Medicare B News

Jurisdiction F
January 2026

NORIDIAN HEALTHCARE SOLUTIONS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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2026 Medicare Allowances for Portable X-Ray Transportation Codes

Introduction

The A/B Medicare Administrative Contractors (MACs) completed their review of all supplier comments submitted in response to the preliminary 2026 Portable X-Ray (PXR) transportation allowances. This article provides clarification on key themes raised by suppliers, including the rationale for excluding certain line items, the basis for determining survey validity, and the methodology used when insufficient data were available within a jurisdiction.

The PXR survey was developed to collect standardized cost inputs from suppliers nationwide, ensuring that Medicare reimbursement for R0070 and R0075 remains accurate, equitable, and fully aligned with federal payment policy.

Clarification on Excluded Cost Categories

1. **Costs Already Accounted for in the Diagnostic X-Ray Procedure**
   Under Social Security Act §1848(c)(1)(B) and §1848(c)(2)(C)(ii) and 42 CFR §414.22, Medicare's practice expense RVUs must reflect the relative practice expense resources required to furnish the diagnostic x-ray service. These resources already include clinical labor, equipment depreciation, supplies, dosimetry, and interpretation-related expenses. Because these categories are already incorporated into the PE RVUs for the diagnostic test itself, they cannot also be reimbursed in the transportation allowance.
2. **General Overhead Not Attributable to Transportation**
   Medicare requires that indirect business overhead be accounted for through the PE component of the diagnostic service, not the transportation code. Therefore, general overhead costs not directly supporting transportation were excluded, including executive salaries, corporate administrative costs, inducements, penalties, bank fees, office depreciation, which is unrelated to transportation labor or mileage.
3. **Items Excluded Due to Insufficient Context**
   Some line items lacked the necessary detail to validate their relevance to transportation or did not include an adequate allocation methodology. Examples include contract labor without role descriptions, travel or meals without a transportation nexus, and billing or scheduling costs without support showing a direct relationship to transportation activities.

Survey Validity: Why Response Count Was Used Instead of Claim Volume

Survey reliability is based on the quality and completeness of survey responses—not claim volume. High claim volume does not guarantee representative, complete, or internally consistent cost data. Weighting results by claim volume could distort cost inputs and conflict with Medicare's requirement that payment reflect resource use rather than supplier size. Using response count ensures equal consideration and avoids disproportionate influence by high-volume suppliers.

Rationale for Applying the AIF Uniformly Across All States Within a Jurisdiction

Where any state within a jurisdiction lacked sufficient validated responses to produce reliable cost values, MACs applied the 2026 Ambulance Inflation Factor (AIF) uniformly across all jurisdictions. This ensures consistent reimbursement within the jurisdiction, prevents fragmented methodologies, and supports suppliers who operate across multiple states. Consistency aligns with Medicare's long-standing principle of applying uniform payment methodologies within each MAC region.

Conclusion and Next Steps65ty7

While supplier feedback is valuable, final allowances must remain consistent with SSA §1848(c)(1)(B), §1848(c)(2)(C)(ii), and 42 CFR §414.22. MACs may incorporate clarifications supported by original submissions but cannot accept added cost categories or new data outside the comment period. Final 2026 allowances will be posted before January 1, 2026.

The Final 2026 Medicare Allowances for Portable X-Ray Transportation Codes effective on January 1, 2026, are found on the Portable X-Ray (PXR) Fees webpage.

2026 Medicare Physician Fee Schedule Now Available

The Calendar Year (CY) 2026 Medicare Physician Fee Schedule has been published and now available on Noridian's website. Access the Fee Schedules.

The CY 2026 fee schedule will be effective January 1, 2026.

A/B MACs to Return Certain Telehealth and Acute Hospital Care at Home (AHCAH) Claims to Providers

In an effort to resolve a rolling October claims hold and improve cash flow for providers, CMS has directed A/B MACs to return to providers the remaining subset of telehealth claims and AHCAH claims currently being held.

Telehealth Claims:

Part A/B MACs shall return to providers the remaining telehealth claims that are being held as follows:

Part B MACs shall append the following CARC/RARC combination:

CARC 16: Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

RARC M77: Missing/incomplete/invalid/inappropriate place of service.

Part A MACs shall develop local editing to return-to-provider (RTP) any remaining telehealth claims.

Acute Hospital Care at Home (AHCAH)

Part A MACs shall no longer hold claims billed for AHCAH and are instructed to develop local editing to RTP inpatient claims submitted for AHCAH as follows:

- Bill type is 11X (excluding 110 for denials),
- Discharge date is on or after 10/01/2025, and
- Revenue code 0161 is reported for dates of service on or after 10/01/2025 as reflected in the Occurrence Span Code (OSC) 82 dates.

Note: Claims billed for a denial notice shall be allowed to process. Providers will receive education in regard to Advance Beneficiary Notice (ABN) of Noncoverage for acute hospital care where the patient was not discharged or returned to the hospital.

For additional information, read the official Spotlight announcement posted on CMS's Fee-For-Service Providers webpage.

Alert: Fraudulent Correspondence Targeting Medicare Providers

Noridian has been made aware of fraudulent letters being sent to providers. These notices instruct providers to fax sensitive information that the Centers for Medicare & Medicaid Services (CMS) already has on file. **Please be advised that these letters are not legitimate.**

CMS has been notified of this activity and is working to address the situation. To help protect your practice and patient data, please review the following commonly found in these fraudulent correspondences:

- **Generic Sender Information:** The letter lists only "CMS" without an individual name or department. Legitimate CMS communications typically include specific contact details.
- **Incorrect Return Number:** The return number provided is **1-800-MEDICARE**, which is intended for beneficiary inquiries, not provider communications.
- **Unnecessary Requests for Existing Information:** Medicare already has your enrollment details. CMS does not request providers to re-submit this information via fax.
- **Urgent or Threatening Language:** Fraudulent letters often create a false sense of urgency to pressure providers into compliance.

If you receive any correspondence requesting sensitive information, verify its authenticity before responding. Contact Noridian or CMS directly using official contact channels. Do **not** use phone numbers or fax numbers provided in suspicious letters.

Annual Medicare Participation Announcement

Each year from mid-November through December 31, physicians and suppliers can decide if they want to participate in Medicare for the upcoming year. Medicare "participation" means you agree to accept assignment on all claims for all Medicare-covered services furnished to your patients. By accepting assignment, you agree to accept Medicare-allowed amounts as payment in full. You may not collect more from the patient than the applicable Medicare deductible and coinsurance or copayment.

Participating Physician or Supplier

- Medicare pays the full Medicare Physician Fee Schedule allowed amount
- Medicare pays you directly
- Medicare forwards claim information to Medigap (Medicare supplement coverage) insurance

Non-Participating Physician or Supplier

- Medicare pays 5% less than the Medicare Physician Fee Schedule allowed amount
- You can't charge the patient more than the limiting charge, 115% of the Medicare Physician Fee Schedule amount for non-participating suppliers
- You may accept assignment on a case-by-case basis
- You have limited appeal rights

Required Actions

- **Currently Participating and Continuing Next Year:** No action is required.
- **Not Participating but Wish to Participate Next Year:** Complete the Medicare Participating Physician or Supplier Agreement (CMS-460) and mail it to the appropriate address for your state. The agreement must be postmarked no later than December 31, 2025.
- **New Provider Enrollment:** Submit the Medicare Participating Physician or Supplier Agreement (CMS-460) electronically along with your enrollment application.
- **Currently Participating but Declining for Next Year:** Send written notice to Noridian indicating your intent to terminate participation effective January 1 and mail it to the appropriate address for your state. The notice must be postmarked no later than December 31, 2025.
- **Not Participating and Continuing Non-Participation: No action is required.**

CERT Review Contractor Phone Number Misidentified as Spam

It has come to our attention that some providers and suppliers have mistakenly flagged the CERT Review Contractor (CERT RC), Empower, AI, Inc., phone number - 888-779-7477 - as spam or have inadvertently blocked it. This has led to communication challenges that may hinder the effectiveness of the CERT program.

The CERT RC uses this number to contact providers and suppliers regarding documentation requests and other important matters related to CERT reviews. Blocking or ignoring calls from this number can result in:

- Delayed responses to documentation requests
- Missed deadlines that may affect claim reviews
- Payment recoupment due to unaddressed CERT requests
- Increased error rates due to incomplete or missing information

Noridian requests your assistance:

- Recognize 888-779-7477 as a legitimate and official phone number used by the CERT RC.
- Coordinate with your IT department to flag this number as safe.
- Ensure that staff responsible for responding to CERT inquiries are aware of this phone number and its importance.

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For questions:

CERT Documentation Center

Toll Free: 888-779-7477

Email: certprovider@empower.ai

COVID-19 Vaccine Fee Update Mass Adjustment - Resolved 10/22/25

Provider/Supplier Type(s) Impacted: All providers administering COVID-19 vaccines.

Reason Codes: Not applicable.

Claim Coding Impact: 91304, 91319, 91320, 91321, 91322, and 91323.

Description of Issue: CMS updated the fees for COVID-19 vaccine codes 91304 and 91319-91323 effective August 27, 2025. Claims processed with dates of service 08/27/25 through 09/15/25 and these codes that paid at the previous fee will be reprocessed.

Noridian Action Required: Noridian will be automatically reprocessing the impacted claims in early October 2025.

10/22/25 - Claims were identified and automatically reprocessed on October 14, 2025.

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

Proposed Resolution/Solution: Noridian will be automatically reprocessing the impacted claims in early October 2025.

Date Reported: 09/17/25

Date Resolved: 10/22/25

CWF Errors Leading to Claim Denials Related to Medicare Advantage (MA) Plan Enrollment - Resolved 12/12/2025

Provider/Supplier Type(s) Impacted: Not applicable

Reason Codes: CWF EC 5232

Claim Coding Impact: Not applicable.

Description of Issue: A discrepancy has been identified since the end of September 2025, between HETS and the claims processing systems, leading to claim denials related to Medicare Advantage (MA) plan enrollment. For the CARC/RARC messages related to this issue are: CARC 24.

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

12/12/25 - Noridian initiated mass adjustments to reprocess the claims.

Provider/Supplier Action Required: No action is currently required from the providers/suppliers.

12/12/25 - No provider action is needed to correct the claims. Providers should follow the regular process for paying any overpayments on the claims that denied in error.

Proposed Resolution/Solution: Upon notification from the CWF Host that the issue has been resolved, Noridian will provide additional direction.

12/12/25 - Noridian initiated mass adjustments to reprocess the claims.

Date Reported: 11/14/25

Date Resolved: 12/12/25

Delayed: Prior Authorization Demonstration for Certain ASC Services

On February 16, 2026, CMS will start a prior authorization demonstration for certain ambulatory surgical center (ASC) services provided in ten states. Arizona (AZ) is currently the only state within JF included in this demonstration. Beginning February 2, 2026, prior authorizations may be submitted for procedures performed on or after February 16, 2026.

Refer to Noridian's ASC Prior Authorization website for additional information.

DMEPOS Fee Schedules and Labor Payment - 4th quarter 2025 update

Updates to the DMEPOS Jurisdiction listing for 4th quarter 2025 have been published. This resource, updated quarterly, shows which Medicare Administrative Contractors (MACs) have jurisdiction over which Healthcare Common Procedural Coding System (HCPCS) codes.

DMEPOS Fee Schedules and Labor Payment - 4th Quarter 2025 Updates

Additional updates to the DMEPOS Jurisdiction listing for 4th quarter 2025 have been published. This resource, updated quarterly, shows which Medicare Administrative Contractors (MACs) have jurisdiction over which Healthcare Common Procedural Coding System (HCPCS) codes.

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Enrollment Address Changes

It's imperative that addresses are updated **within 30 days** of moving your practices. Don't risk having documentation requests lost; therefore, missing Noridian's Medical Review requests or those from other post-pay contractors.

All these must **match**:

- Provider Enrollment Chain and Ownership System (PECOS)
- National Plan and Provider Enumeration System (NPPES)
- Your website address

Read more under Enrollment-Make Changes-Provider Addresses.

Expedited Implementation of January 2026 NCCI PTP Edits for COVID Vaccine Administration

The Centers for Medicare & Medicaid Services (CMS) has identified an issue with National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits related to Current Procedural Terminology (CPT) code 90480 for COVID-19 vaccine administration.

Due to PTP edits implemented on October 1, 2025, claims are being incorrectly denied when COVID-19 administration and other vaccines are billed on the same day. To address this, CMS is expediting the implementation of the January 2026 NCCI PTP edits file—Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 32.0, effective January 1, 2026.

Within 30 business days of implementation of the new 2026 files, Part B MACs shall perform the following actions:

- Adjust claims for erroneously denied claims with dates of service on or after October 1, 2025, to allow payment, if there is no other reason to deny the claim.
- Adjudicate appeals for the code with dates of service on or after October 1, 2025, to allow payment if there is no other reason to deny the claim.

Hyperbaric Oxygen Therapy (HBO) for Compromised Skin Grafts

HBO is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. Program reimbursement for HBO therapy is limited to that which is administered in a chamber, including the one-man unit. One of the covered conditions includes:

- Preparation and preservation of compromised skin grafts (not for primary management of wounds). Coverage would be dependent on the type of failure.

Please see the full list of covered conditions in National Coverage Determination (NCD) 20.29 Hyperbaric Oxygen Therapy

Inappropriate Anesthesia Services Billed During Spinal Pain Procedures

The Office of Inspector General (OIG) recently reported that Medicare Part B paid physicians approximately $45.7 million for anesthesia services during certain spinal pain management procedures that may not have met Medicare requirements (OIG report A-09-23-03013).

The nationwide audit revealed that these payments were associated with anesthesia administered during selected spinal pain management procedures that posed a risk of noncompliance with Medicare requirements.

In light of these findings, Noridian is reminding physicians to review the anesthesia limitations for spinal pain management procedures outlined in the three Noridian Local Coverage Determinations (LCDs).

- LCD L39240 - Epidural Steroid Injections for Pain Management, the limitations section instructs:
  "Use of Moderate or Deep Sedation, General Anesthesia, and Monitored Anesthesia Care (MAC) is usually unnecessary or rarely indicated for these procedures and therefore not considered medically reasonable and necessary. Even in patients with a needle phobia and anxiety, typically oral anxiolytics suffice".
- LCD L38803 - Facet Joint Interventions for Pain Management, the limitations section instructs:
  "Use of Moderate or Deep Sedation, General Anesthesia, and Monitored Anesthesia Care (MAC) is not considered medically reasonable and necessary during facet injections. Routine use of Moderate Sedation or Monitored Anesthesia Care (MAC) or use of General Anesthesia or Deep Sedation for radiofrequency ablation (RFA) is not considered reasonable and necessary".
- LCD L39464 - Sacroiliac Joint Injections (SIJ) and Procedures, the limitations section instructs:
  "Use of Moderate or Deep Sedation, General Anesthesia, or Monitored Anesthesia Care (MAC) is usually unnecessary or rarely indicated for SIJ injections and therefore, not considered medically reasonable and necessary. Even in patients with a needle phobia and anxiety, typically oral anxiolytics suffice".

It would be considered exceptional and unique for a patient to require anesthesia for these services, and the documentation in the medical record must support the need for such sedation for the specific patient, the specific service, and the specific encounter.

Reference

- Office of Inspector General (OIG) report A-09-23-03013

Introducing the Noridian Educational Experience (NEE)

Noridian is excited to announce the migration and refresh of all educational content from YouTube to the Noridian Educational Experience (NEE) platform, a modern solution designed to elevate provider and supplier education. This transition marks a significant step toward delivering a streamlined, user-friendly experience for healthcare professionals seeking self-paced learning opportunities.

The NEE platform offers a comprehensive suite of training modules tailored to support ongoing learning and professional development. With an intuitive interface and flexible access, providers and suppliers can engage with a variety of courses and structured curriculums at their own pace. Many of these courses are eligible for Continuing Education Unit (CEU) credits, ensuring that participants not only gain valuable knowledge but also meet professional certification requirements.

By centralizing educational resources into one modern platform, Noridian aims to enhance accessibility, improve learning outcomes, and empower providers and suppliers with tools for success in an ever-evolving healthcare landscape.

Ketamine Monitoring Billed Incorrectly with Prolonged Service

Medical record reviews of Evaluation and Management (E/M) and prolonged services have identified an error when ketamine has been administered.

Do **not** bill a prolonged service code when ketamine has been administered and a medical professional supervises and monitors the patient for at least two hours to watch for any serious side effects. The prolonged office or other outpatient service code G2212, has been billed incorrectly for ketamine observation time.

The ketamine visit code description **includes** the E/M and the two-hour monitoring time.

- G2082 - Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg esketamine nasal self-administration, includes two-hours post-administration observation

- G2083 - Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes two-hours post-administration observation

Notification of the 2026 Dollar Amount in Controversy Required to Sustain Appeal Rights for an Administrative Law Judge (ALJ) Hearing or Federal District Court Review

The dollar amount in controversy required to sustain appeal rights, beginning January 1, 2026, for an Administrative Law Judge (ALJ) Hearing is **$200**.

The dollar amount in controversy required to sustain appeal rights, beginning January 1, 2026, for a Federal District Court Review is **$1,960**.

Outpatient Therapy Services: Clarifying Qualifications for Speech-Language Pathologists

CMS clarified qualification requirements for speech-language pathologists when furnishing outpatient therapy services paid under Medicare Part B. Visit the Therapy Services webpage for more information.

Source: CMS *MLN Connects* dated September 25, 2025

Physician Assistants Enrolling in Medicare

Beginning October 6, 2025, Physician Assistants are required to submit the CMS-855I enrollment application along with a reassignment of benefits. This update is designed to help reduce delays in the enrollment process and ensure timely approval. Both the provider and the Authorized or Delegated Official must complete and sign the certification statement included in the application.

To comply, Physician Assistants can use the paper CMS-855I form, which is available at Noridian JF Forms Enrollment CMS-855I. When completing the paper form, be sure to fill out sections 1, 2, 3, 4F, and 15, and include all relevant supporting documentation.

Alternatively, the reassignment of benefits can be added through the Provider Enrollment, Chain and Ownership System (PECOS) by submitting an initial application, a change of information, or another applicable scenario. Once the application is complete,

it must be certified electronically and submitted for processing. Following this process will help ensure a smoother and more efficient enrollment experience.

Remote Physiologic Monitoring (RPM): 2026 Evaluation and Management (E/M) Updates

Remote Physiologic Monitoring (RPM) services allows patients to use connected medical devices, such as blood pressure monitors, to collect and automatically transmit health data to their provider. The provider then use this data to treat or manage the patient conditions.

What's new for 2026:

Updated CPT codes: Two new codes have been introduced to better reflect current practice and address gaps in reporting of monitoring less than 16 days or less than 20 minutes of management time provided.

New codes:

99445 - Remote monitoring of physiologic parameter(s); daily recordings or program alerts, 2-15 days. Note: Do not bill this code together with the 16-30 days of monitoring code (99454); only report one per monitoring period.

99470 - Remote physiologic monitoring treatment management services, provider or clinical staff time in a calendar month, first 10 minutes. This code allows for monitoring periods of less than 20 minutes per month.

Additional guidance on using RPM, refer to the MLN Booklet for Telehealth & Remote Patient Monitoring

Telehealth - Effective October 1, 2025

Effective October 1, 2025, several temporary telehealth flexibilities have expired. In the absence of Congressional action, telehealth services listed on the CMS List of Telehealth Services must now comply with all original statutory requirements. This includes the reinstatement of geographic requisites, originating and distant site restrictions, and face-to-face evaluation requirements. For telehealth services to be considered for payment after September 30, 2025, providers must meet all the criteria described below in this article.

Patient Location Requirements

- Telehealth from an approved originating site located in a rural Health Professional Shortage Area (HPSA)
    - Exception for Alaska and Hawaii participating in a federal telehealth demonstration project
- Place of Service (POS) is 02 or 10 to indicate a telehealth service
    - 02 - telehealth provided other than in patient's home
    - 10 - telehealth provided in patient's home

Approved Originating Sites (patient location)

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Hospital-based or critical access hospital-based renal dialysis center (including satellites)
- Skilled Nursing Facility (SNF)
- Community Mental Health Center (CMHC)
- *Patient home (only for mental and behavioral health)

Only HCPCS code Q3014 may be billed

Eligible Providers at Distant Site

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Clinical psychologist
- Clinical social worker
- Registered dietitian or nutrition professional
- Certified registered nurse anesthetist

Note: Physical therapist, occupational therapist, speech-language pathologist, acupuncturist are **not** eligible as distant site providers for services rendered after September 30, 2025.

Special guidelines for Behavioral and Mental Health Telehealth

- Patients may continue to receive telehealth services wherever they are located
  - Originating site and geographic location restrictions do not apply
  - Patient's home is a permissible originating site for services provided for diagnosing, evaluating, or treating:
    - Mental health disorders
    - Substance abuse disorder
- Mandatory in-person visits
  - Patients new to receiving telehealth must have an in-person visit six months before beginning telehealth services
  - Patients already receiving telehealth must have an annual visit (every 12 months)
    - For patient safety, it is recommended to schedule an in-person visit one year from last in-person visit
  - In-person visits may be performed by another provider in the same specialty, same group practice, when the treating provider is not available to perform in-person visit

Resources

- SSA, Title 18, 1834 (m) Payment for Telehealth Services
- CMS Internet Only Manual (IOM), Medicare Claims Processing Manual, Publication 100-04, Chapter 12, Section 190
- CMS MLN Telehealth & Remote Patient Monitoring Booklet
- CMS Telehealth FAQ - updated October 2025
- HPSA Find - enter state, address
- List of Telehealth Services

2025 ICD-10 Billing and Coding Article Updates - Effective October 1, 2025

Date Posted: October 2, 2025

The following Billing and Coding Articles 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).

Effective Date: October 1, 2025

Summary of Changes: The following Billing and Coding Articles have been updated to include and/or remove ICD-10 codes.

MCD Number	Billing and Coding Article Title	New ICD-10 Codes	Deleted ICD-10 Codes	Revised ICD-10 Codes
A58867	Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound	M05.A	N/A	M21.159, M24.076, M61.129
A57162	Billing and Coding: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)	N/A	N/A	L02.212
A57186	Billing and Coding: Botulinum Toxin Types A and B Policy	G35.A, G35.B1, G35.B2, G35.C1, G35.C2	G35	N/A
A57184	Billing and Coding: Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography	E78.010, E78.011, E78.019, I27.840, I27.841, I27.848, I27.849	N/A	N/A

MCD Number	Billing and Coding Article Title	New ICD-10 Codes	Deleted ICD-10 Codes	Revised ICD-10 Codes
A57327	Billing and Coding: Electrocardiogram	E78.010, E78.011, E78.019, I27.840, I27.841, I27.848, I27.849	E78.01, E88.1, R10.2, T78.07XA , T78.07XD, T78.07XS, T78.08XA, T78.08XD, T78.08XS	N/A
A57194	Billing and Coding: Immune Globulin Intravenous (IVIg)	G35.A, G35.B1, G35.B2, G35.C1, G35.C2	G35	N/A
A53009	Billing and Coding: Intraocular Bevacizumab	H40.841, H40.842, H40.843, H40.849	N/A	N/A
A55029	Billing and Coding: Lab: Bladder/Urothelial Tumor Markers	R10.A0, R10.A1, R10.A2, R10.A3, R10.20, R1.021, R10.22, R10.23, R10.24, R10.8A1, R10.8A2, R10.8A3, R10.8A9, R10.85, R76.81, R76.89	N/A	N/A
A57207	Billing and Coding: Lumbar MRI	G35.A, G35.B1, G35.B2, G35.C1, G35.C2, L02.217, L02.217, L03.31A, L03.32A	G35	L02.212
A57215	Billing and Coding: MRI and CT Scan of Head and Neck	C50.A1, C50.A2, G31.87, H05.831, H05.832, H05.833, H05.839	G35	Q75.001, Q75.002, Q75.009, Q75.021, Q75.022, Q75.029

MCD Number	Billing and Coding Article Title	New ICD-10 Codes	Deleted ICD-10 Codes	Revised ICD-10 Codes
A52725	Billing and Coding: Nerve Blockade for Treatment of Chronic Pain and Neuropathy	R10.21, R10.22, R10.23	R10.2	S74.21XA, S74.21XD, S74.21XS
A54992	Billing and Coding: Nerve Conduction Studies and Electromyography	G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C1, G35.C2, G71.036	G35	S74.21XA, S74.21XD, S74.21XS
A57225	Billing and Coding: Respiratory Care	G71.036, I27.840, I27.841, I27.848, I27.849	N/A	N/A
A57957	Billing and Coding: Routine Foot Care	G35.A, G35.B1, G35.B2, G35.C1, G35.C2	N/A	N/A
A54545	Therapeutic Apheresis for Familial Hypercholesterolemia	E78.010, E78.011	E78.01	N/A
A57702	Billing and Coding: Trigger Point Injections (TPI)	R10.20, R10.21, R10.22, R10.23, R10.24	R10.2	N/A

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

BDX-XL2 (L37062) - R4 - Effective April 28, 2022

Date Posted: October 2, 2025

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

Effective Date: April 28, 2022

Summary of Changes: Under ***Bibliography*** changes were made to citations to reflect AMA citation guidelines.

Medical Policies and Coverage

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

Billing and Coding: Botulinum Toxins Type A and B (A57186) - R10 - Effective October 1, 2025

Date Posted: October 30, 2025

This Billing and Coding Article 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: October 1, 2025

Summary of Changes:

Updated the Group 2 Asterisk Explanation to indicate: The diagnosis codes above require a second code from Group 3 in order to be payable and are used only when there is spasticity of central nervous system origin.

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

Billing and Coding: Cataract Surgery in Adults (A57195) - R9 - Effective October 1, 2025

Date Posted: October 23, 2025

This Billing and Coding Article 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: October 1, 2025

Summary of Changes:

Under **Article Text Utilization Requirements** section, updated the last paragraph to remove ICD-10 codes E10.36 and E11.36 from requiring the ICD-10 code for the underlying condition be coded first on the claim.

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

Medical Policies and Coverage

Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (A57948) - R8 - Effective December 8, 2025

Date Posted: December 18, 2025

This Billing and Coding Article 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 8, 2025

Summary of Changes: Under Group 1 CPT codes, CPT 64568 has been removed.

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

Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55323) - R22 - Effective October 1, 2025

Date Posted: October 2, 2025

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

Effective Date: October 1, 2025

Summary of Article Changes:

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

Effective 10/01/2025 - 12/31/2025

Prialt (Ziconotide) = $10.140

Ropivacaine = $0.046

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

Billing and Coding: MolDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR) (A57424) - R5 - Effective November 7, 2024

Date Posted: October 2, 2025

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

Effective Date: November 7, 2024

Summary of Changes:

Under ***Article Text:*** Formatting, punctuation, and typographical errors were corrected.

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

Billing and Coding: MolDX: Melanoma Risk Stratification Molecular Testing (A57290) - R4 - Effective October 1, 2025

Date Posted: October 23, 2025

This Billing and Coding Article has been revised 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, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1:*** Codes added 0578U. This revision is due to the 2025 Q4 CPT/HCPCS Code Update and is effective 10/1/2025.

Under ***CMS National Coverage Policy*** updated 3rd section heading. Under Article Text revised the 3rd and 6th 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". This revision is effective 10/1/2025.

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

Medical Policies and Coverage

Billing and Coding: MolDX: MGMT Promoter Methylation Analysis (A57433) - R3 - Effective October 14, 2021

Date Posted: October 2, 2025

This Billing and Coding Article has been revised 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 14, 2021

Summary of Changes:

Under ***Article Text:*** Replaced "Box" with "Item."

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

Billing and Coding: MolDX: Minimal Residual Disease Testing for Solid Tumors (A58456) - R14 - Effective October 1, 2025

Date Posted: October 23, 2025

This Billing and Coding Article has been revised 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, 2025

Summary of Changes:

Under ***Group 2 Paragraph***, updated the statement from "Signatera tests for monitoring the response to immune-checkpoint inhibitor (ICI) therapy" to "This group includes tests for monitoring the response to immune-checkpoint inhibitor (ICI) therapy."

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

Billing and Coding: MolDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58456) - R15 - Effective Multiple Dates, 2025

Date Posted: December 18, 2025

This Billing and Coding Article has been revised 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: Multiple Dates, 2025

Summary of Changes:

Under ***Article Text*** revised Table 1 row 11 to read "NavDx". Under ***subheading Additional Test-specific Indications, Limitations and Instructions*** revised 2nd sentence to add "cancer". Revised "NavDX" to read "NavDx". Formatting was corrected throughout the article. This revision is effective 12/18/2025.

Under ***Article Text*** revised Table 1 row 9 to add "NeXT Personal Dx Breast MRD Recurrence Monitoring Test: WGS Assay Design + Plasma Initial Test (Personalis, Inc)". Revised row 10 to add "NeXT Personal Single Plasma Test (Personalis, Inc)". Under subheading ***Additional Test-specific Indications, Limitations and Instructions*** revised 2nd sentence to add "NeXT Personal". This revision is due to a new covered test that has successfully completed a TA and is effective for 10/7/2025.

Under subheading ***Additional Test-specific Indications, Limitations and Instructions*** revised 2nd sentence to add "and anal squamous cell". Under ***ICD-10 Codes that Support Medical Necessity Group 3: Codes*** added Z85.048. This revision is due a new covered test that has successfully completed a TA and is effective for 1/8/2025.

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

Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT) (A57527) - R25 - Effective October 1, 2025

Date Posted: October 23, 2025

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

Effective Date: October 1, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1:*** Codes added 0575U, 0576U, 0578U, 0582U, 0583U, 0585U, 0586U, 0588U, 0590U, 0592U, 0593U, and 0597U. Under CPT/HCPCS Codes Group 2: Codes added 0595U. This revision is due to the 2025 Q4 CPT/HCPCS Code Update and is effective 10/1/2025.

Under ***CPT/HCPCS Codes Group 1:*** Codes added 0338U. This revision is effective 10/1/2022.

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

Medical Policies and Coverage

Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58726) - R30 - Effective October 1, 2025

Date Posted: October 30, 2025

This Billing and Coding Article 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: October 1, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 9: Codes*** added 0595U. This revision is due to the 2025 Q4 CPT/HCPCS Code Update and is effective 10/1/2025.

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

Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58726) - R31 - Effective October 1, 2025

Date Posted: November 6, 2025

This Billing and Coding Article has been revised 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, 2025

Summary of Changes:

Formatting, punctuation, and typographical errors were corrected throughout the Billing and Coding Article.

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

Medical Policies and Coverage

Billing and Coding: MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (A57892) - R9 - Effective February 10, 2020

Date Posted: November 20, 2025

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

Effective Date: February 10, 2020

Summary of Changes:

Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** added C94.20, C94.22, and D75.839. This revision is effective 2/10/2020.

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

Billing and Coding: MolDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms (A59837) - R1 - Effective August 17, 2025

Date Posted: November 20,2025

This Billing and Coding Article has been revised 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 17, 2025

Summary of Changes:

Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** added D75.839. This revision is effective 8/17/2025.

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

Billing and Coding: MolDX: Oncotype DX® Breast Cancer Assay (A54482) - R5 - Effective November 1, 2019

Date Posted: October 2, 2025

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

Effective Date: November 1, 2019

Summary of Changes:

Formatting, punctuation, and typographical errors were corrected throughout the Billing and Coding Article.

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

Billing and Coding: MolDX: Pharmacogenomics Testing (A57385) - R17 - Effective July 3, 2025

Date Posted: October 2, 2025

This Billing and Coding Article has been revised 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: July 3, 2025

Summary of Changes:

Under ***Article Text:*** Billing instructions: First paragraph, first bullet, replace word "of" with "or." Formatting, punctuation, and typographical errors were corrected throughout the Billing and Coding Article.

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

Billing and Coding: MolDX: Pharmacogenomics Testing (A57385) - R18 - Effective September 2, 2025

Date Posted: November 13, 2025

This Billing and Coding Article has been revised 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: September 2, 2025

Summary of Changes:

Under ***Article Text*** revised Table 1 to add new row for NAT2 for hydralazine. This revision is due to CPIC guidelines and is effective 9/2/2025.

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

Billing and Coding: MolDX: Proteomics Testing (A59642) - R11 - Effective October 1, 2025

Date Posted: October 23, 2025

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

Effective Date: October 1, 2025

Summary of Article Changes:

Under ***CPT/HCPCS Codes Group 1:*** Codes added 0577U, 0579U, 0591U, and 0599U. This revision is due to the 2025 Q4 CPT/HCPCS Code Update and is effective 10/1/2025.

Under ***CPT/HCPCS Codes Group 1:*** Codes added 0166U. This revision is effective 1/31/2024.

Visit the Noridian Active MolDX Billing and Coding Articles and Educational Articles webpage to view the Billing and Coding article or access it via the CMS MCD.

Medical Policies and Coverage

Billing and Coding: MolDX: Repeat Germline Testing (A57332) - R18 - Effective October 1, 2025

Date Posted: October 23, 2025

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

Effective Date: October 1, 2025

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1:*** Codes added 0582U and 0583U. This revision is due to the 2025 Q4 CPT/HCPCS Code Update and is effective 10/1/2025.

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

Billing and Coding: MRI and CT scans of Head and Neck (A57204) - R15 - Effective October 01, 2025

Date Posted: December 26, 2025

This Billing and Coding Article 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: October 1, 2025

Summary of Changes: Under ICD-10 codes that Support Medical Necessity Group 1:

Added the following ICD-10 codes: G31.84, I82.B11, I82.B12, I82.B13, I82.B21, I82.B22, I82.B23, I82.C11, I82.C12, I82.C13, I82.C22, I82.C23

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

Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease (A58097) - R4 - Effective January 01, 2024

Date Posted: November 06, 2025

This Billing and Coding Article 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: January 01, 2024

Summary of Changes: Moved CPT 75580 found under Coding Information, CPT/HCPCS Codes Group 1: Paragraph to Group 1: Codes.

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

Billing and Coding: Routine Foot Care (A57957) - R16 - Effective October 1, 2025

Date Posted: October 16, 2025

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

Effective Date: October 1, 2025

Summary of Article Changes:

Correction to Revision History Number 15:

Under ICD-10 codes that Support Medical Necessity Group 2, **added** the following:

G35.A, G35.B1, G35.B2, G35.C1, G35.C2

Revision Effective 10/01/2025

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

Billing and Coding: Routine Foot Care (A57954) - R20 - Effective October 1, 2025

Date Posted: November 20, 2025

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

Effective Date: October 1, 2025

Summary of Article Changes: Under ICD-10 codes that Support Medical Necessity Group 2, added an asterisk (*) to the following diagnosis codes: G35.A, G35.B1, G35.B2, G35.C1, G35.C2.

Added clarifying statement to Group 5 Paragraph stating: In the absence of pain caused by the mycotic toenail, the treating provider must clearly state what other impediment is being addressed by the treatment in accordance with the requirements set forth in the Internet Only Manual, 102, Chapter 15 Section 290, Section C (4).

This revision is effective 10/01/2025.

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

Billing and Coding: Total Knee Arthroplasty (A57686) - R2 - Effective December 1, 2019

Date Posted: October 23, 2025

This Billing and Coding Article 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 1, 2019

Summary of Changes: Under Article Text, section: When the procedure is indicated for advanced joint disease….. 4th bullet, changed TKF/TKA to TKA.

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

Billing and Coding: Zika Virus Testing by PCR and ELISA Methods (A55327) - R12 - Effective October 01, 2022

Date Posted: October 16, 2025

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

Effective Date: October 01, 2022

Summary of Article Changes: In the Article Text, paragraph 7, updated 4. Chikungunya rRT-PCR only - use CPT® 8779 to 87798.

In the Diagnosis coding table, updated description for O35.00X1-O35.09X9 to "Malformed care for (suspected) central nervous system malformation or damage in fetus."

Medical Policies and Coverage

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

B-type Natriuretic Peptide (BNP) Testing (L34038) - R8 - Effective October 01, 2019

Date Posted: November 20, 2025

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: October 01, 2019

Summary of Changes:

Under Sources of Information, switched references 14 and 15.

Visit the Noridian Active LCDs webpage to view the Active LCD or access it via the CMS MCD.

Chest X-Ray L37549 - R5 - Effective November 01, 2019

Date Posted: October 31, 2025

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: November 01, 2019

Summary of Changes:

Typographical corrections were made to paragraph 3 under Coverage Indications, paragraph 6 under Summary of Evidence, and reference 2 of the Bibliography.

Visit the Noridian Active LCDs webpage to view the Active LCD or access it via the CMS MCD.

Medical Policies and Coverage

ICD-10 Billing and Coding Article Updates - Effective October 1, 2025

Date Posted: October 23, 2025

The following Billing and Coding Articles 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).

Effective Date: October 1, 2025

Summary of Changes: The following Billing and Coding Articles have been updated to include and/or remove ICD-10 codes.

MCD Number	Billing and Coding Article Title	New ICD-10 Codes	Deleted ICD-10 Codes	Revised ICD-10 Codes
A57342	Billing and Coding: Diagnostic and Therapeutic Colonoscopy	R10.20, R10.21, R10.22, R10.23, R10.24	R10.2	N/A
A57327	Billing and Coding: Electrocardiograms	E88.10, E88.11, E88.12, E88.13, E88.14, E88.19	N/A	N/A

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

Intraosseous Basivertebral Nerve Ablation (L39644) - R1 - Effective January 28, 2024

Date Posted: November 6, 2025

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: January 28, 2024

Summary of Changes:

Typographical corrections were made to the section: Coverage Indications, Contraindications, Medical Necessity, Non-Coverage and Limitations under Limitations.

Visit the Noridian Active LCDs webpage to view the Active LCD or access it via the CMS MCD.

Medical Policies and Coverage

LCD Transurethral Waterjet Ablation of the Prostate - Effective December 14, 2025

Date Posted: October 30, 2025

This Local Coverage Determination (LCD) has completed the Open Public Meeting and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY). Responses to comments received may be found as a link at the bottom of the final LCD.

Medicare Coverage Database (MCD) Number/Contractor Determination Number: L38707

LCD Title: LCD Transurethral Waterjet Ablation of the Prostate - Effective December 14, 2025

Effective Date: December 14, 2025

Summary of LCD: Noridian Healthcare Solutions (NHS) along with other Medicare Administrative Contractors received a reconsideration request to revise the covered indication guidelines by removing the age requirement, prostate volume specifications determined by transrectal ultrasound, the need to void at least 125cc of urine and the exclusion criteria of patient with known or suspected prostate cancer, or a prostate specific antigen (PSA)>10 ng/mL unless the patient has a negative prostate biopsy within 6 months of treatment. Additionally, it was requested to remove limitations concerning bladder calculi and body mass index.

Visit the Proposed LCDs webpage to access this LCD.

MDS FISH (L37622) - R6 - Effective June 30, 2022

Date Posted: October 16, 2025

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), Effective Date: June 30, 2022

Summary of Changes:

Updated ***Summary of Evidence: Paragraph 6*** to add the word "microscopic." Updated ***Paragraph 7*** first sentence to include (aka FISH). Updated ***Paragraph 16*** ≥ symbol. Noridian has modified certain language in the (LCD) to mirror the language used presently by the MolDX team at Palmetto GBA as part of an annual review. Revision history dates and language may not exactly match the MolDX PGBA revision history. However, these revisions do not change coverage or guidance.

Visit the Noridian Active LCDs webpage to view the Active LCD or access it via the CMS MCD.

Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ) (L39812) - R2 - Effective April 17, 2025

Date Posted: October 9, 2025

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 17, 2025

Summary of Changes: Coverage Indications, Limitations and/or Medical Necessity - Covered Indications: A.1. - Corrected the LCD number for Sacroiliac Joint Injections and Procedures to L39462

Visit the Noridian Active LCDs webpage to view the Active LCD or access it via the CMS MCD.

MolDX: DecisionDx-UM (Uveal Melanoma) (L37072) - R7 - Effective June 30, 2022

Date Posted: October 16, 2025

This MolDX Local Coverage Determination (LCD) has been revised 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 30, 2022

Summary of Changes:

Updated ***Issue Description*** with "This LCD outlines limited coverage for this service with specific details under ***Coverage Indications, Limitations and/or Medical Necessity***." Updated ***Summary of Evidence, Clinical Performance: Validity*** table with AMA guidelines.

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

MolDX: Melanoma Risk Stratification Molecular Testing (L37748) - R8 - Effective June 26, 2025

Date Posted: October 16, 2025

This MolDX Local Coverage Determination (LCD) has been revised 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 26, 2025

Summary of Changes:

Under ***Summary of Evidence Paragraph 5*** updated sentence "Importantly, the 5-year melanoma specific survival (MSS) rate for T1/T2 low-risk group remains favorable; with 99% MSS, comparable to that observed in T1a tumors and for which current guidelines do not recommend SLNB. 2,27" Updated ***Bibliography Reference*** #19.

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

MolDX: Minimal Residual Disease Testing for Cancer (L38816) - R1 - Effective January 2, 2022

Date Posted: October 9, 2025

This MolDX Local Coverage Determination (LCD) has been revised 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 2, 2022

Summary of Changes:

Under ***Coverage Indications, Limitations and/or Medical Necessity: Indications***: Formatting, punctuation, and typographical errors were corrected throughout the LCD.

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

MolDX: Molecular Biomarker Testing for Risk Stratification of Cutaneous Squamous Cell Carcinoma (L39594) - R8 - Effective August 18, 2024

Date Posted: October 9, 2025

This MolDX Local Coverage Determination (LCD) has been revised 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 18, 2024

Summary of Changes:

Under ***Issue - Explanation of Change Between Proposed LCD and Final LCD:*** Added "The final LCD was modified to reflect new evidence received during the Comment period." Under ***Summary of Evidence: Table 2: Proposed Risk-Aligned Management Plans within the NCCN Guidelines Framework:*** Formatting, punctuation, and typographical errors were corrected. Under ***Summary of Evidence: Table 3: GEP Test Results That May Impact Decisions on Follow-up and Surveillance Intensity During the First Two Years after Diagnosis (Adapted from Arron et al 71)***. Reference number was corrected to "71."

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

MolDX: Molecular Diagnostic Tests (MDT) (L36256) - R16 - Effective May 5, 2025

Date Posted: October 9, 2025

This MolDX Local Coverage Determination (LCD) has been revised 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 5, 2025

Summary of Changes:

Coverage Indications, Limitations and/or Medical Necessity: Formatting, punctuation, and typographical errors were corrected.

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

MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (L39003) - R5 - Effective July 3, 2025

Date Posted: October 9, 2025

This MolDX Local Coverage Determination (LCD) has been revised 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: July 3, 2025

Summary of Changes:

Under ***Bibliography*** Formatting, punctuation, and typographical errors were corrected.

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

MolDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms (L39927) - R2 - Effective August 17, 2025

Date Posted: October 9, 2025

This MolDX Local Coverage Determination (LCD) has been revised 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 17, 2025

Summary of Changes:

Under ***Bibliography*** Formatting, punctuation, and typographical errors were corrected.

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

MolDX: NRAS Genetic Testing (L36339) - R8 - Effective July 23, 2023

Date Posted: October 9, 2025

This MolDX Local Coverage Determination (LCD) has been revised 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: July 23, 2023

Summary of Changes:

Under ***Coverage Indications, Limitations and/or Medical Necessity:*** Indications: Formatting, punctuation, and typographical errors were corrected throughout the LCD.

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

MolDX: Pharmacogenomics Testing (L38337) - R3 - Effective October 2, 2025

Date Posted: October 2, 2025

This MolDX Local Coverage Determination (LCD) has been revised 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 2, 2025

Summary of Changes:

Under ***Bibliography*** revised the broken hyperlink and name for the 8th reference and changes were made to citations to reflect AMA citation guidelines.

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

MolDX: Prometheus® IBD sgi Diagnostic® Policy (L37313) - R9 - Effective March 13, 2025

Date Posted: October 16, 2025

This MolDX Local Coverage Determination (LCD) has been revised 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 13, 2025

Summary of Changes:

Updated ***CMS National Coverage Policy:*** Title XVIII of the Social Security Act, to mirror the references used presently by the MolDX team at Palmetto GBA (PGBA) as part of an annual review. Revision history dates and language may not exactly match the MolDX PGBA revision history. However, these revisions do not change coverage or guidance.

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

Multiple Billing and Coding Articles Retirement - Effective October 2, 2025

Date Posted: October 2, 2025

The following Billing and Coding Articles have been retired under contractor numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A52775	Billing and Coding: Medical Necessity of Therapy Services	A53304
A52755	Billing and Coding: Outpatient Therapy Biofeedback Training	A53352
A55045	Billing and Coding: Patients Supplied Donated or Free-of-Charge Drug	A55044
A56028	Billing and Coding: Piriformis Injections	A56027
A55775	Billing and Coding: Reporting a Non-Covered Test Performed in Preparation for a Non-Covered Procedure	A55774
A53017	Billing and Coding: Sacral Nerve Stimulation for Urinary and Fecal Incontinence	A53359
A53079	Billing and Coding: Sclerosing of Varicose Veins	A53084
A53975	Billing and Coding: Spinal Fusion Services: Documentation Requirements	A53972
A58579	Billing and Coding: Spinraza® (Nusinersen)	A58578
A57849	Billing and Coding: Tomosynthesis-Guided Breast Biopsy	A57848

Medical Policies and Coverage

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A56026	Billing and Coding: Topical HBO and Physician Related Service Billing and Coding Guidelines	A56025
A53918	Dropless Cataract Surgery	A53916
A54917	Investigational Device Exemptions (IDE) - IDE Documentation Requirements for Studies with an FDA Approval dated January 01, 2015, or later	A54919
A52754	Non-Payment for Prefabricated Splints	A56112
A53034	Self-Administered Drugs - Process to Determine Which Drugs Are Usually Self-administered By the Patient	A53893
A52926	Sipuleucel-T (Provenge®) - Coverage Criteria for Prostate Cancer - Clarification	A55719
A52960	Sterilization	A53356
A55059	Waiver of Face-to-Face Visit for Home Dialysis Patients	A55058

Effective Date: October 2, 2025

Rationale: The above-mentioned Billing and Coding Articles were retired to consolidate JF policies with JE policies to have one unified document and policy number. Per the Centers for Medicare & Medicaid Services (CMS), this update is considered non-substantive and does not alter the intent of coverage or non-coverage outlined in any article.

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

Multiple Billing and Coding Articles Retirement - Effective November 6, 2025

Date Posted: November 6, 2025

The following Billing and Coding Articles have been retired under contractor numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A55323	Billing and Coding: Implantable Infusion Pumps for Chronic Pain	A55239
A53009	Billing and Coding: Intraocular Bevacizumab	A53008
A52770	Billing and Coding: Pulmonary Rehabilitation Services	A56152
A57957	Billing and Coding: Routine Foot Care	A57954
A54931	Billing and Coding: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers - Coding and Billing	A54929
A55057	Billing and Coding: Testopel Coverage	A55056
A55327	Billing and Coding: Zika Virus Testing by PCR and ELISA Methods	A55326
A52959	Lymphedema Decongestive Treatment	A55710
A54545	Therapeutic Apheresis for Familial Hypercholesterolemia	A54543

Effective Date: November 6, 2025

Rationale: The above-mentioned Billing and Coding Articles were retired to consolidate JF policies with JE policies to have one unified document and policy number. Per the Centers for Medicare & Medicaid Services (CMS), this update is considered non-substantive and does not alter the intent of coverage or non-coverage outlined in any article.

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

Multiple LCDs and Billing and Coding Articles Retirement - Effective October 16, 2025

Date Posted: October 16, 2025

The following Local Coverage Determinations (LCDs) and Billing and Coding Articles have been retired under contractor numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L39883	Artificial Intelligence Enabled CT Based Quantitative Coronary Topography (AI-QCT)/Coronary Plaque Analysis (AI-CPA)	L39881
L36286	Blepharoplasty, Eyelid Surgery, and Brow Lift	L34194
L36889	Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography	L34324
L37504	Frequency of Hemodialysis	L37502
L36866	GlycoMark® Testing for Glycemic Control	L36864
L38312	Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea	L38310
L37630	In Vitro Chemosensitivity & Chemoresistance Assays	L37628
L37068	Lab: Coenzyme Q10 (CoQ10)	L37066
L36857	Measurement of Salivary Hormones	L36846
L37020	Plastic Surgery	L35163
L37293	Respiratory Care	L34149

Medical Policies and Coverage

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L36700	Serum Magnesium	L36702
L36204	Spinal Cord Stimulators for Chronic Pain	L35136
L36569	Treatment of Males with Low Testosterone	L36538
L34010	Treatment of Varicose Veins of the Lower Extremities	L34209

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A59771	Billing and Coding: Artificial Intelligence Enabled CT Based Quantitative Coronary Topography (AI-QCT)/Coronary Plaque Analysis (AI-CPA)	A59769
A57191	Billing and Coding: Blepharoplasty, Eyelid Surgery, and Brow Lift	A57190
A57184	Billing and Coding: Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography	A57183
A55676	Billing and Coding: Frequency of Hemodialysis	A55675
A57238	Billing and Coding: GlycoMark® Testing for Glycemic Control	A57237
A57949	Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea	A57948

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A56073	Billing and Coding: In Vitro Chemosensitivity & Chemoresistance Assays	A56071
A55770	Billing and Coding: Lab: Coenzyme Q10 (CoQ10)	A55769
A57613	Billing and Coding: Measurement of Salivary Hormones	A57612
A57222	Billing and Coding: Plastic Surgery	A57221
A57225	Billing and Coding: Respiratory Care	A57224
A57198	Billing and Coding: Serum Magnesium	A57189
A57792	Billing and Coding: Spinal Cord Stimulators for Chronic Pain	A57791
A57616	Billing and Coding: Treatment of Males with Low Testosterone	A57615
A57707	Billing and Coding: Treatment of Varicose Veins of the Lower Extremities	A57706

Effective Date: October 16, 2025

Rationale: The above-mentioned LCDs and Billing and Coding Articles were retired to consolidate JF policies with JE policies to have one unified document and policy number. Per the Centers for Medicare & Medicaid Services (CMS), this update is considered non-substantive and does not alter the intent of coverage or non-coverage outlined in any LCD.

Visit the Retired LCDs webpage to access the retired LCDs.

Multiple LCDs and Billing and Coding Articles Retirement - Effective October 23, 2025

Date Posted: October 23, 2025

The following Local Coverage Determinations (LCDs) and Billing and Coding Articles have been retired under contractor numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L39118	Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound	L39116
L37062	BDX-XL2	L37054
L33979	Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)	L34233
L38659	Implantable Continuous Glucose Monitor (I-CGM)	L38657
L37281	Lumbar MRI	L34220
L37622	MDS FISH	L37620
L38301	Micro-Invasive Glaucoma Surgery (MIGS)	L38299
L39812	Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ)	L39810
L35704	Mohs Micrographic Surgery	L35702
L35175	MRI and CT Scans of the Head and Neck	L37373
L36526	Nerve Conduction Studies and Electromyography	L36524
L37360	Peripheral Nerve Stimulation	L34328
L36706	ProMark Risk Score	L36704

Medical Policies and Coverage

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L36859	Trigger Point Injections	L34211

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A58867	Billing and Coding: Amniotic and Placental-Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound	A58865
A57357	Billing and Coding: BDX-XL2	A57356
A57162	Billing and Coding: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)	A57161
A58138	Billing and Coding: Implantable Continuous Glucose Monitor (I-CGM)	A58133
A57207	Billing and Coding: Lumbar MRI	A57206
A57662	Billing and Coding: MDS FISH	A57661
A57864	Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)	A57863
A59697	Billing and Coding: Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ)	A59695
A56515	Billing and Coding: Mohs Micrographic Surgery	A56514
A57215	Billing and Coding: MRI and CT Scans of the Head and Neck	A57204
A54992	Billing and Coding: Nerve Conduction Studies and Electromyography	A54969

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A55531	Billing and Coding: Peripheral Nerve Stimulation	A55530
A57609	Billing and Coding: ProMark Risk Score	A57515
A57702	Billing and Coding: Trigger Point Injections	A57701

Effective Date: October 23, 2025

Rationale: The above-mentioned LCDs and Billing and Coding Articles were retired to consolidate JF policies with JE policies to have one unified document and policy number. Per the Centers for Medicare & Medicaid Services (CMS), this update is considered non-substantive and does not alter the intent of coverage or non-coverage outlined in any LCD.

Visit the Retired LCDs webpage to access the retired LCDs.

Multiple LCDs and Billing and Coding Articles Retirement - Effective November 6, 2025

Date Posted: November 6, 2025

The following Local Coverage Determinations (LCDs) and Billing and Coding Articles have been retired under contractor numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L40052	Allergen Immunotherapy (AIT) with Subcutaneous Immunotherapy (SCIT)	L40050
L37549	Chest X-Ray Policy	L37547
L36868	Diagnostic and Therapeutic Colonoscopy	L34213
L37283	Electrocardiograms	L34315

Medical Policies and Coverage

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L36680	Lab: Bladder/Urothelial Tumor Markers	L36678
L36094	Lab: Flow Cytometry	L34215
L34106	Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)	L34228
L36573	Total Hip Arthroplasty	L34163
L36577	Total Knee Arthroplasty	L36575

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A59978	Billing and Coding: Allergen Immunotherapy (AIT) with Subcutaneous Immunotherapy (SCIT)	A59976
A57498	Billing and Coding: Chest X-Ray Policy	A57497
A57343	Billing and Coding: Diagnostic and Therapeutic Colonoscopy	A57342
A53918	Billing and Coding: Electrocardiograms	A57326
A55029	Billing and Coding: Lab: Bladder/Urothelial Tumor Markers	A55028
A57690	Billing and Coding: Lab: Flow Cytometry	A57689
A56573	Billing and Coding: Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)	A56572
A57684	Billing and Coding: Total Hip Arthroplasty	A57683

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A57686	Billing and Coding: Total Knee Arthroplasty	A57685

Effective Date: November 6, 2025

Rationale: The above-mentioned LCDs and Billing and Coding Articles were retired to consolidate JF policies with JE policies to have one unified document and policy number. Per the Centers for Medicare & Medicaid Services (CMS), this update is considered non-substantive and does not alter the intent of coverage or non-coverage outlined in any LCD.

Visit the Retired LCDs webpage to access the retired LCDs.

Nerve Blockade for Treatment of Chronic Pain and Neuropathy L35457 - R19 - Effective 12/01/2019

Date Posted: October 30, 2025

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:

Typographical corrections were made to paragraphs 6 and 16.

Visit the Noridian Active LCDs webpage to view the Active LCD or access it via the CMS MCD.

Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) (L34228) - R13 - Effective November 20, 2025

Date Posted: November 20, 2025

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: November 20, 2025

Summary of Changes:

Coverage Indications, Limitations and/or Medical Necessity: Revised:

"PVA (percutaneous vertebroplasty (PVP) or percutaneous kyphoplasty (PKP)) is covered in patients with BOTH the following" to "PVA (percutaneous vertebroplasty (PVP) or percutaneous kyphoplasty (PKP)) is covered in patients who qualify based on the following criteria"

"Exclusion criteria 2,5,8-10 (Can have NONE of the following):" to "Exclusion criteria 2,5,8-10:"

Visit the Noridian Active LCDs webpage to view the Active LCD or access it via the CMS MCD.

Policy Revision(s) for Local Coverage Determinations and Associated Billing and Coding Articles - Effective Multiple Dates

Date Posted: October 2, 2025

The following Local Coverage Determinations (LCDs) and Billing and Coding Articles have been retired under contractor numbers: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Medicare Coverage Database Number	LCD Title and Revision Number	Summary of Changes
L38659	Implantable Continuous Glucose Monitors (I-CGM) - R5	Added the word "Background" to the summary of evidence section.
L36094	Lab: Flow Cytometry	Under coverage indications, Lymphomas - 1st paragraph added the work lymphomas to NHLs 3rd paragraph - added lymphomas to first sentence. Under Chronic Lymphocytic Leukemia.. - added lymphomas to 1st paragraph. Bibliography added the word infected to #2.

Medicare Coverage Database Number	Billing and Coding Article Title and Revision Number	Summary of Changes
A57683	Billing and Coding: Total Hip Arthroplasty - R2	In the Article Text, under Medical Record Documentation, changed TKR/THA to only THA. Added the Utilization Guidelines to the end of the article text to be consistent with the JF B/C article.

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

ProMark® Risk Score (L36706) - R6 - Effective December 30, 2021

Date Posted: October 9, 2025

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 30, 2021

Summary of Changes:

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

Visit the Noridian Active LCDs webpage to view the Active LCD or access it via the CMS MCD.

Self-Administered Drug Exclusion List (A53033) - R44 - Effective November 15, 2025

Date Posted: October 2, 2025

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

Effective Date: November 15, 2025

Summary of Changes:

EXCLUDED CPT/HCPCS CODES:

Added: J0490 INJECTION, BELIMUMAB, 10 MG (Benlysta)*

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

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

MLN Connects

MLN Connects - October 1, 2025

Update on Medicare Operations: Telehealth, Claims Processing, and Medicare Administrative Contractors Status During the Shutdown

When certain legislative payment provisions ("extenders") are scheduled to expire, CMS directs all Medicare Administrative Contractors (MACs) to implement a temporary claims hold. This standard practice is typically up to 10 business days and ensures that Medicare payments are accurate and consistent with statutory requirements. The hold prevents the need for reprocessing large volumes of claims should Congress act after the statutory expiration date and should have a minimal impact on providers due to the 14-day payment floor. Providers may continue to submit claims during this period, but payment will not be released until the hold is lifted.

Absent Congressional action, beginning October 1, 2025, many of the statutory limitations that were in place for Medicare telehealth services prior to the COVID-19 Public Health Emergency will take effect again for services that are not behavioral and mental health services. These include prohibition of many services provided to beneficiaries in their homes and outside of rural areas and hospice recertifications that require a face-to-face encounter. In some cases, these restrictions can impact requirements for meeting continued eligibility for other Medicare benefits. In the absence of Congressional action, practitioners who choose to perform telehealth services that are not payable by Medicare on or after October 1, 2025, may want to evaluate providing beneficiaries with an Advance Beneficiary Notice of Noncoverage. Practitioners should monitor Congressional action and may choose to hold claims associated with telehealth services that are not payable by Medicare in the absence of Congressional action. Additionally, Medicare would not be able to pay some kinds of practitioners for telehealth services. For further information: https://www.cms.gov/medicare/coverage/telehealth.

CMS notes that the Bipartisan Budget Act of 2018 allows clinicians in applicable Medicare Shared Savings Program Accountable Care Organizations (ACOs) to provide and receive payment for covered telehealth services to certain Medicare beneficiaries without geographic restriction and in the beneficiary's home. There is no special application or approval process for applicable ACOs or their ACO participants or ACO providers/suppliers. Clinicians in applicable ACOs can provide these covered telehealth services and bill Medicare for the telehealth services that are permissible under Medicare rules during CY 2025, irrespective of further Congressional action. For more information:

https://www.cms.gov/files/document/shared-savings-program-telehealth-fact-sheet.pdf.

MLN Connects

MACs will continue to perform all functions related to Medicare Fee-for-Service claims processing and payment.

MLN Connects Special Edition: Claims Hold Update - October 15, 2025

MLN Connects® Newsletter for Wednesday, October 15, 2025

News

- Claims Hold Update

Claims, Pricers & Codes

- NCCI Alert: COVID-19 Vaccine Administration Edit Revision

MLN Connects Special Edition: Claims Hold Update - October 21, 2025

Claims Hold Update

CMS instructed all Medicare Administrative Contractors (MACs) to lift the claims hold and process claims with dates of service of October 1, 2025, and later for certain services impacted by select expired Medicare legislative payment provisions passed under the Full-Year Continuing Appropriations and Extensions Act, 2025 (Pub. L. 119-4, Mar. 15, 2025). This includes claims paid under the Medicare Physician Fee Schedule, ground ambulance transport claims, and Federally Qualified Health Center (FQHC) claims. This includes telehealth claims that CMS can confirm are definitively for behavioral and mental health services. CMS has directed all MACs to continue to temporarily hold claims for other telehealth services (i.e. those that CMS cannot confirm are definitively for behavioral and mental health services) and for acute Hospital Care at Home claims.

Beginning October 1, 2025, for services that are not behavioral health services, many of the statutory limitations on payment for Medicare telehealth services that were, in response to the COVID-19 Public Health Emergency, lifted, and subsequently extended, through legislation again took effect. These include prohibition of many services provided to beneficiaries in their homes and outside of rural areas, and hospice recertifications that require a face-to-face encounter. In the absence of Congressional action, practitioners who choose to perform telehealth services that are not payable by Medicare on or after October 1, 2025, may want to evaluate providing beneficiaries with an Advance Beneficiary Notice of Noncoverage (ABN). Further information on use of the ABN, including ABN forms and form instructions: https://www.cms.gov/medicare/forms-notices/beneficiary-notices-initiative/ffs-abn. Practitioners should monitor Congressional

action and may choose to hold claims associated with telehealth services that are currently not payable by Medicare in the absence of Congressional action. For further information: https://www.cms.gov/medicare/coverage/telehealth.

CMS notes that the Bipartisan Budget Act of 2018 (Pub. L. 115-123, Feb. 9, 2018), which added section 1899(l) to the Social Security Act, allows clinicians in applicable Medicare Shared Savings Program Accountable Care Organizations (ACOs) to provide and receive payment for covered telehealth services to certain Medicare beneficiaries without geographic restrictions and in the beneficiary's home. Separate from requirements to participate in the Medicare Shared Savings Program, there is no special application or approval process for applicable ACOs or their ACO participants or ACO providers/suppliers to offer these covered telehealth services. Clinicians in applicable ACOs can furnish and receive payment for covered telehealth services under these special telehealth flexibilities. For clinicians in applicable ACOs, telehealth claims that CMS can confirm are definitively for behavioral and mental health services will be paid. At this time, claims for some telehealth services will continue to be held. For more information, including information on to which ACOs these flexibilities apply: https://www.cms.gov/files/document/shared-savings-program-telehealth-fact-sheet.pdf.

MLN Connects - November 3, 2025

Final Payment Rule

CMS Modernizes Payment Accuracy and Significantly Cuts Spending Waste

MLN Connects Special Edition: Update on Processing of Telehealth and Acute Hospital Care at Home Claims - November 7, 2025

In the absence of Congressional action, beginning October 1, 2025, many of the statutory limitations on payment for Medicare telehealth services that were, in response to the COVID-19 Public Health Emergency, lifted and subsequently extended through legislation again took effect. These statutory limitations include restrictions on payment for many telehealth services provided to beneficiaries in their homes and outside of rural areas, and the provision of hospice recertifications that require a face-to-face encounter via telehealth. These limitations are not applicable to all Medicare telehealth services, such as those for behavioral and mental health services, those for monthly ESRD-related clinical assessments, and those provided by applicable Medicare Shared Savings Program Accountable Care Organizations (ACO) participants.

MLN Connects

CMS has been continuously evaluating our operations since October 1, 2025, and taking action when operationally feasible. To date, to ensure that CMS pays only the telehealth claims consistent with current law, CMS has instructed the Medicare Administrative Contractors (MACs) to pay telehealth claims with dates of service on and after October 1, 2025, when CMS can definitively confirm that the claims are for behavioral and mental health services or otherwise meet the requirements described at Section 1834(m) of the Social Security Act. CMS has identified these claims using the list of HCPCS codes identified in Table 1. Additionally, we have instructed the MACs to process Medicare telehealth claims with a place of service code 10 (patient's home) that contains a diagnosis code in the F01.A0-F99 range if the services were not performed by physical therapists (PTs), occupational therapists (OTs), speech language pathologists (SLPs), or audiologists. We have further released a small batch of other telehealth claims that we can identify should be permissible to pay under current law.

However, due to systems limitations and recognizing that not all telehealth claims for behavioral and mental health services necessarily include a diagnosis code in the above range - often to further protect the privacy of the patient - we have not been able to identify all claims that are payable under current law. These limitations have also impacted our ability to identify telehealth services performed by clinicians in applicable Medicare Shared Savings Program ACOs, who may receive payment for covered telehealth services to certain Medicare beneficiaries without geographic restrictions, including in the beneficiary's home, per section 1899(l) of the Social Security Act as added by the Bipartisan Budget Act of 2018 (Pub. L. 115-123). To date, this subset of telehealth claims, including those submitted by clinicians in applicable ACOs and those that we're not able to identify as for behavioral and mental health services, has been held.

To resolve this subset of claims and improve cash flow for practitioners, CMS is taking further action. For the subset of telehealth claims that are currently being held, and that were submitted on or before November 10, 2025, with dates of service on or after October 1, 2025, CMS will be returning those claims to providers. For professional claims, claims will be returned with the following messages: CARC 16 and RARC M77. Practitioners may resubmit returned claims that meet the statutory requirements.

See the spotlight on the All Fee-for-Service Providers webpage for information on statutory requirements and revised instructions for the submission of telehealth claims.

MLN Connects

MLN Connects - November 20, 2025

MLN Connects® Newsletter for Thursday, November 20, 2025

News

- 2026 Medicare Parts A & B Premiums and Deductibles
- All 50 States Seek to Transform Rural Health with CMS
- CMS Releases Final Guidance for Initial Price Applicability Year 2028
- Information for Critical Access Hospitals
- Laboratories: Switch to Electronic Fee Coupons & CLIA Certificates
- Lung Cancer: Help Your Patients Reduce Their Risk

Compliance

- Medicare Improperly Paid Suppliers for Intermittent Urinary Catheters
- Parenteral Nutrition: Prevent Claim Denials

MLN Matters® Articles

- Ambulatory Surgical Center Payment System: October 2025 Update
- Hospital Outpatient Prospective Payment System: October 2025 Update
- New Waived Tests
- DMEPOS Fee Schedule: October 2025 Quarterly Update - Revised

Publications & Multimedia

- Health Care Code Sets - Revised

Information for Patients

- 2026 Medicare & You Handbook

MLN Connects Special Edition: OPPS/ASC Final Payment Rule - November 24, 2025

CMS Empowers Patients and Boosts Transparency by Modernizing Hospital Payments

CMS is improving the quality of care for Medicare beneficiaries while significantly reducing unnecessary spending and improving choices and hospital price transparency for Medicare beneficiaries. The CY 2026 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System final rule (CMS-1834-FC) advances a series of patient-focused reforms that will modernize payments, expand

access to care, enhance hospital accountability, and safeguard the Medicare Trust Funds from fraud, waste, and abuse.

More information:

- Full press release
- Final rule
- Fact sheet
- Hospital Price Transparency Policy Changes fact sheet

MLN Connects Special Edition: 2026 Medicare Participation Announcement | Home Health Final Rule - December 3, 2025

2026 Medicare Participation Announcement

Dear Providers,

On behalf of the Center for Medicare, I want to express our sincere gratitude for your unwavering commitment to delivering high-quality care to your patients-our Medicare beneficiaries. Medicare is extraordinary. Created through bipartisan support in 1965, it stands as one of the most important and enduring programs in our nation's history-one that every working American contributes to and ultimately depends on, either now or in the future. Your dedication is essential to ensuring Medicare continues to meet the needs of those it serves. We at CMS are continually inspired by the many examples of your compassion, innovation, and excellence in care. And we hope that you see us as we see you-partners in a shared mission-to ensure every Medicare beneficiary has access to the best possible care. Each day, our work helps millions of Americans live longer, healthier lives, enabling them to reach their full potential-and in doing so, helping our nation reach its full potential as well.

Our shared mission to improve health outcomes through evidence-based care and accountability continues to drive our shared efforts. The broader Medicare strategy for the coming year focuses on reducing administrative burden, removing regulation of where and how clinicians deliver care, improving program integrity, aligning payment with outcomes, and leveraging technology to promote whole-person care.

Key changes that we're making for 2026 include:

- Reducing administrative burden
- Reducing regulatory burden on where and how clinicians deliver care
- Improving program integrity
- Aligning payment with outcomes
- Leveraging technology to promote whole-person care

MLN Connects

See the full letter here: https://www.cms.gov/medicare-participation

CY 2026 Home Health Prospective Payment System Final Rule

On November 28, CMS issued a final rule that announces policy changes under the Home Health (HH) Prospective Payment System (PPS), consistent with the legal requirements to update Medicare payment policies for home health agencies (HHAs) annually.

This rule finalizes routine, statutorily required updates to the HH payment rates for CY 2026. The CY 2026 updated rates include the final CY 2026 HH payment update of an estimated 2.4% increase ($405 million increase), which is offset by an estimated 0.9% decrease that reflects the final permanent adjustment ($150 million decrease), an estimated 2.7% decrease that reflects the final temporary adjustment ($460 million decrease), and an estimated 0.1% decrease that reflects the updated fixed-dollar loss ratio for outlier payments ($15 million decrease). CMS estimates that Medicare payments to HHAs in CY 2026 will decrease in the aggregate by an estimated 1.3%, or $220 million, compared to CY 2025, based on the finalized policies.

More Information:

- Full fact sheet
- Final rule
- DMEPOS Competitive Bidding Program fact sheet
- HH PPS webpage
- HHA Center webpage
- Home Health Patient-Driven Groupings Model webpage

MLN Connects - December 4, 2025

MLN Connects® Newsletter for Thursday, December 4, 2025

News

- Outpatient Prospective Payment System Drug Acquisition Cost Survey Starts January 1: Get Key Dates & Details
- ACCESS Model Expands Access to Technology-Supported Care in Original Medicare
- Clinical Laboratory Fee Schedule: CY 2026 Final Payment Determinations
- Chronic Care Management: Learn About Services for Complex Conditions

Compliance

- DME: Complying with Proof of Delivery Requirements

MLN Connects

Claims, Pricers & Codes

- Hospice Claims Billed by Terminated Hospices
- Integrated Outpatient Code Editor Version 26.3

Events

- HCPCS Public Meeting - December 17-18

MLN Matters® Articles

- Therapy Code List: 2026 Annual Update

MLN Connects - December 11, 2025

MLN Connects® Newsletter for Thursday, December 11, 2025

News

- CMS Finalizes New DMEPOS Accreditation Provisions to Enhance Program Integrity
- Skilled Nursing Facilities: January 1 Revalidation Deadline Indefinitely Suspended
- Short-Term Acute Care Hospitals: Program for Evaluating Payment Patterns Electronic Reports
- Institutional Provider Enrollment Application Fee: CY 2026
- Outpatient Prospective Payment System Drug Acquisition Cost Survey: Register & Create Your Account
- Home Intravenous Immune Globulin Items & Services: CY 2026 Rate Update
- Program of All-Inclusive Care for the Elderly: Eligibility Response for Medicare Advantage Plan
- Information for Critical Access Hospitals

Compliance

- Skilled Nursing Facilities: Identify & Prevent Improper Part D Payments for Drugs

Claims, Pricers & Codes

- Clinical Laboratory Improvement Act Waived Tests: Reprocessing Incorrectly Denied Claims
- Home Health Prospective Payment System Grouper: January Update

MLN Connects

MLN Matters® Articles

- Clinical Laboratory Fee Schedule: 2026 Annual Update
- Federally Qualified Health Center & Intensive Outpatient Program Payment Rates: CY 2026 Update
- Long-Term Hospice Stay: New Edit to Prevent Overpayment
- Medicare Deductible, Coinsurance & Premium Rates: CY 2026 Update
- Medicare Physician Fee Schedule Final Rule Summary: CY 2026
- Rural Health Clinic & Intensive Outpatient Program Payment Rates: CY 2026 Update

Publications & Multimedia

- Medicare Preventive Services - Revised

From Our Federal Partners

- First Reported Outbreak Caused by Marburg Virus in Ethiopia

MLN Connects - December 18, 2025

MLN Connects® Newsletter for Thursday, December 18, 2025

News

- MAHA ELEVATE Brings Lifestyle Medicine to Original Medicare
- Outpatient Prospective Payment System Drug Acquisition Cost Survey: Are You Prepared?
- Information for Critical Access Hospitals

Compliance

- Acute Care Hospital Outpatient Services for Hospice Enrollees: Reduce Improper Payments

Claims, Pricers & Codes

- Programs of All-Inclusive Care for the Elderly: Claims Processing Updates Effective July 1, 2026
- Skilled Nursing Facility Consolidated Billing: CY 2026 HCPCS Codes

Events

- Short-Term Acute Care Hospitals: PEPPER Webinar - January 6

MLN Connects

MLN Matters® Articles

- Adding Extravascular Defibrillator Codes to National Coverage Determination 20.4: Implantable Cardiac Defibrillators
- Chimeric Antigen Receptor T-Cell Therapy Claims: End of Risk Evaluation Mitigation Strategy & KX Modifier Requirement
- Home Health Prospective Payment System: CY 2026 Rate Update
- ICD-10 & Other Coding Revisions to National Coverage Determinations: April 2026 Update
- Inpatient Psychiatric Facilities Prospective Payment System: FY 2026 Updates

Publications & Multimedia

- Medicare Provider Compliance Tips - Revised Webpage

MLN Connects Special Edition: Medicare Participation Announcement for CY 2026: Decide by December 31

As you plan for next year, CMS reminds you of the advantages of participating in Medicare:

- You're paid the full Medicare Physician Fee Schedule allowed amount. If you're a non-participating provider, Medicare pays 5% less than the Medicare Physician Fee Schedule allowed amount.
- Medicare pays you directly (on an assignment-related basis).
- Medicare forwards claim information to Medigap (Medicare supplement coverage) insurance (if any).

By December 31, 2025, all physicians, practitioners, and suppliers - regardless of their Medicare participation status - must decide whether to participate for CY 2026.

You don't need to do anything if you're:

- Already participating in Medicare, and you want to continue your participation
- Not currently participating, and you don't want to participate

See the Annual Medicare Participation Announcement webpage for more information on how to change your Medicare participation.

National Plan and Provider Enumeration System (NPPES) Taxonomy

Please check your data in NPPES and confirm that it still correctly reflects you as a health care provider with the appropriate taxonomy and correctly reflects your current practice address. Incorrect data in NPPES may lead to unnecessary inquiries about your credentials and delay enrollment with Medicare and health plans.

MLN Matters

Adding EV Defibrillator Codes to NCD 20.4: ICDs

Related CR Release Date: December 5, 2025

MLN Matters Number: MM14253

Effective Date: October 20, 2023

Related Change Request (CR) Number: CR 14253

Implementation Date: April 6, 2026

Related CR Transmittal Number: R13483CP

CR 14253 tells you about:

- Coverage of additional procedure codes for the Aurora™ extravascular Implantable Cardiac Defibrillator (EV-ICD) system, effective October 20, 2023
- Updates to the coding requirements in the Medicare Claims Processing Manual, Chapter 32, section 270

Make sure your billing staff knows about changes to the National Coverage Determination (NCD) 20.4 Implantable Cardioverter Defibrillators (ICDs).

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14253.

ASC Payment System: October 2025 Update

Related CR Release Date: September 22, 2025

MLN Matters Number: MM14246

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14246

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13429CP

CR 14246 tells you about:

- New Hospital Outpatient Prospective Payment System (OPPS) device pass-through category payable in Ambulatory Surgical Centers (ASCs)
- New HCPCS code describing the insertion of a pleural-peritoneal shunt with intercostal pump chamber
- Drug, biological, and radiopharmaceutical coding updates
- Skin substitute products

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

MLN Matters

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14246.

CAR T-Cell Therapy Claims: End of REMS & KX Modifier Requirement

Related CR Release Date: December 9, 2025

MLN Matters Number: MM14204

Effective Date: June 26, 2025

Related Change Request (CR) Number: CR 14204

Implementation Date: February 6, 2026

Related CR Transmittal Numbers: R13432CP & R13432CP1

CR 14204 tells you about:

- Providers to administer Chimeric Antigen Receptor (CAR) T-cell therapy in an FDA Risk Evaluation Mitigation Strategy (REMS) - approved facility
- The KX modifier on Medicare Part B claims for CAR T-cell therapy

Make sure your billing staff know about these changes no longer required as of June 26. 2025.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14204.

CLFS 2026 Annual Update

Related CR Release Date: December 5, 2025

MLN Matters Number: MM14312

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14312

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13514CP

CR 14312 tells you about:

- Data reporting period and the phase-in of payment reductions
- Mapping for new test codes
- Updates for tests subject to the reasonable charge payment

Make sure your billing staff knows about Clinical Laboratory Fee Schedule (CLFS) changes and instructions effective January 1, 2026.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14312.

MLN Matters

DMEPOS Fee Schedule: October 2025 Quarterly Update - Revised

Related CR Release Date: September 29, 2025

MLN Matters Number: MM14214 Revised

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14214

Implementation Date: October 6, 2025

Related CR Transmittal Numbers: R13388CP & R13436CP

Note: CMS revised this article to remove a reference to HCPCS Level II code E0716 (page 3). CMS also updated the CR release date, transmittal numbers, and transmittal links.

CR 14214 tells you about:

- Added and deleted HCPCS codes
- Corrected 2024 deflation factors originally found in the January 2025 DMEPOS fee schedule quarterly update

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

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14214.

Hospital OPPS: October 2025 Update

Related CR Release Date: September 22, 2025

MLN Matters Number: MM14223

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14223

Implementation Date: October 6, 2025

Related CR Transmittal Number: R13425CP

CR 14223 tells you about:

- New COVID-19 monoclonal antibody and pleural-peritoneal shunt HCPCS codes
- CPT proprietary laboratory analyses (PLA) and Hospital Outpatient Prospective Payment System (OPPS) device categories
- Status indicator updates
- Drugs, biologicals, and radiopharmaceuticals
- Skin substitutes

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

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14223.

MLN Matters

ICD-10 & Other Coding Revisions to NCDs: April 2026 Update

Related CR Release Date: December 5, 2025

MLN Matters Number: MM14263

Effective Date: April 1, 2026

Related Change Request (CR) Number: CR 14263

Implementation Date: April 6, 2026

Related CR Transmittal Number: R13455OTN

CR 14263 tells you about the CPT additions to National Coverage Determination (NCD): Sacral Nerve Stimulation for Urinary Incontinence (230.18), effective June 17, 2025.

Make sure your billing staff know about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14263.

Medicare Deductible, Coinsurance & Premium Rates: CY 2026 Update

Related CR Release Date: December 5, 2025

MLN Matters Number: MM14279

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14279

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13504GI

CR 14279 tells you about:

- Deductibles
- Coinsurance rates
- Premiums

Make sure your billing staff knows about CY 2026 Medicare Part A and Medicare Part B.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14279.

MLN Matters

Medicare Physician Fee Schedule Final Rule Summary: CY 2026

Related CR Release Date: December 5, 2025

MLN Matters Number: MM14315

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14315

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13507CP

CR 14315 tells you about:

- Telehealth, therapy, behavioral health, and advanced primary care management (APCM) services
- Evaluation and management (E/M) visits
- Practice expense (PE) and skin substitutes

Make sure your billing staff knows about the updated payment rates under the PFS and other payment policies.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14315.

New Waived Tests

Related CR Release Date: November 14, 2025

MLN Matters Number: MM14273

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14273

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13465CP

CR 14273 tells you about:

- Clinical Laboratory Improvement Amendments (CLIA) requirements
- 2 new FDA-approved waived tests: codes, effective dates, and descriptions

Make sure your billing staff knows about these updates effective January 1, 2026.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14273.

MLN Matters

Outpatient Services for Hospice Patients: New Edit

Related CR Release Date: November 20, 2025

MLN Matters Number: MM14219

Effective Date: April 1, 2026

Related Change Request (CR) Number: CR 14219

Implementation Date: April 6, 2026

Related CR Transmittal Number: R13446OTN

CR 14219 tells you about:

- New systems' edits will compare primary diagnosis codes on hospital and hospice claims for Medicare hospice patients to prevent duplicate payments
- How to properly use condition code 07

Make sure your billing staff know about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14219.

Therapy Code List: 2026 Annual Update

Related CR Release Date: September 25, 2025

MLN Matters Number: MM14250

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14250

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13431CP

CR 14250 tells you about:

- New codes
- Revised code descriptors

Make sure your billing staff knows about updates effective January 1, 2026, for remote therapeutic monitoring (RTM) services designated as sometimes therapy.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14250.

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

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

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

Unsolicited or Voluntary Refunds Reminder

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

Background

Medicare carriers and intermediaries and 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.
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

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