already have two listed, one will need to be removed to add the new vendor.
4. Search for the new Vendor by name or Trading Partner ID and Add the correct option once located.
5. Allow 2-4 business days for the transaction to be moved into production. For awareness, the typical processing timeframe is 7-10 business days.
Note: You will not receive a notification when the new vendor has been moved to a production status. We encourage you to log into your account frequently to confirm the status of the transaction.

Option 2: Change to direct

1. Provider will log into their EDISS Connect account at [EDISS Connect](#)
Note: If it has been more than 90 days since your last login, select the 90 days since last login? option to regain access to your account.
2. Select Manage Transactions.
3. For the 837 transactions, select the I will and/or check box.
Note: Only two submission methods can be listed in the EDISS Connect account. If you already have two listed, one will need to be removed to add the I will and/or check box.
4. Direct claim submission does require testing. To review the testing requirements, visit [EDISS Registration](#)
5. Once the test file is submitted, please allow 72 hours for review of the file.
6. If the test file is clean, the 837 I will and/or will be moved to a production status in your Connect account.
Note: You will not receive a notification when the new vendor has been moved to a production status. We encourage you to log into your account frequently to confirm the status of the transaction.
7. Methods of submitting direct transactions:
 - [Network Service Vendor \(NSV\)](#)

- [Noridian Medicare Portal \(NMP\) Claim Submission](#)

Note: For those that are currently set up to receive their Electronic Remittance Advice (ERA) via Change Healthcare, you can either use NMP, if currently registered, to retrieve the ERA or you can update your 835 transactions in your EDISS Connect account to obtain future ERAs through the new retrieval option.

Option 3: Direct Data Entry (DDE)

This option is for Medicare Part A providers only. DDE is a real-time Fiscal Intermediary Shared System (FISS) application giving providers interactive access for inquiries, claims entry and correction purposes. For more information about this option, Jurisdiction E providers can visit [JE Direct Data Entry \(DDE\)](#) and Jurisdiction F providers can visit [JF Direct Data Entry \(DDE\)](#).

Option 4: Paper claim submission

Noridian is prepared to accept paper claims for the providers that have exhausted all options above. However, please be aware that paper claims take a minimum of 29 days for payment. Noridian recommends you review the other electronic alternatives available before submitting the request. If you do determine that there are no other options for you to submit claims, you may submit a waiver request on company letterhead that includes your billing PTAN and that you are requesting a waiver related to the Change Healthcare security incident. These requests can be faxed to 701-277-7850. Please allow 2 business days for the request to be processed before submitting claims. Once approved, please ensure that you are following the paper claim submission guidelines to avoid your claims from being rejected. Guidelines for completing a claim from can be found on Noridian's [Claim Form Instructions](#). Formatting requirements can be found on Noridian's [CMS-1500 Claim Form Guidelines and Tips](#).

Request for Change Healthcare/Optum Payment Disruption Accelerated and Advance Payment

Providers should use the request for [Change Healthcare/Optum payment disruption \(CHOPD\) Accelerated Payment to Part A Providers and Advance Payments to part B Suppliers](#) [DOCX] template to submit a request. The template must be initialed for all certification of facts and signed by the provider's authorized official that is legally able to make financial commitments and assume financial obligations on behalf of the provider/supplier.

Please submit the completed CHOPD Accelerated/Advance Payment request to: PartBadvancepayments@noridian.com or Fax: 701-277-7865

For additional information such as eligibility requirements, required acknowledgement of terms, and payment amount, please refer to [CMS Fact Sheet Change](#)

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[Healthcare/Optum Payment Disruption \(CHOPD\) Accelerated Payments to Part A Providers and Advance Payments to Part B Suppliers \[PDF\]](#)

[Change Healthcare/Optum Payment Disruption \(CHOPD\) Accelerated and Advance Payments for Part A Providers and Part B Suppliers Frequently Asked Questions](#)

Date Reported: 02/28/24

Date Resolved: 04/24/24

Comprehensive Error Rate Testing: Reporting Year 2024 Progress Report Letters

The Noridian Comprehensive Error Rate Testing (CERT) team will not be issuing our annual Reporting Year (RY) 2024 Progress Report Letters. A Progress Report Letter is a summary of the claims selected by CERT for review, claims in error, and weighted error dollars, if any. We will resume sending Progress Report Letters for RY 2025. If you have any questions or concerns, please email certquestion@noridian.com.

Enrolling and Testing for 837D Dental Claims

Effective May 31, 2024, Medicare Providers/Submitters may:

- Enroll for the 837D transaction in EDISS Connect
- Send test 837D transactions
 - A minimum of 5 claims are required for dental testing. These test claims must be clean without errors before production status will be granted.
 - For additional information on the testing process visit <https://www.edissweb.com>, select your state and the Registration tab.
 - To assist providers with their testing process, there is a Dental Companion Guide available at <https://www.edissweb.com>, select your state and the Vendors tab

For assistance with the 999 and 277CA reports, visit <https://www.edissweb.com>, select your state, Reports and the 837D 999 and 277CA Edit Documentation.

The Noridian Medicare Portal (NMP) and Interactive Voice Response (IVR) systems do not currently support inquiries related to 837D dental claim status. Claim status and Remittance Advice related questions, should be directed to the Part B Provider Contact Center for your respective state.

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For more information regarding the Medicare dental coverage, visit <https://www.cms.gov/medicare/coverage/dental>

Resource

- [Dental 837D Companion Guide](#)

POS 10 Pricing at Facility Rate - Resolved 04/12/24

Provider/Supplier Type(s) Impacted: Telehealth

Reason Codes: Not applicable.

Claim Coding Impact: Not applicable.

Description of Issue: Noridian is aware Place of Service (POS) 10 telehealth claims are pricing at the facility rate regardless of the provider specialty.

Noridian Action Required: Noridian will provide more information as it is available.

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

Proposed Resolution/Solution: CMS is aware MACs are receiving inquiries regarding how the system is pricing telehealth claims. CMS is looking into the matter, no ETA for the answer has been provided. Noridian will provide more information as it is available.

02/13/24 - CMS is looking into the matter, no ETA for the answer has been provided. Noridian will provide more information as it is available.

02/28/24 - The system logic was updated on 02/27/24 to reflect a non-facility payment rate for claims received with POS 10. Noridian will initiate adjustments of claims with dates of service 01/01/24 through 2/26/24.

03/20/24 - An additional update to the system logic was required and completed on 03/11/24. Noridian started initiating adjustments of claims with dates of service 01/01/24 through 03/10/24 on 03/15/24. Another update will be provided once all adjustments are initiated.

04/12/24 - Noridian initiated adjustments on or before 04/10/24.

Date Reported: 01/29/24

Date Resolved: 04/12/24

Preventive Services Codes on Eligibility Inquiry

Due to the recent CMS HIPAA Eligibility Transaction System (HETS) Quarter 1 release, Noridian implemented a section on the Eligibility inquiry screen that allows users to choose up to three Preventive Services HCPCS codes that can be checked to see when the patient is next eligible for that service. When this was implemented on the evening of April 5th, this section was required in order to perform an Eligibility inquiry, which was incorrect. The requirement of the HCPCS code selection was removed on the evening of April 8th, but the Preventive Services codes section is still available for users that wish to use this feature. Noridian will be looking into other user-friendly options to accommodate the use of the Preventive Services codes look up while still maintaining CMS regulations.

Noridian apologizes for any inconvenience and confusion this may have caused our users.

Remittance Advice Remark Codes Now Available

The Noridian Medicare Portal (NMP) now provides Remittance Advice Remark Codes (RARC) and Reason Narratives to provide additional information on Medicare Part B unprocessable claim denials. The Remark Codes will be displayed on the Claim Status Line Details when a Claim Status Inquiry is performed. Users can then use the RARC codes to determine the reason for the denial and make the necessary adjustments to the claim.

Note: Medicare uses the [Remark Codes](#) published by X12.

Successful Claims and Appeals for Postoperative Pain Nerve Blocks - Appeals Newsletter Part 10

Make sure your staff know how to bill postoperative Nerve Blocks and the necessary documentation to get your claims or appeals right the first time. Review the following guidelines from the National Correct Coding Initiative (NCCI) Manual:

1. Postoperative pain management services are provided by the surgeon under a global payment policy for the procedure and shall not be reported by the anesthesia practitioner unless separate, medically necessary services are required of the anesthesiologist.

The surgeon is responsible to document in the medical record the reason care is being referred to the anesthesia practitioner.

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2. An epidural or peripheral nerve block injection administered preoperatively or intraoperatively **is not separately reportable** for postoperative pain management.
3. If an epidural or peripheral nerve block injection for postoperative pain management is reported separately on the same date of service as an anesthesia 0XXXX code, modifier 59 or XU may be appended to the epidural or peripheral nerve block injection code to indicate that it was administered for postoperative pain management.
4. An epidural or peripheral nerve block injection for postoperative pain management in patients receiving general anesthesia, spinal anesthesia, or postoperative pain management by epidural injection as described above may be administered preoperative or intraoperatively will be paid as part of the global surgery package, not separately.

Tip: To avoid denials, code to the highest level of specificity. Do not use an unlisted code unless there is no other more specific code to use. If using an unlisted code please be sure to submit documentation through the [PWK](#) segment to provide information regarding the procedure.

Resource:

- <https://www.cms.gov/files/document/medicare-ncci-policy-manual-2024-chapter-2.pdf>
- <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=35456>

Medical Policies and Coverage

2024 CPT/HCPCS Local Coverage Article (LCA) Updates

Date Posted: June 27, 2024

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

Effective Date: July 1, 2024

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

MCD Number	LCA Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptors changes
A56124	Billing and Coding: Billing Limitations for Pharmacies	90637, 90638	N/A	N/A

Visit the [Billing and Coding Articles](#) webpage to view the Active LCA or access it via the CMS MCD.

Additional 2024 CPT/HCPCS Local Coverage Article (LCA) Updates

These Local Coverage Articles (LCA) have 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).

Date Posted: April 4, 2024

Effective Date: April 1, 2024

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

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MCD Number	LCA Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptors changes
A57186	Billing and Coding: Botulinum Toxin Types A and B	J0589	N/A	N/A

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

Billing and Coding: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (A57162) - R3 - Effective October 1, 2019

Date Posted: April 25, 2024

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 1, 2019

Summary of Article Changes:

The following ICD-10 codes have been removed from the Group 2 ICD-10 codes and added to the Group 1 ICD-10 codes as they do not require a secondary diagnosis code to be billed:

D29.0, D29.4, and L72.3

This update is effective 10/01/2019.

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

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Billing and Coding: Cryoneurolysis Instructions (A59753) - Effective January 1, 2024

Date Posted: April 25, 2024

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: January 1, 2024

Summary of Article: View guidance in the billing of Cryoneurolysis, a medical treatment which has been proposed to be a mechanism for relieving pain by freezing the affected peripheral nerves.

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

Billing and Coding: Epidural Steroid Injections for Pain Management (A58995) - R3 - November 15, 2023

Date Posted: June 12, 2024

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: A58995

Effective Date: November 15, 2023

Summary of Changes: Updated statement #4 under Documentation Requirements to include, "Selective nerve root blocks (SNRBs) and TFESIs" and editorial changes under Coding Guidance and Utilization Parameters.

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

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Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55323) - R17 - Effective April 1, 2024

Date Posted: April 4, 2024

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 1, 2024

Summary of Article Changes:

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

Effective 01/01/2024 - 03/31/2024

Prialt (Ziconotide) = \$9.040

Ropivacaine = \$0.077

Effective 04/01/2024 - 06/30/2024

Prialt (Ziconotide) = \$9.041

Ropivacaine = \$0.068

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

Billing and Coding: Leadless Pacemakers (A59828) - Effective June 6, 2024

Date Posted: June 7, 2024

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: June 6, 2024

Summary of Article: The CMS A/B Medicare Administrative Contractor's (MAC's) responsibility is to ensure compliance with Medicare National Coverage Determinations (NCDs) at the local jurisdictional level. Upon review of claim sampling, Noridian has observed errors in billing and coding for items/services discussed in NCD 20.8.4 Leadless Pacemakers, which became effective January 18, 2017. While most providers are following NCD coverage requirements, at the time of this instruction, Noridian has identified CPT/HCPCs codes that require updating as well as a few new CPT/HCPCs codes representing leadless pacemakers that would fall under the same NCD

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requirements. As a result, Noridian finds it important to provide additional billing and coding guidance to assist providers in meeting the requirements set forth by this NCD as well as to supplement information provided in the Medicare Claims Processing Manual (MCPM), Chapter 32, Section 380. While this guidance is considered effective, Noridian will continue to review claims by individual consideration for the immediate future to accommodate billing and coding adjustments by providers and/or billers and coders. However, as a reminder, this NCD has been effective since 2017 and is not considered a new coverage policy.

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

Billing and Coding: MoIDX: 4q25-AF Risk Genotype (A55091) Retirement - Effective April 16, 2024

Date Posted: April 25, 2024

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: April 16, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: 9p21 Genotype Test (A55093) Retirement - Effective May 24, 2024

Date Posted: May 30, 2024

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: May 24, 2024

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Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: ApoE Genotype (A55095) - R4 - Effective April 3, 2024

Date Posted: April 11, 2024

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: August 31, 2023

Summary of Article Changes:

Updated Related Local Coverage Documents link.

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

Billing and Coding: MoIDX: Aspartoacyclase 2 Deficiency (ASPA) Testing (A55089) Retirement - Effective May 14, 2024

Date Posted: May 23, 2024

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: May 14, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

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Billing and Coding: MoIDX: ATP7B Gene Tests (A55098) Retirement - Effective April 23, 2024

Date Posted: April 25, 2024

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: April 23, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: BCKDHB Gene Test (A55100) Retirement - Effective May 8, 2024

Date Posted: May 16, 2024

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: May 8, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: BLM Gene Analysis (A55114) Retirement - Effective April 18, 2024

Date Posted: April 25, 2024

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: April 18, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: CDH1 Genetic Testing (A55971) Retirement - Effective May 30, 2024

Date Posted: June 6, 2024

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: May 30, 2024

Summary:

This article is being retired because the service is not relevant to the general Medicare population and it does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: CHD7 Gene Analysis (A55086) Retirement - Effective April 25, 2024

Date Posted: May 2, 2024

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: April 25, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: ENG and ACVRL1 Gene Tests (A55182) Retirement - Effective April 18, 2024

Date Posted: April 25, 2024

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: April 18, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: FANCC Genetic Testing (A55184) Retirement - Effective May 21, 2024

Date Posted: May 30, 2024

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: May 21, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: FDA-Approved EGFR Tests (A54424) - R6 - Effective May 30, 2024

Date Posted: May 30, 2024

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 30, 2024

Summary of Article Changes:

Under **Article Text** revised 2nd and 5th bullets to remove “DEX Z-Code™” and replaced with “DEX Z-Code®”. Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** added C34.00, C34.01, and C34.02. Formatting was corrected throughout the article.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: Fragile X (A55242) Retirement - Effective May 23, 2024

Date Posted: May 30, 2024

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: May 23, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: GBA Genetic Testing (A55244) Retirement - Effective April 19, 2024

Date Posted: April 25, 2024

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: April 19, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: HAX1 Gene Sequencing (A55252) Retirement - Effective May 14, 2024

Date Posted: May 23, 2024

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: May 14, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: HBB Gene Tests (A55254) Retirement - Effective April 17, 2024

Date Posted: April 25, 2024

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: April 17, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: HEXA Gene Analysis (A55256) Retirement - Effective May 8, 2024

Date Posted: May 16, 2024

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: May 8, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: IKBKAP Genetic Testing (A55613) Retirement - Effective May 7, 2024

Date Posted: May 16, 2024

Effective Date: May 7, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: KIF6 Genotype (A55273) Retirement - Effective April 26, 2024

Date Posted: May 2, 2024

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: April 26, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: Know Error® (A55275) Retirement - Effective April 24, 2024

Date Posted: May 2, 2024

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: April 24, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: L1CAM Gene Sequencing (A55278) Retirement - Effective May 24, 2024

Date Posted: May 30, 2024

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: May 24, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: LPA-Aspirin Genotype (A55280) Retirement - Effective April 16, 2024

Date Posted: April 25, 2024

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: April 16, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: LPA-Intron 25 Genotype (A55282) Retirement - Effective April 17, 2024

Date Posted: April 25, 2024

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: April 17, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: MCOLN1 Genetic Testing (A55284) Retirement - Effective May 23, 2024

Date Posted: May 30, 2024

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: May 23, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: MECP2 Genetic Testing (A55286) Retirement - Effective April 26, 2024

Date Posted: May 2, 2024

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: April 26, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: Mitochondrial Nuclear Gene Tests (A55291) Retirement - Effective May 29, 2024

Date Posted: June 6, 2024

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: May 29, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: MMACHC Test (A55289) Retirement - Effective May 30, 2024

Date Posted: June 6, 2024

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: May 30, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) (A57527) - R18 - Effective April 01, 2024

Date Posted: April 04, 2024

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 01, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** deleted 0416U. Added 0439U, 0440U, 0444U, 0448U, and 0449U. This revision is due to the 2024 Q2 CPT/HCPCS Code Update and is effective 4/1/2024.

Under **CPT/HCPCS Codes Group 1: Codes** added 0112U. This revision is effective 4/1/2024.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58726) - R17 - Effective February 29, 2024

Date Posted: April 11, 2024

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 29, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes** Group 9: Paragraph deleted "Arthropod" and replaced with "Zoonotic". Under **ICD-10 Codes that Support Medical Necessity Group 9: Paragraph** deleted "Arthropod" and replaced with "Zoonotic". This revision is effective 2/29/2024.

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

Billing and Coding: MoIDX: myPap™ (A55293) Retirement - Effective April 19, 2024

Date Posted: April 25, 2024

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: April 19, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: NSD1 Gene Tests (A55615) Retirement - Effective April 30, 2024

Date Posted: May 9, 2024

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: April 30, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: PAX6 Gene Sequencing (A55632) Retirement - Effective May 29, 2024

Date Posted: June 6, 2024

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: May 29, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: RPS19 Gene Tests (A55614) Retirement - Effective April 30, 2024

Date Posted: May 9, 2024

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: April 30, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: SMPD1 Genetic Testing (A55631) Retirement - Effective May 21, 2024

Date Posted: May 30, 2024

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: May 21, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: TERC Gene Tests (A55616) Retirement - Effective May 1, 2024

Date Posted: May 9, 2024

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: May 1, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: MoIDX: TP53 Gene Tests (A55487) Retirement - Effective May 1, 2024

Date Posted: May 9, 2024

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: May 1, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: VEGFR2 Tests (A55469) Retirement - Effective April 23, 2024

Date Posted: April 25, 2024

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: April 23, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Billing and Coding: Peripheral Nerve Stimulation (A55531) - R7 - Effective March 1, 2024

Date Posted: April 25, 2024

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 1, 2024

Summary of Article Changes:

Added the diagnosis code M62.5A2 to Group 1 codes - Muscle wasting and atrophy, not elsewhere classified, back, lumbosacral.

Added language related to use of Restorative Neurostimulation Therapy and no requirement for a temporary trial or psychological evaluation.

Added language for use of Product Classification QLK with the ICD-10-CM code in the Additional ICD-10-CM section.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: Prometheus® IBD sgi Diagnostic® Policy (A57517) - R3 - Effective October 20, 2022

Date Posted: May 2, 2024

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 20, 2022

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** deleted 82397, 83520, 86140. Formatting and punctuation were corrected throughout the article. This revision is effective on 10/20/2022.

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

Billing and Coding: MoIDX: Proteomics Testing (A59642) - R3 - Effective April 1, 2024

Date Posted: April 11, 2024

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 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** added 0446U and 0447U. This revision is due to the 2024 Q2 CPT/HCPCS Code Update and is effective 4/1/2024.

Under **CPT/HCPCS Codes Group 1: Codes** added 0412U. This revision is effective 1/31/2024.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: Proteomics Testing (A59642) - R4 - Effective May 30, 2024

Date Posted: May 30, 2024

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 30, 2024

Summary of Article Changes:

Under **Article Text** 6th paragraph added sentence “MoIDX is delaying enforcement for changes to reimbursement until 1/31/2025”. This revision is in response to feedback received from clinical laboratories and is effective 5/30/2024.

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

Billing and Coding: MoIDX: PTCH1 Gene Testing (A55618) Retirement - Effective April 25, 2024

Date Posted: May 2, 2024

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: April 25, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: MoIDX: Repeat Germline Testing (A57332) - R11 - Effective April 1, 2024

Date Posted: April 11, 2024

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 1, 2024

Summary of Article Changes:

Under **CPT/HCPCS Codes Group 1: Codes** added 0439U, 0440U, and 0449U. This revision is due to the 2024 Q2 CPT/HCPCS Code Update and is effective 4/1/2024.

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

Billing and Coding: MoIdx: ResponseDX Tissue of Origin® (A54496) Retirement - Effective May 30, 2024

Date Posted: June 6, 2024

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: May 30, 2024

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.

Medical Policies and Coverage

Billing and Coding: MoIDX: Short Tandem Repeat (STR) Markers and Chimerism (CPT® codes 81265-81268) (A57843) - R3 - Effective April 4, 2024

Date Posted: April 4, 2024

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 4, 2024

Summary of Article Changes:

Under **Article Title** revised to read Billing and Coding: MoIDX: Short Tandem Repeat (STR) Markers and Chimerism (CPT® codes 81265-81268). Under **CMS National Coverage Policy** revised 3rd section heading. Under Article Text revised 7th and 10th bullets to remove "DEX Z-Code™" and replaced with "DEX Z-Code®". Added "**NOTE:** When entering the DEX Z-Code® on the SV101-7 documentation field for Part B claims please do not add additional characters and/or information on the line". Formatting was corrected throughout the article. This revision is effective 4/4/2024.

Under **CPT/HCPCS Group 1: Codes** added 81479. This is effective 3/5/2024.

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

Billing and Coding: MoIDX: STAT3 Gene Testing (A55481) Retirement - Effective April 24, 2024

Date Posted: May 2, 2024

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: April 24, 2024

Summary:

This article is being retired because it is not supported by a Local Coverage Determination (LCD) and does not comply with current 21st Century Cures requirements.

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

Medical Policies and Coverage

Billing and Coding: Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) (A56573) - R5 - Effective January 10, 2021

Date Posted: June 13, 2024

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 10, 2021

Summary of Article Changes:

Revised the Group 2 asterisk explanation for more clarification, stating "Two diagnosis codes must be reported for Group 2. M84.58XA or M84.58XS must be reported in addition to one of the CXX.XX diagnosis codes listed."

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

Billing and Coding: Sacroiliac Joint Injections and Procedures (A59246) - R5 - Effective June 1, 2024

Date Posted: June 12, 2024

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: A59246

Effective Date: June 1, 2024

Summary of Changes: Added statement under Coding Guidance, "For sacro-iliac joint injections performed without CT or fluoroscopic guidance in patients who are not pregnant and who do not have contrast allergies, do not bill CPT codes 27096, 20610, or 20611. Use CPT code 20552, one unit, for unilateral or bilateral sacroiliac joint injection(s)."

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

Medical Policies and Coverage

Billing and Coding: Serum Magnesium (A57198) - R8 - Effective (October 1, 2023)

Date Posted: April 18, 2024

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 1, 2023

Summary of Article Changes: Under **Group 1 ICD-10 Codes that Support Medical Necessity**, added D56.1, D57.1, D73.1, I45.81, I47.21 and R19.7.

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

Billing and Coding: Trigger Point Injections (A57702) - R5 - Effective April 1, 2024

Date Posted: April 25, 2024

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 1, 2024

Summary of Article Changes:

Added an asterisk (*) to ICD-10 Code M79.18 and statement indicating "ICD-10 code M79.18 may be used to code injection of sacroiliac joint without imaging or with ultrasound imaging in a patient who is not pregnant or who has no contrast allergies."

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

Medical Policies and Coverage

Billing and Coding: Wound and Ulcer Care (A58567) - R6 - Effective April 1, 2024

Date Posted: April 25, 2024

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 01, 2024

Summary of Article Changes: Updated hyperlink for MM10176 - Updated Editing of Always Therapy Services - MCS. This link can be found in the Other URL(s) field.

Visit the Noridian [Active LCDs](#) webpage to view the complete listing of LCDs and Billing and Coding Companion Articles.

DMEPOS Fee Schedules and Labor Payment - 2nd quarter 2024 update

Updates to the DMEPOS [Jurisdiction listing](#) for 2nd quarter 2024 have been published. This resource, updated quarterly, shows which Medicare Administrative Contractors (MACs) have jurisdiction over which Healthcare Common Procedural Coding System (HCPCS) codes.

Local Coverage Determinations (LCDs) Finalized - Effective July 7, 2024

Date Posted: May 23, 2024

The following Local Coverage Determinations (LCDs) have completed the Open Public Meeting comment period and are 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 Number	LCD Title
L39762	Cervical Fusion
L38803	Facet Joint Interventions for Pain Management

Medical Policies and Coverage

Medicare Coverage Database Number	Billing and Coding Article Title
A59797	Billing and Coding: Cervical Fusion
A58405	Billing and Coding: Facet Joint Interventions for Pain Management

Medicare Coverage Database Number	Response to Comments
A59797	Response to Comments: Cervical Fusion
A59795	Response to Comments: Facet Joint Interventions for Pain Management

Effective Date: July 7, 2024

View [Active LCDs](#) on our website or the [Medicare Coverage Determination \(MCD\)](#).

Local Coverage Determinations (LCDs) Finalized - Effective July 28, 2024

Date Posted: June 13, 2024

The following Local Coverage Determinations (LCDs) have completed the Open Public Meeting comment period and are 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 Number	LCD Title
L39684	MoIDX: Molecular Testing for Risk Stratification of Thyroid Nodules

Medicare Coverage Database Number	Billing and Coding Article Title
A59511	Billing and Coding: MoIDX: Molecular Testing for Risk Stratification of Thyroid Nodules

Medical Policies and Coverage

Medicare Coverage Database Number	Response to Comments
A59748	Response to Comments: MolDX: Molecular Testing for Risk Stratification of Thyroid Nodules

Effective Date: July 28, 2024

MolDX: Blood Product Molecular Antigen Typing (L38333) - R4 - Effective May 23, 2024

Date Posted: May 23, 2024

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).

Effective Date: May 23, 2024

Summary of Changes:

Under **CMS National Coverage Policy** updated section heading for 2nd and 3rd regulation. Under **Sources of Information changes** were made to citations to reflect AMA citation guidelines. Under **Bibliography** changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation, and typographical errors were corrected throughout the LCD. This revision is effective on 5/23/2024.

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

MolDX: Clarification of Order Requirements for Laboratory and Molecular Diagnostic Services (A59744) - Effective May 2, 2024

Date Posted: May 2, 2024

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: May 2, 2024

Summary of Article:

New Education Article -Clarification of Order Requirements for Laboratory and Molecular Diagnostic services.

Medical Policies and Coverage

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

MolDX: Clarification of Order Requirements for Laboratory and Molecular Diagnostic services (A59744) - R1 - Effective May 23, 2024

Date Posted: May 23, 2024

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 23, 2024

Summary of Article Changes:

Under **Article Text** first sentence revised 2nd regulation. Revised 3rd bullet last sentence to read “signed order”.

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

MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (L38974) - R1 - April 18, 2024

Date Posted: April 18, 2024

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).

Effective Date: April 18, 2024

Summary of Changes:

Under **CMS National Coverage Policy** updated section heading for 2nd regulation. Under **Bibliography** changes were made to citation to reflect AMA citation guidelines.

Formatting, punctuation, and typographical errors were corrected throughout the LCD.

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

Medical Policies and Coverage

MolDX: Melanoma Risk Stratification Molecular Testing (L37748) - R6 - Effective June 20, 2024

Date Posted: June 20, 2024

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).

Effective Date: June 20, 2024

Summary of Changes:

Under ***CMS National Coverage Policy*** updated section headings for 2nd and 3rd regulations. Under Bibliography changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation, and typographical errors were corrected throughout the LCD.

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

MolDX: Pigmented Lesion Assay (L38153) - R1 - Effective June 20, 2024

Date Posted: June 20, 2024

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).

Effective Date: June 20, 2024

Summary of Changes:

Under ***CMS National Coverage Policy*** updated section headings for 2nd and 3rd regulations. Under Bibliography changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation, and typographical errors were corrected throughout the LCD.

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

Medical Policies and Coverage

MolDX: Repeat Germline Testing (L38353) - R2 - Effective April 25, 2024

Date Posted: April 25, 2024

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).

Effective Date: April 25, 2024

Summary of Changes:

Under **CMS National Coverage** Policy updated 3rd and 4th section headings. Under **Bibliography** changes were made to citations to reflect AMA citation guidelines.

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

Multi-Jurisdictional CAC Meeting Announcement - MolDX: Biomarker Risk Stratification Testing in DCIS - July 15, 2024, 2 p.m. to 4 p.m. ET

This 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).

Palmetto GBA, CGS Administrators, Noridian Healthcare Solutions and WPS Government Health Administrators will host a Multi-Jurisdictional Contractor Advisory Committee (CAC) Meeting via Microsoft Teams Webinar on July 15, 2024, from 2 p.m. - 4 p.m. ET. Discussions will focus on MolDX: Biomarker Risk Stratification Testing in DCIS

The Centers for Medicare & Medicaid Services (CMS) assigned Medicare Administrative Contractors (MACs) the task of developing Local Coverage Determinations (LCDs). The purpose of the CAC meeting is to provide a formal mechanism for healthcare professionals to be informed of the evidence used in developing an LCD and promote communications between the MACs and the healthcare community. The CAC panel will discuss the clinical literature related to MolDX: Biomarker Risk Stratification Testing in DCIS and rate their confidence in a series of Key Questions. Discussions will occur between CAC panelists and Contractor Medical Directors. The public may attend; however, questions from the public will not be entertained.

Interested stakeholders are invited to listen via Microsoft Teams Webinar; however, advance registration is required. Register here [MolDX CAC Meeting](#). You will receive your confirmation email once you complete registration.

Note: Registration deadline is July 14, 2024, 11:59 p.m. ET.

Lines will remain muted throughout the conference except for the invited CAC panelists and the MAC hosts.

Medical Policies and Coverage

View meeting details and register now from the [CAC Meeting](#) webpage.

Open Meeting Announcement Botulinum Toxin Injections, Micro Invasive Glaucoma Surgery (MIGS), Artificial Intelligence Enabled Quantitative Coronary Topography (AI-QCT)/Coronary Plaque Analysis (AI-CPA) - June 27, 2024

Date Posted: May 30, 2024

This 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).

Noridian Healthcare Solutions will be hosting an Open Public Meeting on Thursday June 27, 2024, from 2:00 pm CT - 4:00 pm CT.

Advance [registration](#) is required (link will be added when posted).

- Registration deadline to present comments on an LCD will close on June 20, 2024, at 11:59 pm CDT.
- General Registration deadline to participate by listen-only mode will close on June 26, 2024, at 11:59 pm CDT.

Proposed Local Coverage Determination (LCD) and Local Coverage Article (LCA):

- Botulinum Toxin Injections
- Micro Invasive Glaucoma Surgery (MIGS)
- Artificial Intelligence Enabled Quantitative Coronary Topography (AI-QCT)/Coronary Plaque Analysis (AI-CPA)

View meeting details and register now from the [Open Meeting](#) webpage.

Medical Policies and Coverage

Open Meeting Announcement Skin Substitutes Grafts/Cellular Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers - May 16, 2024

Date Posted: April 25, 2024

This 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).

Noridian Healthcare Solutions will be hosting an Open Public Meeting on May 16, 2024 from 2 p.m. to 4 p.m. CDT.

Advance [registration](#) is required.

- Registration deadline to present comments on an LCD will close on May 9, 2024 11:59 p.m. CDT.
- General Registration deadline to participate by listen-only mode will close on May 15, 2024 at 11:59 p.m. CDT.

Proposed Local Coverage Determination (LCD) and Local Coverage Article (LCA):

- LCD Skin Substitutes Grafts/Cellular Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers, DL39764
- Billing and Coding: Skin Substitutes Grafts/Cellular Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers, DA59628

View meeting details and register now from the [Open Meeting](#) webpage.

Polysomnography and Other Sleep Studies (L34040) - R6 - Effective December 01, 2019

Date Posted: April 18, 2024

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).

Effective Date: December 01, 2019

Summary of Changes: Under Coverage Indications, Limitations, and/or Medical Necessity, added the following information:

Beneficiaries who fail the initial 12-week trial are eligible to re-qualify for a PAP device but must have both:

Medical Policies and Coverage

1. In-person clinical re-evaluation by the treating practitioner to determine the etiology of the failure to respond to PAP therapy; and,
2. Repeat sleep test in a facility-based setting (Type 1 study). This may be a repeat diagnostic, titration or split night study.

These updates are effective December 01, 2019.

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

Self-Administered Drug Exclusion List (A53033) - R36 - Effective April 1, 2024

Date Posted: April 4, 2024

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 1, 2024

Summary of Changes:

Added a double asterisk for J0801 and J0802. Under Article Text section added the following:

Note: the drugs represented by HCPCS codes J0801 and J0802 (marked with a double asterisk**) are administered by IM or SQ, therefore they require the JB modifier to be reported for the SQ administration and they should not have any modifier reported for IM administration.

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

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

Medical Policies and Coverage

Self-Administered Drug Exclusion List (A53033) - R35 - Effective June 23, 2024

Date Posted: May 9, 2024

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: June 23, 2024

Summary of Changes:

The article has been updated to add brand names to the SAD list under their respective generic names for the following drugs:

Semaglutide: Ozempic, Wegovy

Tirzepatide: Mounjaro, Zepbound

The addition of the above mentioned brand names is effective 06/23/2024.

The article has also been updated to apply consistent formatting for drug names. The new format applied is “generic name (brand name)”. This formatting update does not change any coverage or guidance.

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

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

Skin Substitutes Grafts/Cellular Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers - Published for Review and Comments

Date Posted: May 2, 2024

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: DL39764

LCD Title: Skin Substitutes Grafts/Cellular Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers

Comment period: April 25, 2024 - June 8, 2024

Medical Policies and Coverage

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.

Trigger Point Injections (TPI) (L36859) - R5 and Billing and Coding: Trigger Point Injections (TPI) (A57702) - R4 - Effective April 1, 2024

Date Posted: April 11, 2024

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: L36859 and A57702

Effective Date: April 1, 2024

Summary of Changes: Removed broken link within Bibliography #40 in the LCD. Fixed broken link within the Article Text section of the Billing and Coding Article.

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

MLN Connects

MLN Connects - April 4, 2024

[MLN Connects Newsletter: Apr 4, 2024](#)

Proposed Payment Rules

- FY 2025 Skilled Nursing Facility Prospective Payment System Proposed Rule
- FY 2025 Inpatient Psychiatric Facilities Prospective Payment System & Quality Reporting Updates Proposed Rule
- FY 2025 Hospice Payment Rate Update Proposed Rule

News

- ESRD Claims: Manual Update to Revise Section Title & Correct Condition Codes

Compliance

- Surgical Dressings: Prevent Claim Denials

Claims, Pricers, & Codes

- Medicare Part B Drug Pricing Files & Revisions: April Update
- DMEPOS: Provider Level Adjustment Codes on Remittance Advice

MLN Matters® Articles

- Hospital Outpatient Prospective Payment System: April 2024 Update

From Our Federal Partners

- Providers Accepting CHAMPVA: Enroll in Direct Deposit Now
- Increase in Invasive Serogroup Y Meningococcal Disease in the U.S.
- Health Care Preparedness Resources

MLN Connects - April 11, 2024

[MLN Connects Newsletter: Apr 11, 2024](#)

Proposed Payment Rule

- CMS Proposes New Policies to Support Underserved Communities, Ease Drug Shortages, and Promote Patient Safety

MLN Connects

News

- CMS Roundup (Apr. 5, 2024)
- Medicare Shared Savings Program: Application Toolkit Materials
- CMS Health Information Handler Helps You Submit Medical Review Documentation Electronically
- Help Improve the Health of Minority Populations

Compliance

- Advance Care Planning: Bill Correctly for Services

Claims, Pricers, & Codes

- COVID-19 Monoclonal Antibody: New Codes for PEMGARDA
- HCPCS Application Summaries & Coding Decisions: Drugs & Biologicals

MLN Matters® Articles

- Ambulatory Surgical Center Payment Update - April 2024

Publications

- Medical Record Maintenance & Access Requirements - Revised

From Our Federal Partners

- Extended & Large-Scale Emergency Resources
- Highly Pathogenic Avian Influenza Virus: Identification of Human Infection and Recommendations for Investigations and Response

MLN Connects - April 18, 2024

[MLN Connects Newsletter: Apr 18, 2024](#)

News

- PrEP for HIV: Prepare for Potential Medicare Part B Coverage

Events

- Clinical Laboratory Fee Schedule Upcoming Meetings: Register to Present, Speak, or Attend in Person by June 1

Publications

- Medicare Preventive Services - Revised
- Original Medicare vs. Medicare Advantage - Revised

MLN Connects - April 25, 2024

[MLN Connects Newsletter: Apr 25, 2024](#)

Editor's Note:

CMS updated a message because we delayed the effective date that physicians who certify hospice services must enroll in or opt-out of Medicare until June 3, 2024. You may have to refresh the webpage to see the updated content.

News

- Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting Final Rule
- CMS Roundup (Apr 19, 2024)
- Hospice Requirement for Certifying Physicians to Enroll in or Opt-Out of Medicare: Delayed until June 3
- Comprehensive Error Rate Testing Program: Reduced Sample Size Starting with Reporting Year 2025
- Skilled Nursing Facility Value-Based Purchasing Program: FY 2026 Early Look Performance Score Report

Compliance

- Opioid Treatment Program: Bill Correctly for Opioid Use Disorder Treatment Services

Claims, Pricers, & Codes

- Hospital Outpatient Prospective Payment System: Correcting Errors to Codes 0621T, J7353, & C9167

MLN Matters® Articles

- Medicare Claims Processing Manual Update: Inpatient Rehabilitation Facility
- National Coverage Determination 20.7: Percutaneous Transluminal Angioplasty
- DMEPOS Fee Schedule: April 2024 Quarterly Update - Revised

MLN Connects

From Our Federal Partners

- Adverse Effects Linked to Counterfeit or Mishandled Botulinum Toxin Injections

MLN Connects - May 2, 2024

[MLN Connects Newsletter: May 2, 2024](#)

News

- CMS Statement on Proposed Local Coverage Determination for Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers
- Quality in Motion: Acting on the CMS National Quality Strategy
- ESRD: Oral-Only Renal Dialysis Service Drugs & Biological Products

Claims, Pricers, & Codes

- Clinical Laboratory Improvement Amendments: Adjusting Claims

Events

- CMS National Provider Enrollment Conference in San Diego - August 28 & 29

Publications

- Skilled Nursing Facility Place of Service Codes: Updated Resources

MLN Connects - May 9, 2024

[MLN Connects Newsletter: May 9, 2024](#)

News

- HHS Releases New Data Showing Over 10 million People with Medicare Received a Free Vaccine Because of the President's Inflation Reduction Act; Releases Draft Guidance for the Second Cycle of Medicare Drug Price Negotiation Program
- CMS Roundup (May 3, 2024)
- Medicare Shared Savings Program: Prepare to Apply & Register for June 5 Webinar
- Clinical Laboratory Fee Schedule Preliminary Gapfill Rates: Submit Comments by July 1

MLN Connects

- Home Health Quality Reporting Program: Draft OASIS-E1 Instruments & Manual
- Mental Health: It's Important at Every Stage of Life

Claims, Pricers, & Codes

- Skilled Nursing Facility Prospective Payment System: Patient Driven Payment Model FY 2024 ICD-10 Code Mappings

Events

- HCPCS Public Meeting - May 28-30

Publications

- Part B Drug Payment Limits Overview
- Resource of Health Equity-related Data Definitions, Standards, and Stratification Practices

From Our Federal Partners

- Providers Accepting CHAMPVA: Enroll in Direct Deposit Now

MLN Connects - May 16, 2024

[MLN Connects Newsletter: May 16, 2024](#)

News

- Administration Acts to Improve Access to Kidney Transplants
- DMEPOS: Updated List of Items Potentially Subject to Conditions of Payment
- Lymphedema Compression Treatment Items: New DMEPOS Benefit Category
- Hospice: New Requirement for Physicians Who Certify Patient Eligibility Effective June 3
- Medicare Physician Fee Schedule Database: July Update
- Women's Health: Talk with Your Patients About Prevention, Care, & Wellbeing

Compliance

- Diabetic Shoes: Prevent Claim Denials

Claims, Pricers, & Codes

- Home Health Claims: Additional Enforcement of Required County Codes

MLN Connects

Events

- Overcoming COVID-19 Vaccine Payment Challenges Webinar - May 30

MLN Matters® Articles

- Annual Wellness Visit: Social Determinants of Health Risk Assessment
- Clinical Laboratory Fee Schedule & Laboratory Services Reasonable Charge Payment: Quarterly Update
- Diabetes Screening & Definitions Update: CY 2024 Physician Fee Schedule Final Rule
- ESRD Prospective Payment System: Quarterly Update
- Updates for Split or Shared Evaluation and Management Visits

Multimedia

- Skilled Nursing Facility Quality Reporting Program: Social Determinants of Health Video
- Skilled Nursing Facility Quality Reporting Program: Annual Payment Update Webinar Materials

Information for Patients

- Mental Health & Substance Use Disorders: Updated Medicare.gov Content

MLN Connects - May 23, 2024

[MLN Connects Newsletter: May 23, 2024](#)

News

- Medicare Shared Savings Program: Apply by June 17 for January 1 Start Date
- Medicare Providers: Deadlines for Joining an Accountable Care Organization
- Institutional Providers: Medicare Enrollment & Certification Roadmap
- Improve Your Search Results for CMS Content

Compliance

- Medical Services Authorized by the Veterans Health Administration: Avoid Duplicate Payments

MLN Connects

Claims, Pricers, & Codes

- Pass-Through Device: Correct Returned Claims

MLN Matters® Articles

- ICD-10 & Other Coding Revisions to National Coverage Determinations: October 2024 Update
- National Coverage Determination 110.23: Allogeneic Hematopoietic Stem Cell Transplantation
- Hospice Claims Edits for Certifying Physicians - Revised

From Our Federal Partners

- Meningococcal Disease Cases Linked to Travel to the Kingdom of Saudi Arabia: Ensure Travelers are Current on Meningococcal Vaccination

MLN Connects - May 30, 2024

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News

- Hospice Interdisciplinary Team: Addition of Marriage and Family Therapists & Mental Health Counselors
- Revised Part B Inflation Rebate Guidance: Using the 340B Modifier - Reminder

MLN Matters® Articles

- HCPCS Codes & Clinical Laboratory Improvement Amendments Edits: October 2024
- Medicare Claims Processing Manual Update: Gap-Filling DMEPOS Fees

Publications

- SBIRT Services – Revised

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MLN Connects - June 6, 2024

[MLN Connects Newsletter: June 6, 2024](#)

News

- CMS Roundup (May 31, 2024)
- Quality Payment Program: 2022 Performance Information on Medicare.gov Compare Tool
- Skilled Nursing Facility Value-Based Purchasing Program: June Confidential Feedback Reports
- Medicare Providers: Deadlines for Joining an Accountable Care Organization
- Advancing Health Equity During Pride Month

Claims, Pricers, & Codes

- DMEPOS: Clarification of Claim Liability for Overlapping Inpatient Hospital Stays
- Integrated Outpatient Code Editor Version 25.2
- National Correct Coding Initiative: July Update

MLN Matters® Articles

- National Coverage Determination 200.3: Monoclonal Antibodies for the Treatment of Alzheimer's Disease

Publications

- Medicare Preventive Services - Revised

MLN Connects - June 13, 2024

[MLN Connects Newsletter: June 13, 2024](#)

News

- Medicare Shared Savings Program: Apply for January 1 Start Date by June 17
- Men's Health: Encourage Your Patients to Prioritize Their Health

Compliance

- Hospital Beds & Accessories: Prevent Claim Denials

MLN Connects

Claims, Pricers, & Codes

- ICD-10-PCS Procedure Codes: FY 2025

Events

- Clinical Laboratory Fee Schedule Annual Public Meeting: Now Virtual-Only on June 25

MLN Matters® Articles

- Hospital Outpatient Prospective Payment System: July 2024 Update
- HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement: October 2024 Quarterly Update

Multimedia

- Medicare Ground Ambulance Data Collection System: Labor Costs Webinar Recording

Information for Patients

- Medicare Information in Other Languages

MLN Connects - June 20, 2024

[MLN Connects Newsletter: June 20, 2024](#)

News

- CMS Preparing to Close Program that Addressed Medicare Funding Issues Resulting from Change Healthcare Cyber-Attack
- Federal Study Examines Care Following Nonfatal Overdose Among Medicare Beneficiaries; Identifies Effective Interventions & Gaps in Care
- CMS Roundup (June 14, 2024)
- Medical Records Request Scam: Watch out for Phishing
- Provider & Supplier Enrollment Site Visits: CMS has Authority to Conduct
- Cognitive Health: Medicare Covers Services

Compliance

- Global Surgery: Bill Correctly

MLN Connects

Claims, Pricers, & Codes

- Outpatient Institutional Providers: Find Out When to Split Claims for Updated Rates

Events

- Clinical Laboratory Fee Schedule Annual Public Meeting: Now Virtual-Only on June 25

MLN Matters® Articles

- Ambulatory Surgical Center Payment Update - July 2024
- Medicare Benefit Policy Manual Update: DMEPOS Benefit Category Determinations

From Our Federal Partners

- Disrupted Access to Prescription Stimulant Medications Could Increase Risk of Injury & Overdose
- Severe Illness Potentially Associated with Consuming Diamond Shroomz Brand Chocolate Bars, Cones, & Gummies
- CHAMPVA Claims: Enroll in Direct Deposit - Reminder

MLN Connects - June 27, 2024

[MLN Connects Newsletter: June 27, 2024](#)

News

- CY 2025 Home Health Prospective Payment System Proposed Rule
- PrEP Using Antiretroviral Therapy to Prevent HIV Infection: Technical FAQs for Pharmacies

Claims, Pricers, & Codes

- Medicare Part B Drug Pricing Files & Revisions: July Update
- HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement: July 2024 Update

Events

- 2024 Virtual National Provider Compliance Conference - August 7 & 8

MLN Connects

MLN Matters® Articles

- DMEPOS Fee Schedule: July 2024 Quarterly Update

Multimedia

- Medicare Ground Ambulance Data Collection System: Webinar Recordings

From Our Federal Partners

- Increased Risk of Dengue Virus Infections in the U.S.
- Health Care Preparedness Resources

Ambulatory Surgical Center Payment Update - April 2024

Related CR Release Date: March 28, 2024

Effective Date: April 1, 2024

Implementation Date: April 1, 2024

MLN Matters Number: MM13577

Related Change Request (CR) Number: CR 13577

Related CR Transmittal Number: R12559CP

CR 13577 tells you about:

- New CPT and HCPCS codes
- Device code changes
- iDose TR (travoprost intracameral implant) for the treatment of glaucoma
- Drug and biological code changes
- Skin code updates

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13577](#).

Annual Wellness Visit: SDOH Risk Assessment

Related CR Release Date: May 2, 2024

Effective Date: January 1, 2024

Implementation Date: October 7, 2024

MLN Matters Number: MM13486

Related Change Request (CR) Number: CR 13486

Related CR Transmittal Numbers: R12599BP & R12599CP

CR 13486 tells you about:

- A social determinants of health (SDOH) risk assessment is now an optional annual wellness visit (AWV) element
- The eligibility and billing requirements for doing the SDOH as part of the AWV

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13486](#).

MLN Matters

April 2024 Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

Related CR Release Date: December 21, 2023

Effective Date: April 1, 2024

Implementation Date: April 1, 2024

Related Change Request (CR) Number: CR 13492

Related CR Transmittal Number: R12422CP

CR 13492 supplies the contractors with the Average Sales Price (ASP) and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. The ASP payment limits are calculated quarterly based on quarterly data submitted to CMS by manufacturers.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13492](#).

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

Related CR Release Date: May 2, 2024

Effective Date: July 1, 2024

Implementation Date: July 1, 2024

MLN Matters Number: MM13613

Related Change Request (CR) Number: CR 13613

Related CR Transmittal Number: R12606CP

CR 13613 tells you about:

- Next private payor data reporting period of January 1, 2025 - March 31, 2025
- New and deleted HCPCS codes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13613](#).

MLN Matters

DMEPOS Fee Schedule: April 2024 Quarterly Update - Revised

Related CR Release Date: April 15, 2024

Effective Date: January 1, 2024 or April 1, 2024, as noted in Article

Implementation Date: April 1, 2024

MLN Matters Number: MM13574 Revised

Related Change Request (CR) Number: CR 13574

Related CR Transmittal Number: R12584CP

Note: CMS revised the Article to show the addition of 4 HCPCS Level II codes to CWF category 58 (page 4). CMS also revised the effective date and the web address of CR 13574.

CR 13574 tells you about:

- Updates to CY 2024 fee schedule amounts for new and existing DMEPOS codes
- Changes in payment policy

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13574](#).

DMEPOS Fee Schedule: July 2024 Quarterly Update

Related CR Release Date: June 13, 2024

Effective Date: July 1, 2024 - except for fee schedules for HCPCS codes E2298 and K1007 effective April 1, 2024

Implementation Date: July 1, 2024

MLN Matters Number: MM13658

Related Change Request (CR) Number: CR 13658

Related CR Transmittal Number: R12685CP

Related CR Title: July Quarterly Update for 2024 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

CR 13658 tells you about:

- Updates to CY 2024 fee schedule amounts for certain DMEPOS codes
- Changes in payment policy
- New fee schedule information for HCPCS codes K1007 and E2298

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13658](#).

MLN Matters

HCPSC Codes & CLIA Edits: October 2024

Related CR Release Date: May 23, 2024

Effective Date: October 1, 2024

Implementation Date: October 7, 2024

MLN Matters Number: MM13620

Related Change Request (CR) Number: CR 13620

Related CR Transmittal Number: R12653CP

CR 13620 tells you about:

- Discontinued HCPSC codes
- New HCPSC codes
- HCPSC codes 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 \(MM\)13620](#).

HCPSC Codes Used for SNF CB Enforcement: October 2024 Quarterly Update

Related CR Release Date: June 6, 2024

Effective Date: October 1, 2024

Implementation Date: October 7, 2024

MLN Matters Number: MM13661

Related Change Request (CR) Number: CR 13661

Related CR Transmittal Number: R12674CP

CR 13661 tells you about:

- Updates to the lists of HCPSC codes subject to the Consolidated Billing (CB) provision of the Skilled Nursing Facility (SNF) prospective payment system (PPS)
- Additions and deletions of chemotherapy, customized prosthetic devices, and blood clotting factors from the Medicare Part A and Part B SNF files

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13661](#).

MLN Matters

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

Related CR Release Date: May 9, 2024

Effective Date: October 1, 2024 or as noted in CR 13596

Implementation Date: October 1, 2024 or as noted in CR 13596

MLN Matters Number: MM13596

Related Change Request (CR) Number: CR 13596

Related CR Transmittal Number: R12626OTN

CR 13596 tells you about:

- New codes
- Recent coding changes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13596](#).

Medicare Benefit Policy Manual Update: DMEPOS BCD

Related CR Release Date: June 13, 2024

Effective Date: January 1, 2024 - for 3 orthotic brace determinations; April 1, 2024 - for all other items, equipment, and devices

Implementation Date: July 15, 2024

MLN Matters Number: MM13651

Related Change Request (CR) Number: CR 13651

Related CR Transmittal Number: R12684BP

CR 13651 tells you about:

- Updates to Section 110.8, Medicare Benefit Policy Manual, [Chapter 15](#)
- Added DMEPOS items and their national benefit category determinations (BCDs)

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13651](#).

MLN Matters

Medicare Claims Processing Manual Update: Gap-Filling DMEPOS Fees

Related CR Release Date: May 16, 2024

Effective Date: June 17, 2024

Implementation Date: June 17, 2024

MLN Matters Number: MM13617

Related Change Request (CR) Number: CR 13617

Related CR Transmittal Number: R12645CP

CR 13617 tells you about:

- Revised Section 60.3, Medicare Claims Processing Manual, Chapter 23
- Updated factors for gap-filling purposes

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13617](#).

National Coverage Determination 20.7: Percutaneous Transluminal Angioplasty

Related CR Release Date: April 11, 2024

Effective Date: October 11, 2023

Implementation Date: May 13, 2024

MLN Matters Number: MM13512

Related Change Request (CR) Number: CR 13512

Related CR Transmittal Numbers: R12571CP; R12571NCD

CR 13512 tells you about changes in coverage for PTA of the carotid artery concurrent with stenting effective October 11, 2023:

- Patients don't have to enroll in a clinical trial
- Facilities don't need CMS approval to perform this service
- You must engage in formal shared decision-making with the patient
- MACs can decide if this service is covered if it's not addressed in this NCD

Your MAC will adjust claims processed in error that you bring to their attention.

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13512](#).

MLN Matters

National Coverage Determination 110.23: Allogeneic HSCT

Related CR Release Date: May 9, 2024

Effective Date: March 6, 2024

Implementation Date: October 7, 2024

MLN Matters Number: MM13604

Related Change Request (CR) Number: CR 13604

Related CR Transmittal Numbers: R12627CP & R12627NCD

CR 13604 tells you about:

- Hematopoietic Stem Cell Transplantation (HSCT) using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients
- All other indications for stem cell transplantation not otherwise specified

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13604](#).

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

Related CR Release Date: May 23, 2024

Effective Date: April 7, 2022

Implementation Date: June 24, 2024

MLN Matters Number: MM13598

Related Change Request (CR) Number: CR 13598

Related CR Transmittal Number: R12649CP

CR 13598 tells you about:

- FDA-approved monoclonal antibodies
- Criteria for coverage
- Coding information
- Claims processing instructions

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13598](#).

MLN Matters

Quarterly Update to the MPFS Database - July 2024 Update

Related CR Release Date: May 9, 2024

Effective Date: January 1, 2024

Implementation Date: July 1, 2024

Related Change Request (CR) Number: CR 13624

Related CR Transmittal Number: R12629CP

CR 13624 amends payment files that were issued to contractors based upon the 2024 Medicare Physician Fee Schedule (MPFS) Final Rule. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13624](#).

Quarterly Update to the NCCI PTP Edits, Version 30.2, Effective July 1, 2024

Related CR Release Date: March 7, 2024

Effective Date: July 1, 2024

Implementation Date: July 1, 2024

Related Change Request (CR) Number: CR 13561

Related CR Transmittal Number: R12529CP

CR 13561 updates the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits. The attached recurring update notification applies to Publication 100-04, Chapter 23, Section 20.9.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13561](#).

MLN Matters

Updates for Split or Shared E/M Visits

Related CR Release Date: May 3, 2024

Effective Date: January 1, 2024

Implementation Date: August 1, 2024

MLN Matters Number: MM13592

Related Change Request (CR) Number: CR 13592

Related CR Transmittal Number: R12604CP

CR 13592 tells you about:

- The definition of split or shared visit and substantive portion
- How to bill appropriately for split or shared evaluation and management (E/M) visits

Make sure your billing staff knows about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13592](#).

Update to Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 DMEPOS Benefit Category Determinations and Add Section 145 Lymphedema Compression Treatment Items

Related CR Release Date: March 7, 2024

Effective Date: October 1, 2023

Implementation Date: May 6, 2024

Related Change Request (CR) Number: CR 13526

Related CR Transmittal Number: R12532BP

CR 13526 updates Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) Benefit Category Determinations and add Section 145 Lymphedema Compression Treatment Items.

Make sure your billing staff knows about these changes.

View the complete [CMS Change Request \(CR\)13526](#).

Contacts, Resources, and Reminders

Noridian Part B Customer Service Contact

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

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

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

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

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

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

Medicare Learning Network Matters Disclaimer Statement

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

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

Sources for “Medicare B News” Articles

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

Contacts, Resources, and Reminders

[Manuals](#) webpage. CMS Change Requests and the date issued will be referenced within the “Source” portion of applicable articles.

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

Unsolicited or Voluntary Refunds Reminder

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

Background

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

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

Additional Information

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

Effective Date: January 1, 2005

Implementation Date: January 4, 2005

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

Contacts, Resources, and Reminders

Do Not Forward Initiative Reminder

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

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

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

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

Noridian encourages providers to enroll or make changes using Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for faster processing time.

Applications and changes completed online currently have an average processing time of 10 days. All Medicare providers may use the new enrollment process on the CMS [Medicare Enrollment](#) website. To log into this internet-based PECOS, providers will use their NPI Userid and password.

Policy

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

Implementation Process

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

Contacts, Resources, and Reminders

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

IRS-1099 Reporting

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

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

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

Contacts, Resources, and Reminders

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

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

Noridian representatives from various Part 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.

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

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

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

We look forward to your participation in these important calls.

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

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

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