DME Happenings

Jurisdiction A

March 2020

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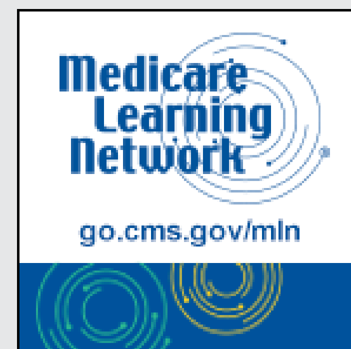
Don't be left in the dark, sign up for the Noridian e-mail listing to receive updates that contain the latest Medicare news. Visit the Noridian website and select "Subscribe" on the bottom right-hand corner of any page.



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Noridian Healthcare Solutions, LLC

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Jurisdiction A DME MAC Supplier Contacts and Resources

PHONE NUMBERS

Department/System	Phone Number	Availability
Interactive Voice Response System (IVR)	866-419-9458	24/7 for Eligibility 8 a.m. - 5 p.m. for all other inquiries
Supplier Contact Center	866-419-9458	Monday - Friday 8 a.m. - 5 p.m. ET
Telephone Reopenings	866-419-9458	Monday - Friday 8 a.m. - 5 p.m. ET
Beneficiary Customer Service	800-633-4227	24/7

FAX NUMBERS

Department	Fax Number
Reopenings/Redeterminations Recovery Auditor Redeterminations	701-277-2425
Recoupment • Refunds to Medicare • Immediate Offsets	701-277-2427
MSP Refunds	701-277-7892
Recovery Auditor Offsets	701-277-7896
MR Medical Documentation	701-277-2426

EMAIL ADDRESSES

Correspondence	When to Use This Address	Email Address
Customer Service	Suppliers can submit emails to Noridian for answers regarding basic supplier information regarding Medicare regulations and coverage	See webpage https://med.noridianmedicare.com/web/jadme/contact/email-customer-service
Comprehensive Error Rate Testing (CERT)	Use this address for CERT related inquiries, such as outcomes and status checks. *Include the CID within the message*	jadmecert@noridian.com

Correspondence	When to Use This Address	Email Address
Congressional Inquiries or FOIA Requests	Use this address when submitting Freedom of Information Act (FOIA) requests or if the request is coming from a Congressional office. *Emails sent to this address require specific information. Review the Freedom of Information Act or Congressional Inquiries webpages for a full listing of required items to include*	DMEACongressional.FOIA@noridian.com
LCD: New LCD Request	Use this address to request the creation of a new LCD. *Emails sent to this address require specific information. Review the New LCD Request Process webpage for a full listing of required items to include*	DMERecon@noridian.com
LCD Reconsideration Request	Use this address to request a revision to an existing LCD. *Emails sent to this address require specific information. Review the LCD Reconsideration Process webpage for a full listing of required items to include*	DMERecon@noridian.com
Recoupment	Use this address to submit requests for immediate offsets of open debt(s)	dmemsprecoupment@noridian.com
Reopenings and Redeterminations	Use this address with questions regarding: Timely Filing Inquiries, Appeal Rights and Regulations, Coverage Questions, Redetermination Documentation Requirements, Social Security Laws, Interpretation of Redetermination Decisions and Policies	dmeredeterminations@noridian.com
Website Questions	Use this form to report website ease of use or difficulties	See webpage https://med.noridianmedicare.com/web/jadme/help/website-feedback

Correspondence	When to Use This Address	Email Address
CMS Comments on Noridian	Use this contact information to send comments to CMS concerning Noridian's performance	See webpage https://med.noridianmedicare.com/web/jadme/contact/cotr

MAILING ADDRESSES

Department	Address
• Advance Determination of Medicare Coverage Requests • Claim Submission • Congressional Inquiries • Correspondence • Education • Electronic Funds Transfer (EFT) • Freedom of Information Act (FOIA) • Medical Review Documentation • Overpayment Redetermination and Rebuttal Requests • Recovery Auditor Overpayments • Recovery Auditor Redeterminations • Redetermination Requests • Refunds • Written Reopening Requests	Noridian JA DME Attn: ___________ PO Box 6780 Fargo, ND 58108-6780
• Administrative Simplification Compliance Act Exception Requests (ASCA) • Benefit Integrity	Noridian JA DME Attn: _________ PO Box 6736 Fargo, ND 58108-6736
• LCD: New LCD Request • Medical Review - Prior Authorization Requests (PAR)	Noridian JA DME Attn: __________ PO Box 6742 Fargo, ND 58108-6742
• Extended Repayment Schedule (ERS) • Refund Checks	Noridian JA DME Attn: __________ PO Box 511470 Los Angeles, CA 90051-8025
Qualified Independent Contractor (QIC)	MAXIMUS Federal DME - QIC Project 3750 Monroe Avenue, Suite 777 Pittsford, NY 14534

DME MACS AND OTHER RESOURCES

MAC/Resource	Phone Number	Website
Noridian: Jurisdiction A	866-419-9458	https://med.noridianmedicare.com/web/jadme
Noridian: Jurisdiction D	877-320-0390	https://med.noridianmedicare.com/web/jddme

MAC/Resource	Phone Number	Website
CGS: Jurisdiction B	877-299-7900	https://www.cgsmedicare.com/
CGS: Jurisdiction C	866-238-9650	https://www.cgsmedicare.com/
Pricing, Data Analysis and Coding (PDAC)	877-735-1326	https://www.dmepdac.com/
National Supplier Clearinghouse	866-238-9652	https://www.palmettogba.com/nsc
Common Electronic Data Interchange (CEDI) Help Desk	866-311-9184	https://www.ngscedi.com
Centers for Medicare and Medicaid Services (CMS)		https://www.cms.gov/

Beneficiaries Call 1-800-MEDICARE

Suppliers are reminded that when beneficiaries need assistance with Medicare questions or claims that they should be referred to call 1-800-MEDICARE (1-800-633-4227) for assistance. The supplier contact center only handles inquiries from suppliers.

The table below provides an overview of the types of questions that are handled by 1-800-MEDICARE, along with other entities that assist beneficiaries with certain types of inquiries.

Organization	Phone Number	Types of Inquiries
1-800-MEDICARE	1-800-633-4227	General Medicare questions, ordering Medicare publications or taking a fraud and abuse complaint from a beneficiary
Social Security Administration	1-800-772-1213	Changing address, replacement Medicare card and Social Security Benefits
RRB - Railroad Retirement Board	1-800-808-0772	For Railroad Retirement beneficiaries only - RRB benefits, lost RRB card, address change, enrolling in Medicare
Coordination of Benefits - Benefits Coordination & Recovery Center (BCRC)	1-855-798-2627	Reporting changes in primary insurance information

Another great resource for beneficiaries is the website, https://www.medicare.gov/, where they can:

- Compare hospitals, nursing homes, home health agencies, and dialysis facilities
- Compare Medicare prescription drug plans
- Compare health plans and Medigap policies
- Complete an online request for a replacement Medicare card
- Find general information about Medicare policies and coverage
- Find doctors or suppliers in their area
- Find Medicare publications
- Register for and access MyMedicare.gov

As a registered user of MyMedicare.gov, beneficiaries can:

- View claim status (excluding Part D claims)
- Order a duplicate Medicare Summary Notice (MSN) or replacement Medicare card
- View eligibility, entitlement and preventive services information
- View enrollment information including prescription drug plans
- View or modify their drug list and pharmacy information
- View address of record with Medicare and Part B deductible status
- Access online forms, publications and messages sent to them by CMS

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 "DME Happenings" Articles

The purpose of "DME Happenings" is to educate Noridian's Durable Medical Equipment supplier 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 at CMS's website, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html. 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.

Telephone Reopenings: Resources for Success

This article provides the following information on Telephone Reopenings: contact information, hours of availability, required elements, items allowed through Telephone Reopenings, those that must be submitted as a redetermination, and more.

Per the CMS Internet-Only Manual (IOM) Publication 100-04, Chapter 34, Section 10, reopenings are separate and distinct from the appeals process. Contractors should note that while clerical errors must be processed as reopenings, all decisions on granting reopenings are at the discretion of the contractor.

Section 10.6.2 of the same Publication and Chapter states a reopening must be conducted within one year from the date of the initial determination.

QUESTION	ANSWER
How do I request a Telephone Reopening?	To request a reopening via telephone, call 1-866-419-9458
What are the hours for Telephone Reopenings?	Monday - Friday 8 a.m. – 5 p.m. ET Holiday and Training Closures can be found at https://med.noridianmedicare.com/web/jadme/contact/holiday-schedule and https://med.noridianmedicare.com/web/jadme/contact/training-closures

<table>
<tr><th>QUESTION</th><th>ANSWER</th></tr>
<tr><td>What information do I need before I can initiate a Telephone Reopening?</td><td>Before a reopening can be completed, the caller must have all of the following information readily available as it will be verified by the Telephone Reopenings representative. If at any time the information provided does not match the information in the claims processing system, the Telephone Reopening cannot be completed.

Verified by Customer Service Representative (CSR) or IVR
National Provider Identifier (NPI)
Provider Transaction Access Number (PTAN)
Last five digits of Tax Identification Number (TIN)
Verified by CSR
Caller's name
Provider/Facility name
Beneficiary Medicare number
Beneficiary first and last name
Date of Service (DOS)
Last five digits of Claim Control Number (CCN)
HCPCS code(s) in question
Corrective action to be taken
Claims with remark code MA130 can never be submitted as a reopening (telephone or written). Claims with remark code MA130 are considered unprocessable and do not have reopening or appeal rights. The claim is missing information that is needed for processing or was invalid and must be resubmitted.</td></tr>
<tr><td>What may I request as a Telephone Reopening?</td><td>The following is a list of clerical errors and omissions that may be completed as a Telephone Reopening. Note: This list is not all-inclusive.
Diagnosis code changes or additions
Date of Service (DOS) changes
HCPCS code changes
Certain modifier changes or additions (not an all-inclusive list)
If, upon research, any of the above change are determined too complex, the caller will be notified the request needs to be sent in writing as a redetermination with the appropriate supporting documentation.</td></tr>
</table>

QUESTION	ANSWER
What is not accepted as a Telephone Reopening?	The following will not be accepted as a Telephone Reopening and must be submitted as a redetermination with supporting documentation. • Overutilization denials that require supporting medical records • Certificate of Medical Necessity (CMN) issues (applies to Telephone Reopenings only) • Durable Medical Equipment Information Form (DIF) issues (applies to both Written and Telephone Reopenings) • Oxygen break in service (BIS) issues • Overpayments or reductions in payment. Submit request on Overpayment Refund Form • Medicare Secondary Payer (MSP) issues • Claims denied for timely filing (older than one year from initial determination) • Complex Medical Reviews or Additional Documentation Requests (ADRs) • Change in liability • Recovery Auditor-related items • Certain modifier changes or additions: EY, GA, GY, GZ, K0 - K4, KX, RA (cannot be added), RB, RP • Certain HCPCS codes: E0194, E1028, K0108, K0462, L4210, All HCPCS in Transcutaneous Electrical Nerve Stimulator (TENS) LCD, All National Drug Codes (NDCs), miscellaneous codes and codes that require manual pricing The above is not an all-inclusive list.
What do I do when I have a large amount of corrections?	If a supplier has at least 10 of the same correction, that are able to be completed as a reopening, the supplier should notify a Telephone Reopenings representative. The representative will gather the required information for the supplier to submit a Special Project.
Where can I find more information on Telephone Reopenings?	• Supplier Manual Chapter 13 • Reopening webpage • CMS IOM, Publication 100-04, Chapter 34
Additional assistance available	Suppliers can email questions and concerns regarding reopenings and redeterminations to dmeredeterminations@noridian.com. Emails containing Protected Health Information (PHI) will be returned as unprocessable.

CMS Quarterly Provider Updates

The Quarterly Provider Update is a listing of non-regulatory changes to Medicare including Program Memoranda, manual changes, and any other instructions that could affect providers or suppliers. This comprehensive resource is published by CMS on the first business day of each quarter. Regulations and instructions published in the previous quarter are also included in the Update. The purpose of the Quarterly Provider Update is to:

- Inform providers about new developments in the Medicare program;
- Assist providers in understanding CMS programs ad complying with Medicare regulations and instructions;
- Ensure that providers have time to react and prepare for new requirements;
- Announce new or changing Medicare requirements on a predictable schedule; and
- Communicate the specific days that CMS business will be published in the Federal Register.

The Quarterly Provider Update can be accessed at https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/index.html. Suppliers may also sign up to receive notification when regulations and program instructions are added throughout the quarter on this page.

Physician Documentation Responsibilities

Suppliers are encouraged to remind physicians of their responsibility in completing and signing the Certificate of Medical Necessity (CMN). It is the physician's and supplier's responsibility to determine the medical need for, and the utilization of, all health care services. The physician and supplier should ensure that information relating to the beneficiary's condition is correct. Suppliers are also encouraged to include language in their cover letters to physicians reminding them of their responsibilities.

Source: CMS Internet Only Manual (IOM), Publication 100-08, Medicare Program Integrity Manual, Chapter 5, Section 5.3.2

Automatic Mailing/Delivery of DMEPOS Reminder

Suppliers may not automatically deliver DMEPOS to beneficiaries unless the beneficiary, physician, or designated representative has requested additional supplies/equipment. The reason is to assure that the beneficiary actually needs the DMEPOS.

A beneficiary or their caregiver must specifically request refills of repetitive services and/or supplies before a supplier dispenses them. The supplier must not automatically dispense a quantity of supplies on a predetermined regular basis.

A request for refill is different than a request for a renewal of a prescription. Generally, the beneficiary or caregiver will rarely keep track of the end date of a prescription. Furthermore, the physician is not likely to keep track of this. The supplier is the one who will need to have the order on file and will know when the prescription will run out and a new order is needed. It is reasonable to expect the supplier to contact the physician and ask for a renewal of the order. Again, the supplier must not automatically mail or deliver the DMEPOS to the beneficiary until specifically requested.

Source: Internet Only Manual (IOM), Publication 100-4, Medicare Claims Processing Manual, Chapter 20, Section 200

Refunds to Medicare

When submitting a voluntary refund to Medicare, please include the Overpayment Refund Form found on the Forms page of the Noridian DME website. This form provides Medicare with the necessary information to process the refund properly. This is an interactive form which Noridian has created to make it easy for you to type and print out. We've included a highlight button to ensure you don't miss required fields. When filling out the form, be sure to refer to the Overpayment Refund Form instructions.

Processing of the refund will be delayed if adequate information is not included. Medicare may contact the supplier directly to find out this information before processing the refund. If the specific patient name, Medicare number or claim number information is not provided, no appeal rights can be afforded.

Suppliers are also reminded that "The acceptance of a voluntary refund 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."

Source: Transmittal 50, Change Request 3274, dated July 30, 2004

Accepting Payment from Patients with a Medicare Set-Aside Arrangement - Revised

MLN Matters Number: SE17019 Revised
Article Release Date: February 19, 2020

Note: CMS revised this article on February 19, 2020, to add information about submitting electronic attestations via the WCMSAP. This is in the Additional Information Section of the article. CMS added a note on page 2, regarding WCMSA funds. CMS also updated the link to an updated version of the WCMSA Reference Guide. All other information remains the same.

SE17019 is based on information received from Medicare beneficiaries, their legal counsel, and other entities that assist these individuals, indicating that physicians, providers, and other suppliers are often reluctant to accept payment directly from

Medicare beneficiaries who state they have a MSA and must pay for their services themselves. This article explains what an MSA is and explains why it is appropriate to accept payment from a patient that has a funded MSA.

View the complete CMS Medicare Learning Network (MLN) Matters Special Edition (SE)17019.

Clinician Checklist for Standard Written Order

A clinician's checklist has been created for the Standard Written Order requirements that are effective on or after dates of service January 1, 2020. This checklist can be used as an educational resource for clinician's prescribing durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) or as a quick reference for suppliers.

Healthcare Integrated General Ledger Accounting System (HIGLAS)

Noridian will soon be transitioning to the Healthcare Integrated General Ledger Accounting System (HIGLAS). The change to HIGLAS will enable the Centers for Medicare & Medicaid Services (CMS) to track Medicare payments and accurately pay claims for over 40 million Medicare beneficiaries. This change is only affecting the financial accounting system, not claims processing.

The HIGLAS transition for Jurisdiction A will take place on March 11, 2020. Waiver of the payment floor will result in some claim payments (checks and EFTs) being issued earlier than normal.

- Providers are encouraged to continue submitting claims as normal.
- Following our transition to HIGLAS, Jurisdiction A will resume normal cycles on March 16, 2020, at which time providers will also be able to retrieve their Electronic Remittance Advices (ERA).
- Payments will not be issued on March 12-13, 2020, and providers may experience a gap in payment activity with some claims having already been paid early due to the waiver of the payment floor. Providers should plan accordingly.
- Remittance Advice (ERA and RA) will include a change once the transition to HIGLAS is complete. Internal Control Numbers (ICN) will include a JA in front of the ICN in the PLB section of the RA (Example: JA20000180012000).
- A provider payment may be subject to offsetting to a third party, such as the IRS. In the current environment, when a provider is subject to TPP, a provider check is pulled the payment is remitted to the third party, but no notification is provided on the RA. After the transition to HIGLAS is complete, third party offsets will be reported on the Remittance Advice.
- In HIGLAS when two or more providers are affiliated and have the same Tax Identification Number (TIN), payments may be withheld from one provider to collect another provider's overpayments.

The transition will include a temporary reduction of the Jurisdiction's payment floor resulting in payments being issued early (checks and Electronic Funds Transfers). Suppliers are encouraged to monitor payments and adjust as necessary once the transition begins.

Suppliers should refer to the letter they received in the mail from Noridian for further information. Noridian is committed to keeping suppliers informed on the HIGLAS transition. Updated information regarding HIGLAS will continue to be provided on the Noridian website.

For further information, please visit our HIGLAS webpage at: https://med.noridianmedicare.com/web/jadme/claims-appeals/higlas.

SMRC Reviews Denied for No Documentation Information

Information on what steps a supplier should take when a claim is denied for no receipt of documentation after being requested by the Supplemental Medical Review Contractor (SMRC) has been added to the SMRC webpage.

Visit the SMRC webpage for more information.

Standard Elements for DMEPOS Order, and Master List of DMEPOS Items Potentially Subject to a Face-to-Face Encounter and Written Orders Prior to Delivery and, or Prior Authorization Requirements

MLN Matters Number: SE20007
Article Release Date: February 24, 2020
Effective Date: January 1, 2020
Implementation Date: January 1, 2020

SE20007 informs providers that the Calendar Year (CY) 2020 End Stage Renal Disease (ESRD) Prospective Payment System (PPS) Final Rule CMS-1713-F (84 Fed. Reg Vol 217) (https://www.federalregister.gov/documents/2019/11/08/2019-24063/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis) goes into effect January 1, 2020.

This rule, in part, streamlines the requirements for ordering Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items through the identification of a standard set of elements to be included in a written order/prescription. It also develops a new Master List of DMEPOS items potentially subject to a face-to-face encounter, written orders prior to delivery and, or prior authorization requirements as a condition of payment (thereby harmonizing prior lists). This standard written order and Master list will simplify the ordering of DMEPOS items and eliminate multiple lists of DMEPOS items potentially subject to conditions of payment.

View the complete CMS Medicare Learning Network (MLN) Matters Special Edition (SE)20007.

Manual Update to Publication (Pub.) 100-04, Chapter 20, to Revise the Section 10 - Where to Bill Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Parenteral and Enteral Nutrition (PEN) Items and Services

MLN Matters Number: MM11554
Related CR Release Date: December 20, 2019
Related CR Transmittal Number: R4478CP
Related Change Request (CR) Number: 11554
Effective Date: March 23, 2019
Implementation Date: March 23, 2019

CR 11554 updates the Medicare Claims Processing Manual with previously published instructions from CR 5917 Claims Jurisdiction and Enrollment Procedures for Suppliers of Certain Prosthetics, Durable Medical Equipment (DME) and Replacement Parts, Accessories and Supplies (Transmittal 1603, September 26, 2008) and CR 6573 Additional Instructions on Processing Claims for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Items Submitted Under the Guidelines Established in Change Request 5917(Transmittal 531, August 14, 2009). CR 11554 does not convey any Medicare policy changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)11554.

CERT Documentation

This article is to remind suppliers they must comply with requests from the Comprehensive Error Rate Testing (CERT) Documentation Contractor for medical records needed for the CERT program. An analysis of the CERT related appeals workload indicates the reason for the appeal is due to "no submission of documentation" and "submitting incorrect documentation."

Suppliers are reminded the CERT program produces national, contractor-specific and service-specific paid claim error rates, as well as a supplier compliance error rate. The paid claim error rate is a measure of the extent to which the Medicare program is paying claims correctly. The supplier compliance error rate is a measure of the extent to which suppliers are submitting claims correctly.

The CERT Documentation Contractor sends written requests for medical records to suppliers that include a checklist of the types of documentation required. The CERT Documentation Contractor will mail these letters to suppliers individually. Suppliers must submit documentation to the CERT Operations Center via fax, the preferred method, or mail at the number/address specified below.

The seure fax number for submitting documentation to the CERT Documentation Contractor is 804-261-8100.

Mail all requested documentation to:

AdvanceMed
CERT Documentation Center
1510 East Parham Road
Henrico, VA 23228

The CID number is the CERT reference number contained in the documentation request letter.

Suppliers may call the CERT Documentation Contractor at 888-779-7477 with questions regarding specific documentation to submit.

Suppliers must submit medical records within 75 days from the receipt date of the initial letter or claims will be denied. The supplier agreement to participate in the Medicare program requires suppliers to submit all information necessary to support the services billed on claims.

Also, Medicare patients have already given authorization to release necessary medical information in order to process claims. Therefore, Medicare suppliers do not need to obtain a patient's authorization to release medical information to the CERT Documentation Contractor.

Suppliers who fail to submit medical documentation will receive claim adjustment denials from Noridian as the services for which there is no documentation are interpreted as services not rendered.

Targeted Probe and Educate Review Updates: July - September 2019

The Jurisdiction A, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of the below specialties. The following quarterly edit effectiveness results from July 2019 - September 2019 can be located on our Medical Record Review Results webpage:

- Ankle-Foot Orthosis
- Diabetic Supplies
- Enteral Nutrition
- Hospital Beds
- Immunosuppressive Drugs
- Knee Orthosis
- Manual Wheelchairs
- Oral Anticancer Drugs
- Ostomy
- Oxygen

- Parenteral Nutrition
- Positive Airway Pressure (PAP)
- Spinal Orthoses
- Surgical Dressings
- Urological

Targeted Probe and Educate Review Updates: October - December 2019

The Jurisdiction A, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of the below specialties. The following quarterly edit effectiveness results from October 2019 - December 2019 can be located on our Medical Record Review Results webpage:

- Ankle-Foot Orthosis
- Diabetic Supplies
- Enteral Nutrition
- Hospital Beds
- Immunosuppressive Drugs
- Knee Orthosis
- Manual Wheelchairs
- Oral Anticancer Drugs
- Ostomy
- Oxygen
- Positive Airway Pressure (PAP)
- Respiratory Assist Device (RAD)
- Spinal Orthoses
- Surgical Dressings
- Urological

Diabetic Testing Supplies: Glucose Monitor Claim Requirement Effective On/After DOS March 1, 2020

Noridian has identified a significant number of claims for diabetic test strips (HCPCS A4253) and lancets (HCPCS A4259) that did not have a glucose monitor on file nor included any indication, within the claim, that the beneficiary owned a monitor.

With diabetic testing supply HCPCS codes A4253 and A4259 being covered as a supply to the glucose monitor HCPCS codes E0607, E2100, or E2101, claims for dates of service (DOS) on/after March 1, 2020 must require one of the below.

- A claim on file for HCPCS E0607, E2100, or E2101

  OR

- A narrative within Item 19 of CMS-1500 Claim Form or its electronic equivalent indicating beneficiary owned HCPCS E0607, E2100, or E2101 and its approximate purchase date
  - Example: Beneficiary owned E0607. Purchased 09/15/2011

If there is no glucose monitor in the Medicare claims history or the narrative is missing, the claim will deny as missing the equipment that requires the supply.

New DMEPOS Order Requirements as of January 1, 2020

Only one type of order is needed for DMEPOS claims with dates of service January 1, 2020 or after. To help reduce supplier and provider burden, the preliminary/dispensing order, Detailed Written Order (DWO), Five Element Order (5EO)/Written Order Prior to Delivery (WOPD), Seven Element Order (7EO), and Detailed Product Description (DPD) will no longer be needed for DMEPOS. Refer to the new Standard Written Order (SWO) requirements page and Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426) for details on the new order elements. Noridian supports this significant change and improvement for our suppliers and the ordering/referring providers with whom they partner for their beneficiary's care. We are focused on updating the outreach and resources surrounding required documentation. We will work on website page updates, tutorials, and new presentations to best communicate the current information and requirements. We appreciate your patience as we complete the necessary activities.

Policy Article Revisions Summary for January 2, 2020

Outlined below are the principal changes to the DME MAC Policy Article (PA) that has been revised and posted. The policy included is Standard Documentation Requirements for All Claims Submitted to DME MACs. Please review the entire PA for complete information.

STANDARD DOCUMENTATION REQUIREMENTS FOR ALL CLAIMS SUBMITTED TO DME MACS

PA

Revision Effective Date: 01/01/2020

PRESCRIPTION (ORDER) REQUIREMENTS:

- Revised: Title to ORDERS
- Revised: Language based on Final Rule 1713-F

NEW ORDER REQUIREMENTS:

- Revised: Language based on Final Rule 1713-F

DISPENSING ORDERS:

- Deleted: Entire section based on Final Rule 1713-F

DETAILED WRITTEN ORDER:

- Revised: Title to STANDARD WRITTEN ORDER (SWO) based on Final Rule 1713-F
- Revised: Language based on Final Rule 1713-F

WRITTEN ORDERS PRIOR TO DELIVERY (WOPD):

- Revised: Language based on Final Rule 1713-F

POWER MOBILITY DEVICES WOPD (7 ELEMENT ORDER):

- Deleted: Entire section based on Final Rule 1713-F

POWER MOBILITY DEVICES DETAILED PRODUCT DESCRIPTION:

- Deleted: Entire section based on Final Rule 1713-F

WOPD FOR SPECIFIED DMEPOS ITEMS (5 ELEMENT ORDER):

- Deleted: Entire section based on Final Rule 1713-F

DOCUMENTATION REQUIREMENTS:

- Revised: Language based on Final Rule 1713-F

FACE-TO-FACE EXAMINATION FOR SPECIFIED DMEPOS ITEMS:

- Revised: Title to FACE-TO-FACE ENCOUNTER
- Revised: Language based on Final Rule 1713-F

FACE-TO-FACE REQUIREMENTS:

- Deleted: Title of section

CERTIFICATE OF MEDICAL NECESSITY (CMN) & DME INFORMATION FORM (DIF):

- Revised: Language based on Final Rule 1713-F

01/02/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

Note: The information contained in this article is only a summary of revisions to the PA. For complete information on any topic, you must review the PA.

Topical Oxygen Therapy CAC Meeting Recording, Transcript, Members and Key Questions

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) has posted the Topical Oxygen Therapy CAC Meeting documents to our website.

To review:

- Go to Contractor Advisory Committee webpage
    - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate under Previous Meeting Documents and Recordings

General Documentation DME on Demand Tutorials Available

Noridian offers suppliers eight self-paced training tutorials to assist them in better understanding general documentation requirements. The tutorials include information on break in need/service, continued use/need, face to face requirements, proof of delivery and standard written order components.

DME on Demand Tutorials

- Break in Service/Break in Billing - 7 minutes
- Continued Use/Continued Need - 4 minutes
- Documentation - 12 Minutes
- Five Element Order and Face to Face Requirements - 7 Minutes
- Proof of Delivery - 9 Minutes
- Request for Refills - 9 Minutes
- Standard Written Order - 9 Minutes
- Types of Orders - 12 Minutes

Suppliers are encouraged to attend our webinars and/or to view other tutorials available to assist with proper billing and team member education.

Suppliers can also sign up for an Electronic Supplier Visit (E-Visit), under the Education and Outreach tab, to speak directly with an Education Representative and/or Medical Review Nurse.

Nebulizer and Oxygen DME on Demands Available

Suppliers are encouraged to view the many tutorials Noridian offers on nebulizers and oxygen.

- Nebulizers
  - Basic Inhalation Solution Information
  - Nebulizers, Compressors and Accessories
- Oxygen and Oxygen Equipment
  - Collaborative Oxygen A/B/DME
  - Dear Physician Prescribing Home Oxygen
  - L200 - Oxygen - Scenarios 1-4
  - CMN Requirements
  - Coding and Billing Guidelines
  - Coverage Guidelines
  - Maintenance and Service
  - Testing Requirements

To view these tutorials, see the DME on Demand Tutorials webpage.

Osteogenesis Stimulator DME on Demand Tutorials Available

Noridian offers suppliers two self-paced training tutorials to assist them in better understanding electrical and ultrasonic osteogenesis stimulators. The Coding and Billing tutorial includes information on coding, inclusive components, and the Certificate of Medical Necessity (CMN). The Coverage tutorial reviews coverage criteria, code-specific clarifications, and resources.

DME on Demand Tutorials

- Osteogenesis Stimulator: Coding and Billing - 5 minutes
- Osteogenesis Stimulators: Coverage - 4 minutes

Suppliers are encouraged to attend our webinars and/or to view other tutorials available to assist with proper billing and team member education.

Medicare Fee-for-Service (FFS) Response to the 2020 Commonwealth of Puerto Rico Earthquakes

MLN Matters Number: SE20003

Article Release Date: January 10, 2020

The Secretary of the Department of Health & Human Services declared a Public Health Emergency (PHE) in the Commonwealth of Puerto Rico on January 8, 2020, and authorized waivers and modifications under Section 1135 of the Social Security Act (the Act), retroactive to December 28, 2019, and are in effect for 90 days.

View the complete CMS Medicare Learning Network (MLN) Matters Special Edition (SE)20003.

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

MLN Matters Number: MM11003 Revised
Related CR Release Date: April 16, 2019
Related CR Transmittal Number: R2281OTN
Related Change Request (CR) Number: 11003
Effective Date: February 3, 2020 per CR11141
Implementation Date: July 1, 2019

Note: CMS revised this article on January 16, 2020, to link to CR11141 at https://www.cms.gov/files/document/r2419OTN.pdf, which shows the effective date is now February 3, 2020. All other information remains the same.

CR 11003 introduced the enrollment process for the providers who intend to get their Additional Documentation Request (ADR) letters electronically (as Electronic Medical Documentation Requests (eMDR)) through their registered Health Information Handler (https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Which_HIHs_Plan_to_Offer_Gateway_Services_to_Providers).

Make sure your billing staffs are aware of these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)11003.

Medicare Part B Home Infusion Therapy Services With The Use of Durable Medical Equipment - Revised

MLN Matters Number: SE19029

Article Release Date: December 13, 2019

Note: CMS revised this article on December 13, 2019, to correct footnote 5 on page 7 which should have stated J code, J1559, instead of J1159. The article release date was also changed. All other information is unchanged.

This special MLN Matters® Article is intended for entities seeking accreditation to become qualified suppliers that furnish home infusion therapy (HIT) services in coordination with the furnishing of home infusion drugs administered through an item of durable medical equipment (DME) beginning in calendar year 2021 and in subsequent years.

View the complete CMS Medicare Learning Network (MLN) Matters (MM) Special Edition (SE)19029.

LCD and Policy Article Revisions Summary for December 19, 2019

Outlined below are the principal changes to the DME MAC Local Coverage Determinations (LCDs) and Policy Articles (PAs) that have been revised and posted. The policies included are Ankle-Foot/Knee-Ankle-Foot Orthosis, External Infusion Pumps, Parenteral Nutrition and Wheelchair Options/Accessories. Please review the entire LCDs and related PAs for complete information.

ANKLE-FOOT/KNEE-ANKLE-FOOT ORTHOSIS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 code list in the LCD-related Policy Article

HCPCS CODES:

- Added: HCPCS L2006 to Group 1 codes, per annual HCPCS code release

PA

Revision Effective Date: 01/01/2020

CODING GUIDELINES:

- Added: L2006 Coding Guideline

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

12/19/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

EXTERNAL INFUSION PUMPS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Added: Coverage information for E0787
- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 code list in the LCD-related Policy Article
- Added: E0787 to IV pole paragraph

HCPCS CODES:

- Added: E0787 to Group 1 and A4226 to Group 2

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

- Added: PDAC approval requirement for HCPCS code E0787

KX, GA, GY and GZ MODIFIERS:

- Added: HCPCS code E0787

CODING GUIDELINES:

- Added: Coding information for E0787 and A4226
- Added: All-inclusive statement to A4224

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”
- Added: E0787 to Group 1

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

12/19/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

PARENTERAL NUTRITION

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Added: B4187 to NUTRIENTS section

HCPCS CODES:

- Revised: Code narrative for B4185
- Added: B4187 to Group 1

PA

Revision Effective Date: 01/01/2020

CODING GUIDELINES:

- Added: B4187 to guidance

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

12/19/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article and not a local coverage determination.

WHEELCHAIR OPTIONS/ACCESSORIES

LCD

Revision Effective Date:01/01/2020

HCPCS CODES:

- Added: HCPCS E2398 to Group 9 codes, per annual HCPCS code release

PA

Revision Effective Date: 01/01/2020

CODING GUIDELINES:

- Added: E2398 Coding Guideline

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”
- Added: Group 1 ICD-10 codes G80.0, G80.1, G80.2 , G80.3 , G80.4 , G80.8, G80.9, G93.1, S06.2X0S, S06.2X1S, S06.2X2S, S06.2X3S, S06.2X4S, S06.2X5S, S06.2X6S, S06.2X9S

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

12/19/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

Note: The information contained in this article is only a summary of revisions to the LCDs and PAs. For complete information on any topic, you must review the LCDs and/or PAs.

LCD and Policy Article Revision Summary for December 26, 2019

Outlined below are the principal changes to the DME MAC External Breast Prostheses Local Coverage Determination (LCD) and Policy Article (PA) that has been revised and posted. Please review the entire LCD and related PA for complete information.

EXTERNAL BREAST PROSTHESES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 code list in the LCD-related Policy Article

HCPCS CODES:

- Revised: Code description for HCPCS code L8032 in Group 1 listing
- Added: HCPCS code L8033 in Group 1 listing

PA

Revision Effective Date: 01/01/2020

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

12/26/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination

Note: The information contained in this article is only a summary of revisions to the LCDs and PAs. For complete information on any topic, you must review the LCDs and/or PAs.

LCD and Policy Article Revisions Summary for January 9, 2020

Outlined below are the principal changes to the DME MAC Local Coverage Determinations (LCDs) and Policy Articles (PAs) that have been revised and posted. The policies included are Power Mobility Devices and Surgical Dressings. Please review the entire LCDs and related PAs for complete information.

POWER MOBILITY DEVICES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Removed: 7-element order requirement
- Added: SWO requirement

MISCELLANEOUS:

- Removed: Information indicating delivery of PMD must be completed within 120 days following completion of the face-to-face examination

GENERAL:

- Removed: Order information from section

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: "Prescriptions (orders)" to "SWO"

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Removed: 7-element order requirements
- Removed: Detailed Product Description (DPD) information
- Revised: References of face-to-face “examination” to face-to-face “encounter”
- Removed: Requirement of date stamp or equivalent
- Revised: Header “FACE-TO-FACE EXAMINATION” to “FACE-TO-FACE ENCOUNTER”
- Revised: References of “practitioner” to “treating practitioner”

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: 7-element order and Detailed Product Description direction
- Added: SWO direction
- Revised: References of face-to-face “examination” to face-to-face “encounter”
- Revised: Face-to-face encounter language and references of "practitioner" updated to "treating practitioner"
- Added: Face-to-Face encounter must be completed within 6 months prior to the order
- Removed: References to 45-day timeframe for receipt of order and face-to-face

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(c) and 42 CFR 410.38(g):

- Removed: Entire section based on Final Rule 1713

FACE-TO-FACE ENCOUNTER:

- Revised: Section header "FACE-TO-FACE EXAMINATION" to "FACE-TO-FACE ENCOUNTER," updated section language based on Final Rule 1713, and reference to 42 CFR Section 414.224(a) for customized DME
- Removed: References to 45-day timeframe for receipt of face-to-face
- Removed: Reference to the Medicare Claims Processing Manual for customized DME

MISCELLANEOUS:

- Removed: MISCELLANEOUS section including ADMC and Condition of Payment Prior Authorization (PA) Program-specific information

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header "ICD-10 Codes that are Covered" updated to "ICD-10 Codes that Support Medical Necessity"

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header "ICD-10 Codes that are Not Covered" updated to "ICD-10 Codes that DO NOT Support Medical Necessity"

01/09/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

SURGICAL DRESSINGS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Removed: References to Detailed Written Order (DWO)
- Revised: "ordering physician" updated to "treating practitioner"

GENERAL:

- Added: References to Standardized Written Order (SWO)

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: "Prescriptions (orders)" to "SWO"

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217)

- Added: Entire section regarding the new rule

QUALIFYING WOUND:

- Revised: "physician" updated to "treating practitioner"

MISCELLANEOUS:

- Revised: "physician" updated to "treating practitioner"

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: Statement "The order must specify" and updated to "For initial wound evaluations, the treating practitioner's medical record, nursing home, or home care nursing records must specify:"
- Added: Additional requirements to "For initial wound evaluations, the treating practitioner's medical record, nursing home, or home care nursing records must specify"

- Revised: “physician” updated to “treating practitioner”

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

01/09/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

Note: The information contained in this article is only a summary of revisions to the LCDs and PAs. For complete information on any topic, you must review the LCDs and/or PAs.

LCD and Policy Article Revisions Summary for February 6, 2020

Outlined below are the principal changes to the DME MAC Local Coverage Determinations (LCDs) and Policy Articles (PAs) that have been revised and posted. The policies included are: Automatic External Defibrillators, Bowel Management Devices, Canes and Crutches, Cervical Traction Devices, Enteral Nutrition, External Breast Prostheses, Heating Pads and Heat Lamps, High Frequency Chest Wall Oscillation Devices, Hospital Beds And Accessories, Immunosuppressive Drugs, Intravenous Immune Globulin, and Mechanical In-exsufflation Devices. Please review the entire LCDs and related PAs for complete information.

AUTOMATIC EXTERNAL DEFIBRILLATORS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: “ordering physician” to “treating practitioner”
- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 code section in the LCD-related Policy Article
- Revised: Order information as a result of Final Rule 1713

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

APPENDICES:

- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 code section in the LCD-related Policy Article

02/06/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g) section

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code ‘spans’ to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

BOWEL MANAGEMENT DEVICES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Order information as a result of Final Rule 1713

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/06/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

CANES AND CRUTCHES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS
- Revised: Order information as a result of Final Rule 1713

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/06/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

CERVICAL TRACTION DEVICES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS
- Revised: “ordering physician” updated to “treating practitioner”

GENERAL:

- Revised: Order information as a result of Final Rule 1713

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/06/2020: Pursuant to the 21st Century Cures Act , these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g):

- Removed: Due to Final Rule 1713

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

ENTERAL NUTRITION

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: Format of HCPCS code references, from code 'spans' to individually-listed HCPCS
- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physician” to “treating practitioner”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician's” to “treating practitioner's”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/06/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Revised: “attending physician” to “treating practitioner”
- Revised: Format of HCPCS code references, from code ‘spans’ to individually-listed HCPCS

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

DME INFORMATION FORM (DIF):

- Revised: “ordering physician” to “treating practitioner”
- Revised: Format of HCPCS code references, from code ‘spans’ to individually-listed HCPCS

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code ‘spans’ to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

EXTERNAL BREAST PROSTHESES

LCD

Revision Effective Date: 01/01/2020

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physician” to “treating practitioner”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/06/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: “physician” to “treating practitioner”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

HEATING PADS AND HEAT LAMPS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: Order information as a result of Final Rule 1713

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/06/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

HIGH FREQUENCY CHEST WALL OSCILLATION DEVICES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 code list in the LCD-related Policy Article
- Revised: Order information as a result of Final Rule 1713

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/06/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g):

- Removed: Statement that the diagnosis code, that justifies the need for the items, must be billed on the claim
- Removed: Section due to Final Rule 1713

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Added: Statement that the diagnosis code, that justifies the need for the items, must be billed on the claim

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

HOSPITAL BEDS AND ACCESSORIES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: Order information as a result of Final Rule 1713

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/06/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g):

- Removed: Due to Final Rule 1713

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

IMMUNOSUPPRESSIVE DRUGS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: “physician” to “treating practitioner”

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physician” to “treating practitioner”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician's” to “treating practitioner's”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/06/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020:

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

MODIFIERS:

- Revised: “ordering physician” to “treating practitioner”

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

INTRAVENOUS IMMUNE GLOBULIN

LCD

Revision Effective Date: 01/01/2020

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physicians” to “treating practitioners”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/06/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Revised: “physician” to “practitioner”

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

MECHANICAL IN-EXSUFFLATION DEVICES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 code list in the LCD-related Policy Article

GENERAL:

- Revised: Order information as a result of Final Rule 1713

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/06/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g):

- Removed: Due to Final Rule 1713

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/06/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

Note: The information contained in this article is only a summary of revisions to the LCDs and PAs. For complete information on any topic, you must review the LCDs and/or PAs.

LCD and Policy Article Revisions Summary for February 13, 2020

Outlined below are the principal changes to the DME MAC Local Coverage Determinations (LCDs) and Policy Articles (PAs) that have been revised and posted. The policies included are: Cold Therapy, Commodes, Infrared Heating Pad Systems, Intrapulmonary Percussive Ventilation System, Negative Pressure Wound Therapy Pumps, Oral Anticancer Drugs, Oral Antiemetic Drugs (Replacement for Intravenous Antiemetics), Oral Appliances for Obstructive Sleep Apnea, Osteogenesis Stimulators, Refractive Lenses and Vacuum Erection Devices (VED). Please review the entire LCDs and related PAs for complete information.

COLD THERAPY

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Order information as a result of Final Rule 1713

DOCUMENTATION REQUIREMENTS:

- Revised: “physician's” to “treating practitioner's”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/13/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

COMMODES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Order information as a result of Final Rule 1713

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/13/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: Format of HCPCS code references, from code ‘spans’ to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

INFRARED HEATING PAD SYSTEMS

LCD

Revision Effective Date: 01/01/2020

GENERAL:

- Revised: Order information as a result of Final Rule 1713

DOCUMENTATION REQUIREMENTS:

- Revised: “physician's” to “treating practitioner's”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/13/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CODING GUIDELINES:

- Revised: Spelling of arsenide to correct spelling error

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: Order information as a result of Final Rule 1713

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”
- Removed: Order direction and EY modifier information, due to updated requirements having been incorporated into the Standard Documentation Requirements article

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/13/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

NEGATIVE PRESSURE WOUND THERAPY PUMPS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: Format of HCPCS code references, from code 'spans' to individually-listed HCPCS
- Revised: “treating physician” to “treating practitioner”

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physicians” to “treating practitioners”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/13/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: “physician” to “practitioner”

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

ORAL ANTICANCER DRUGS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: “physician” to “treating practitioner”

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physician” to “treating practitioner”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/13/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: Statement “Covered ICD-10 Codes”
- Added: “ICD-10 codes that Support Medical Necessity”

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

MODIFIERS:

- Removed: EY modifier information, now incorporation into Standard Documentation Requirements

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

ORAL ANTIEMETIC DRUGS (REPLACEMENT FOR INTRAVENOUS ANTIEMETICS)

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: “physician” to “treating practitioner”

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physicians” to “treating practitioners”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/13/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

ORAL APPLIANCES FOR OBSTRUCTIVE SLEEP APNEA

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: “physician” to “treating practitioner”
- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA

Added: Statement to refer to ICD-10 code list in the LCD-related Policy Article

GENERAL:

- Revised: Order information as a result of Final Rule 1713

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/13/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: “Physicians” to “Treating practitioners”

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

OSTEOGENESIS STIMULATORS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: “physician” to “treating practitioner”

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physicians” to “treating practitioners”

HCPCS MODIFIERS:

- Revised: Typographical error for definition of EY modifier “sevice” to “service”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/13/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g) section
- Added: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217) section and related information

CERTIFICATE OF MEDICAL NECESSITY (CMN):

- Revised: “physician” to “treating practitioner”
- Removed: CMN form version number “(DME form 04.04C)”
- Revised: “detailed written order” to “SWO”

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

REFRACTIVE LENSES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: “physician” to “practitioner”
- Revised: Order information as a result of Final Rule 1713

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/13/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Revised: Format of HCPCS code references, from code ‘spans’ to individually-listed HCPCS

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

MODIFIERS:

- Revised: “physician” to “practitioner”

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code ‘spans’ to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

VACUUM ERECTION DEVICES (VED)

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Order information as a result of Final Rule 1713

DOCUMENTATION REQUIREMENTS:

- Revised: “physician's” to “treating practitioner's”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/13/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that

Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/13/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

Note: The information contained in this article is only a summary of revisions to the LCDs and PAs. For complete information on any topic, you must review the LCDs and/or PAs.

LCD and Policy Article Revisions Summary for February 20, 2020

Outlined below are the principal changes to the DME MAC Local Coverage Determinations (LCDs) and Policy Articles (PAs) that have been revised and posted. The policies included are: Ankle-Foot/Knee-Ankle-Foot Orthosis, Eye Prostheses, Facial Prostheses, Glucose Monitors, Manual Wheelchair Bases, Orthopedic Footwear, Ostomy Supplies, Parenteral Nutrition, Patient Lifts, Pneumatic Compression Devices, Suction Pumps and Walkers. Please review the entire LCDs and related PAs for complete information.

ANKLE-FOOT/KNEE-ANKLE-FOOT ORTHOSIS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: Format of HCPCS code references, from code 'spans' to individually-listed HCPCS
- Revised: Order information as a result of Final Rule 1713

HCPCS CODES:

- Revised: HCPCS L2006 code description per quarterly HCPCS code update

CODING INFORMATION:

- Removed: Field titled "Bill Type"
- Removed: Field titled "Revenue Codes"
- Removed: Field titled "ICD-10 Codes that Support Medical Necessity"
- Removed: Field titled "ICD-10 Codes that DO NOT Support Medical Necessity"
- Removed: Field titled "Additional ICD-10 Information"

DOCUMENTATION REQUIREMENTS:

- Revised: "physician's" to "treating practitioner's"

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span). During the exercise of listing individual HCPCS codes, L2006 had been inadvertently added because it fell within a code span and is being deleted.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: "ordering physician's" to "treating practitioner's"
- Revised: "physician's" to "practitioner's"
- Revised: Format of HCPCS code references, from code 'spans' to individually-listed HCPCS

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code 'spans' to individually-listed HCPCS
- Added: Coding Guidelines for L1900, L1902, L1904, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1970, L1971, L1980, and L1990
- Revised: L1906 Coding Guideline
- Revised: L2006 Coding Guideline per quarterly HCPCS code update
- Removed: HCPCS K0903
- Added: HCPCS A5514, crosswalk from K0903
- Removed: Reference of effective DOS for K0903
- Added: Reference of effective DOS for A5514

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

EYE PROSTHESES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled "Bill Type"
- Removed: Field titled "Revenue Codes"
- Removed: Field titled "ICD-10 Codes that Support Medical Necessity"
- Removed: Field titled "ICD-10 Codes that DO NOT Support Medical Necessity"
- Removed: Field titled "Additional ICD-10 Information"

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Revised: "physician's" to "treating practitioner's"

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: "physician's" to "treating practitioner's"

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header "ICD-10 Codes that are Covered" updated to "ICD-10 Codes that Support Medical Necessity"

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header "ICD-10 Codes that are Not Covered" updated to "ICD-10 Codes that DO NOT Support Medical Necessity"

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

FACIAL PROSTHESES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled "Bill Type"
- Removed: Field titled "Revenue Codes"
- Removed: Field titled "ICD-10 Codes that Support Medical Necessity"
- Removed: Field titled "ICD-10 Codes that DO NOT Support Medical Necessity"
- Removed: Field titled "Additional ICD-10 Information"

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

GLUCOSE MONITORS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 code list in the LCD-related Policy Article
- Revised: “physician” to “treating practitioner”
- Revised: "treating physician" to "treating practitioner"
- Revised: “month” to “30 days,” as clarification of billing K0553
- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS
- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physician” to “treating practitioner”

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

APPENDICES:

- Revised: “physician” to “practitioner”

02/20/2020: Pursuant to the 21st Century Cures Act , these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: STATUTORY ORDER REQUIRMENTS section
- Removed: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g) section

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

MODIFIERS:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

CODING GUIDELINES:

- Clarified: Coding guideline related to K0553 billing timeline
- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

MANUAL WHEELCHAIR BASES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: Format of HCPCS codes, from ‘code spans’ to individually-listed HCPCS
- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Revised: “physician” to “practitioner”

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g):

- Removed: Section due to Final Rule 1713

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: Format of HCPCS code references, from code 'spans' to individually-listed HCPCS

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code 'spans' to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

ORTHOPEDIC FOOTWEAR

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Statement to refer to ICD-10 code list in the LCD-related Policy Article

GENERAL:

- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS
- Removed: Therapeutic Shoes for Persons with Diabetes codes, leaving reference to the policy

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS
- Removed: Therapeutic Shoes for Persons with Diabetes codes, leaving reference to the policy

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

OSTOMY SUPPLIES

LCD

Revision Effective Date: 01/01/2020

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physicians” to “treating practitioners”

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header "ICD-10 Codes that are Covered" updated to "ICD-10 Codes that Support Medical Necessity"

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header "ICD-10 Codes that are Not Covered" updated to "ICD-10 Codes that DO NOT Support Medical Necessity"

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination

PARENTERAL NUTRITION

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: "ordering physician" to "treating practitioner"

NUTRIENTS:

- Revised: "ordering physician" to "treating practitioner"
- Revised: Format of HCPCS codes, from 'code spans' to individually-listed HCPCS

EQUIPMENT AND SUPPLIES:

- Revised: Format of HCPCS code references, from 'code spans' to individually-listed HCPCS

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: "ordering physicians" to "treating practitioners"

CODING INFORMATION:

- Removed: Field titled "Bill Type"
- Removed: Field titled "Revenue Codes"
- Removed: Field titled "ICD-10 Codes that Support Medical Necessity"
- Removed: Field titled "ICD-10 Codes that DO NOT Support Medical Necessity"
- Removed: Field titled "Additional ICD-10 Information"

DOCUMENTATION REQUIREMENTS:

- Revised: "physician's" to "treating practitioner's"

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: "Prescriptions (orders)" to "SWO"

02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Revised: "attending physician" to "treating practitioner"

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: "physician" to "treating practitioner"
- Revised: Format of HCPCS code references, from 'code spans' to individually-listed HCPCS

DME INFORMATION FORM (DIF):

- Revised: "ordering physician" to "treating practitioner"
- Revised: Format of HCPCS code references, from 'code spans' to individually-listed HCPCS

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from 'code spans' to individually-listed HCPCS

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

PATIENT LIFTS

LCD

Revision Effective Date: 01/01/2020

GENERAL:

- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled "Bill Type"
- Removed: Field titled "Revenue Codes"
- Removed: Field titled "ICD-10 Codes that Support Medical Necessity"
- Removed: Field titled "ICD-10 Codes that DO NOT Support Medical Necessity"
- Removed: Field titled "Additional ICD-10 Information"

DOCUMENTATION REQUIREMENTS:

- Revised: "physician's" to "treating practitioner's"

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: "Prescriptions (orders)" to "SWO"

02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g) section

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from 'code spans' to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header "ICD-10 Codes that are Covered" updated to "ICD-10 Codes that Support Medical Necessity"

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header "ICD-10 Codes that are Not Covered" updated to "ICD-10 Codes that DO NOT Support Medical Necessity"

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

PNEUMATIC COMPRESSION DEVICES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: "prescribing physician" to "treating practitioner"
- Revised: "physician" to "practitioner"
- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

GENERAL:

- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled "Bill Type"
- Removed: Field titled "Revenue Codes"
- Removed: Field titled "ICD-10 Codes that Support Medical Necessity"
- Removed: Field titled "ICD-10 Codes that DO NOT Support Medical Necessity"
- Removed: Field titled "Additional ICD-10 Information"

DOCUMENTATION REQUIREMENTS:

- Revised: "physician's" to "treating practitioner's"

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: "Prescriptions (orders)" to "SWO"

02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g):

- Remove: Entire section based on Final Rule 1713

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CERTIFICATE OF MEDICAL NECESSITY (CMN):

- Revised: Section header to remove PIM reference
- Revised: "physician" to "treating practitioner"
- Revised: Detailed Written Order to SWO

- Removed: CMN DME form version number

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

SUCTION PUMPS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 code list in the LCD-related Policy Article

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physicians” to “treating practitioners”

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from ‘code spans’ to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

WALKERS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/20/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code ‘spans’ to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/20/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

Note: The information contained in this article is only a summary of revisions to the LCDs and PAs. For complete information on any topic, you must review the LCDs and/or PAs.

LCD and Policy Article Revisions Summary for February 27, 2020

Outlined below are the principal changes to the DME MAC Local Coverage Determinations (LCDs) and Policy Articles (PAs) that have been revised and posted. The policies included are: Knee Orthoses, Pressure Reducing Support Surfaces - Group 1, Pressure Reducing Support Surfaces - Group 2, Pressure Reducing Support Surfaces - Group 3, Respiratory Assist Devices, Seat Lift Mechanisms, Speech Generating Devices (SGD), Tracheostomy Care Supplies, Transcutaneous Electrical Joint Stimulation Devices (TEJSD), Transcutaneous Electrical Nerve Stimulators (TENS), and Tumor Treatment Field Therapy (TTFT). Please review the entire LCDs and related PAs for complete information.

KNEE ORTHOSES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS
- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 codes in the LCD-related Policy Article
- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/27/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CODING GUIDELINES:

- Revised: L1845, L1846 and L1852 rotation control to include “and posterior”

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

PRESSURE REDUCING SUPPORT SURFACES - GROUP 1

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

GENERAL:

- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled "Bill Type"
- Removed: Field titled "Revenue Codes"
- Removed: Field titled "ICD-10 Codes that Support Medical Necessity"
- Removed: Field titled "ICD-10 Codes that DO NOT Support Medical Necessity"
- Removed: Field titled "Additional ICD-10 Information"

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: "Prescriptions (orders)" to "SWO"

02/27/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g):

- Remove: Entire section based on Final Rule 1713

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

RELATED CLINICAL INFORMATION:

- Revised: "physician" to "treating practitioner"

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header "ICD-10 Codes that are Covered" updated to "ICD-10 Codes that Support Medical Necessity"

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header "ICD-10 Codes that are Not Covered" updated to "ICD-10 Codes that DO NOT Support Medical Necessity"

02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

PRESSURE REDUCING SUPPORT SURFACES - GROUP 2

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Statement to refer to ICD-10 code list in the LCD-related Policy Article
- Revised: “physician” to “treating practitioner”

GENERAL:

- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”
- GENERAL DOCUMENTATION REQUIREMENTS:
- Revised: “Prescriptions (orders)” to “SWO”

02/27/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

PRESSURE REDUCING SUPPORT SURFACES - GROUP 3

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 code list in the LCD-related Policy Article
- Revised: “attending physician” to “treating practitioner”
- Revised: “physician” to “treating practitioner”
- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/27/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g) section

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

MODIFIERS:

- Revised: “physician’s” to “treating practitioner’s”

MISCELLANEOUS:

- Revised: “physician” to “practitioner”

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

RESPIRATORY ASSIST DEVICES

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: “physician” to “practitioner”

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physicians” to “treating practitioners”

REPLACEMENT:

- Revised: “physician” to “treating practitioner”

BENEFICIARIES ENTERING MEDICARE:

- Revised: “physician” to “treating practitioner”

SLEEP TESTS:

- Revised: “physician” to “practitioner”

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”

- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information"

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: “physician” updated to “treating practitioner”

02/27/20: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g) section

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

MODIFIERS:

- Revised: “physician” to “practitioner”

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

SEAT LIFT MECHANISMS

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: “physician’s” to “treating practitioner’s”
- Revised: “physician” to “practitioner”

GENERAL:

- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”

- Removed: Field titled “Additional ICD-10 Information”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/27/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g) section

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CERTIFICATE OF MEDICAL NECESSITY (CMN):

- Revised: “physician” to “treating practitioner”
- Removed: CMN form version number “(DME form 07.03A)”
- Revised: “detailed written order” to “Standard Written Order (SWO)”

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

SPEECH GENERATING DEVICES (SGD)

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS
- Revised: “physician” to “practitioner”
- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/27/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713, HCPCS code changes, and non-substantive corrections (listing individual HCPCS codes instead of a HCPCS code-span).

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g) section

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

MODIFIERS:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

CODING GUIDELINES:

- Revised: Format of HCPCS code references, from code spans to individually-listed HCPCS

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

TRACHEOSTOMY CARE SUPPLIES

LCD

Revision Effective Date: 01/01/2020

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physicians” to “treating practitioners”

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/27/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICES (TEJSD)

LCD

Revision Effective Date: 01/01/2020

GENERAL:

- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/27/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g) section

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS (TENS)

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

- Revised: “physician” to “practitioner”
- Removed: Statement to refer to ICD-10 Codes that are Covered section in the LCD-related PA
- Added: Statement to refer to ICD-10 code list in the LCD-related Policy Article
- Revised: “physician” to “treating practitioner”

GENERAL:

- Revised: Order information as a result of Final Rule 1713

REFILL REQUIREMENTS:

- Revised: “ordering physicians” to “treating practitioners”

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: “Prescriptions (orders)” to “SWO”

02/27/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

- Removed: REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g) section

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

CERTIFICATE OF MEDICAL NECESSITY (CMN):

- Revised: “physician” to “practitioner”
- Revised: “physician” to “treating practitioner”
- Removed: CMN form version number “(DME form 06.03B)”

- Revised: “detailed written order” to “Standard Written Order (SWO)”
- Revised: “detailed written order” to “SWO”

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

TUMOR TREATMENT FIELD THERAPY (TTFT)

LCD

Revision Effective Date: 01/01/2020

COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:

- Revised: “face-to-face” to “in-person”, where applicable
- Revised: Order information as a result of Final Rule 1713

CODING INFORMATION:

- Removed: Field titled “Bill Type”
- Removed: Field titled “Revenue Codes”
- Removed: Field titled “ICD-10 Codes that Support Medical Necessity”
- Removed: Field titled “ICD-10 Codes that DO NOT Support Medical Necessity”
- Removed: Field titled “Additional ICD-10 Information”

DOCUMENTATION REQUIREMENTS:

- Revised: “physician’s” to “treating practitioner’s”

GENERAL DOCUMENTATION REQUIREMENTS:

- Revised: Prescriptions (orders) to SWO

02/27/2020: Pursuant to the 21st Century Cures Act, these revisions do not require notice and comment because they are due to non-discretionary coverage updates reflective of CMS FR-1713.

PA

Revision Effective Date: 01/01/2020

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO FINAL RULE 1713 (84 Fed. Reg Vol 217):

- Added: Section and related information based on Final Rule 1713

MISCELLANEOUS:

- Removed: EY modifier language which is now incorporated in the SDR

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Covered” updated to “ICD-10 Codes that Support Medical Necessity”

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

- Revised: Section header “ICD-10 Codes that are Not Covered” updated to “ICD-10 Codes that DO NOT Support Medical Necessity”

02/27/2020: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.

Note: The information contained in this article is only a summary of revisions to the LCDs and PAs. For complete information on any topic, you must review the LCDs and/or PAs.

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

MLN Matters Number: SE18006 Revised
Article Release Date: February 12, 2020

Note: CMS revised the article on February 12, 2020, to add a sentence to the MBI look-up tool option for getting an MBI to show what happens if the beneficiary record has a date of death. All other information remains the same.

Use MBIs for all Medicare transactions. The Centers for Medicare & Medicaid Services (CMS) replaced the Social Security Number (SSN)-based Health Insurance Claim Numbers (HICNs) with the MBI and mailed new Medicare cards to all Medicare beneficiaries. The cards with MBIs offer better identity protection.

View the complete CMS Medicare Learning Network (MLN) Matters Special Edition (SE)18006.

MLN Connects Special Edition - December 3, 2019

MBI Transition Ends This Month: Will You Be Paid On January 1?

The 21 month transition period will end on December 31; use Medicare Beneficiary identifiers (MBIs) now.

- You are currently submitting 86% of claims with MBIs.
- Get MBIs from your patients and through the MAC portals (sign up) now and after the transition period. You can also find the MBI on the remittance advice.
- Protect your patients from identity theft - use MBIs.

Starting January 1, if you do not use the MBI (regardless of the date of service) for Medicare transactions

- We will reject your claims with a few exceptions
- We will reject all eligibility transactions

See the MLN Matters Article for more information on getting and using MBIs.

MLN Connects - December 5, 2019

MLN Connects - DMEPOS Competitive Bidding Surveys: Comment by December 20

MLN Connects® for Thursday, December 5, 2019
View this edition as a PDF

News

- Direct Contracting Risk-Sharing Options: Submit Letter of Intent by December 10
- DMEPOS Competitive Bidding Surveys: Comment by December 20
- Quality Payment Program: Technical Expert Panel Nominations due December 20
- Quality Payment Program: MIPS Exception Applications due December 31
- Clinical Laboratory Fee Schedule: CY 2020 Final Payment Determinations
- Quality Payment Program: 2019 APM Incentive Payment Details
- PEPPERs for Short-term Acute Care Hospitals
- eCQM Reporting: Updated 2020 QRDA III Implementation Guide
- National Influenza Vaccination Week
- National Handwashing Awareness Week

Compliance

- Cardiac Device Credits: Medicare Billing

Claims, Pricers & Codes

- Average Sales Price Files: January 2020
- Home Health RAPs: Hold Starting January 1, 2020

Events

- Hospital Price Transparency Special Open Door Forum - December 10
- Medicare Promoting Interoperability Program 2020 Webinar - January 16

MLN Matters® Articles

- Overview of the Patient-Driven Groupings Model
- Payments and Payment Adjustments under the Patient-Driven Groupings Model
- Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) for Calendar Year (CY) 2020 - Recurring File Update

Publications

- Disproportionate Share Hospital - Revised
- Federally Qualified Health Center - Revised
- Medicare Learning Network (MLN) Learning Management System (LMS) FAQs - Revised

Multimedia

- Clinical Labs Call: Audio Recording and Transcript

MLN Connects Special Edition - December 10, 2019

Most HICN Claims Reject - Regardless of Date Service

Use Medicare Beneficiary Identifiers (MBIs) now to avoid claim and eligibility transaction rejects. Starting January 1, 2020, regardless of the date of service on the Medicare transaction, most Social Security Number - based Health Insurance Claim Number (HICN) Medicare transactions will reject with a few exceptions.

If you do not use MBIs on claims after January 1, you will get:

- Electronic claims reject codes: Claims Status Category Code of A7 (acknowledgment rejected for invalid information), a Claims Status Code of 164 (entity's contract/member number), and an Entity Code of IL (subscriber)
- Paper claims notices: Claim Adjustment Reason Code (CARC) 16 "Claim/service lacks information or has submission/billing error(s)" and Remittance Advice Remark Code (RARC) N382 "Missing/incomplete/invalid patient identifier"

Thank you for transitioning to MBIs during the 21 month transition period, protecting your patients from identity theft.

- You are currently submitting 87% of claims with MBIs.
- If your patient doesn't have their new card, give them the Get Your New Medicare Card flyer in English or Spanish.
- Get MBIs through the MAC portals (sign up (PDF) now and after the transition period. You can also find the MBI on the remittance advice.

See the MLN Matters Article (PDF) for more information on getting and using MBIs.

MLN Connects Special Edition - December 11, 2019

DMEPOS Competitive Bidding Surveys: Comment by December 20

CMS is soliciting comments on:

Questions to ask in surveys of key stakeholders (e.g., beneficiaries, contract suppliers, and referral agents) to help us further strengthen the monitoring, outreach, and enforcement of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program

Effective methods for contacting referral agents, as they play a critical role in helping beneficiaries obtain competitively bid DMEPOS items

We will accept comments through December 20. For more information, see the Public Comments on Competitive Bidding Surveys webpage.

MLN Connects - December 12, 2019

Quality Payment Program: Your MIPS Eligibility Status

MLN Connects® for Thursday, December 12, 2019
View this edition as a PDF

News

- Open Payments: Review and Dispute Data by December 31
- LTCH Provider Preview Reports: Review Your Data by January 9
- IRF Provider Preview Reports: Review Your Data by January 9
- Quality Payment Program: Check Your Final 2019 MIPS Eligibility Status
- Quality Payment Program: MIPS Low-Volume Threshold Criteria for 2019
- Home Health Agencies: OASIS Considerations for PDGM Transition

Compliance

- Bill Correctly for Device Replacement Procedures

Claims, Pricers & Codes

- Payment for Outpatient Clinic Visit Services at Excepted Off-Campus Provider-Based Departments

Events

- ESRD Quality Incentive Program: CY 2020 ESRD PPS Final Rule Call - January 14

MLN Matters® Articles

- Medicare Part B Home Infusion Therapy Services with the Use of Durable Medical Equipment
- CY 2020 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee **Schedule**
- Summary of Policies in the Calendar Year (CY) 2020 Medicare Physician Fee Schedule (MPFS) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, CT Modifier Reduction List, and Preventive Services List
- Update to Medicare Claims Processing Manual, Chapters 1, 23 and 35
- Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging - Educational and Operations Testing Period - Claims Processing Requirements - Revised
- Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2020 - Revised
- Looking for an MLN Matters Article?

Publications

- Opioid Treatment Programs (OTPs) Medicare Billing & Payment
- Hospice Comprehensive Assessment Measure

Multimedia

- Hospital Price Transparency Call: Audio Recording and Transcript

MLN Connects Special Edition - December 17, 2019

New Medicare Card Transition Ends in 2 Weeks: Use MBIs Now to Get Paid January 1

The 21 month Medicare Beneficiary identifier (MBI) transition period ends in two weeks. Update your patients' records and use MBIs now. Starting January 1, you must use MBIs to bill Medicare regardless of the date of service:

- We will reject claims submitted with Health Insurance Claim Numbers (HICNs) with a few exceptions
- We will reject all eligibility transactions submitted with HICNs

Need the MBI?

We encourage people with Medicare to carry their cards with them since we removed the Social Security Number-based number; if your patients do not bring their Medicare cards with them:

- Give them the Get Your New Medicare Card flyer in English (PDF) or Spanish (PDF).
- Use your Medicare Administrative Contractor's look-up tool. Sign up (PDF) for the Portal to use the tool.
- Check the remittance advice. Until December 31, we return the MBI on the remittance advice for every claim with a valid and active HICN.

MBI on a Patient's Card Doesn't work?

Medicare beneficiaries, their authorized representatives, or CMS can ask to change MBIs; for example, if the number is compromised. It is possible your patient will seek care before getting a new card with the new MBI.

If you get an eligibility transaction error code (AAA 72) of "invalid member ID," your patient's MBI may have changed.

- Do a historic eligibility search to get the termination date of the old MBI.
- Get the new MBI from your Medicare Administrative Contractor's secure look-up tool. Sign up (PDF) for the Portal to use the tool.

See the MLN Matters Article (PDF) for answers to your questions on using MBIs.

MLN Connects - December 19, 2019

MAC Operations: Provide Feedback at a Listening Session

MLN Connects® for Thursday, December 19, 2019
View this edition as a PDF

Editor's Note: Happy holidays from the MLN Connects team! We will release the next regular edition on Thursday, January 9, 2020.

News

- DMEPOS: Changes to Conditions of Payment Reduce Burden
- DMEPOS Competitive Bidding Surveys: Comment by December 20
- Mohs Microsurgery: Comparative Billing Report in December
- Hospice Provider Preview Reports: Review Your Data by January 15
- Hospice Providers: Volunteer for Alpha Testing of HOPE Assessment Instrument
- LTCH Compare Refresh
- IRF Compare Refresh
- 2020 Eligible Clinician Electronic Clinical Quality Measure Flows
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

Compliance

- Provider Minute Video: The Importance of Proper Documentation
- Claims, Pricers & Codes
- Payment for Outpatient Clinic Visit Services at Excepted Off-Campus Provider-Based Departments: Updated

Events

- Mohs Microsurgery: Comparative Billing Report Webinar - January 7
- ESRD Quality Incentive Program: CY 2020 ESRD PPS Final Rule Call - January 14
- Listening Sessions on MAC Opportunities to Enhance Provider Experience - January 15, 22, or 29

MLN Matters® Articles

- Calendar Year (CY) 2020 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment

- Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2020
- Update Inpatient Prospective Payment System (IPPS) Pricer and Related Claims Reprocessing
- Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and Remove Next Eligible Dates for PPV HCPCS - Revised
- Medicare Part B Home Infusion Therapy Services with the Use of Durable Medical Equipment - Revised
- Looking for an MLN Matters Article?

Publications

- Hospital Quality Reporting: QRDA I Conformance Statement Resource

Multimedia

- Ambulance Services Call: Audio Recording and Transcript

MLN Connects Special Edition - December 23, 2019

New Medicare Card Transition Ends Next Week: Claim Reject Codes Beginning January 1

Get paid. Use Medicare Beneficiary Identifiers (MBIs) now. If you do not use MBIs on claims (with a few exceptions) after January 1, regardless of the date of service, you will get:

- Electronic claims reject codes: Claims Status Category Code of A7 (acknowledgment rejected for invalid information), a Claims Status Code of 164 (entity's contract/member number), and an Entity Code of IL (subscriber)
- Paper claims notices: Claim Adjustment Reason Code (CARC) 16 "Claim/service lacks information or has submission/billing error(s)" and Remittance Advice Remark Code (RARC) N382 "Missing/incomplete/invalid patient identifier"

How can you get the MBI? If your patients do not bring their Medicare cards with them:

- Give them the Get Your New Medicare Card flyer in English or Spanish.
- Use your Medicare Administrative Contractor's look-up tool. Sign up for the Portal to use the tool.
- Check the remittance advice. Until December 31, we return the MBI on the remittance advice for every claim with a valid and active Health Insurance Claim Number (HICN).

See the MLN Matters Article to learn how to get and use MBIs.

MLN Connects Special Edition - December 26, 2019

Feedback on Scope of Practice

The Centers for Medicare & Medicaid Services (CMS) is seeking additional input and recommendations regarding elimination of specific Medicare regulations that require more stringent supervision than existing state scope of practice laws, or that limit health professionals from practicing at the top of their license.

We are seeking additional feedback in response to part of the President's Executive Order (EO) #13890 on Protecting and Improving Medicare for Our Nation's Seniors. The EO specifically directs HHS to propose a number of reforms to the Medicare program, including ones that eliminate supervision and licensure requirements of the Medicare program that are more stringent than other applicable federal or state laws. These burdensome requirements ultimately limit healthcare professionals, including Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs), from practicing at the top of their professional license.

In response to suggestions we have already received regarding supervision, scope of practice, and licensure requirements, CMS has made a number of regulatory changes in several payment rules, including the CY 2020 Physician Fee Schedule, Home Health, and Outpatient Prospective Payment System final rules. These changes include, but are not limited to: redefining physician supervision for services furnished by PAs, allowing therapist assistants to perform maintenance therapy under the Medicare home health benefit and reducing the minimum level of physician supervision required for all hospital outpatient therapeutic services.

We are proud of the work accomplished, and now we need your help in identifying additional Medicare regulations which contain more restrictive supervision requirements than existing state scope of practice laws, or which limit health professionals from practicing at the top of their license. If you submitted comments on these topics to our 2019 Request for Information on Reducing Administrative Burden to Put Patients over Paperwork, thank you! We are reviewing those submissions.

We welcome any additional recommendations. Please send your recommendations to PatientsOverPaperwork@cms.hhs.gov with the phrase "Scope of Practice" in the subject line by January 17, 2020.

We also continue to welcome your input on ways in which we can reduce unnecessary burden, increase efficiencies and improve the beneficiary experience, and request that input on such topics only be sent to this email address with the phrase "Scope of Practice" in the subject line if they relate to the specific areas in regulation which restrict non-physician providers from practicing to the full extent of their education and training.

MLN Connects - January 9, 2020

Read the Latest Quality Payment Program Updates

MLN Connects® for Thursday, January 9, 2020
View this edition as a PDF

News

- Quality Payment Program: 2018 Performance Data
- Quality Payment Program APM Incentive Payment: Verify Banking Information
- Quality Payment Program: Participation Status Tool Includes Third Snapshot of Data
- Quality Payment Program: Recheck Your Final 2019 MIPS Eligibility
- Quality Payment Program: Check Your Initial 2020 MIPS Eligibility
- Quality Payment Program: Qualified Registries and QCDRs for CY 2020
- Hospice Provider Preview Reports: Review Your Data by January 15
- Feedback on Scope of Practice: Send Recommendations by January 17
- Promoting Interoperability Programs: Deadline to Submit 2019 Data is March 2
- Quality Payment Program: MIPS 2019 Data Submission Period Open through March 31
- Hospitals: New Beneficiary Notices (IM, DND, and MOON) Required April 1
- Hospital Outpatient Departments: Prior Authorization Process Begins July 1
- Home Health Compare: Preview Reports for April Refresh
- Clinical Laboratory Data Reporting Delayed
- ICD-10-CM Browser Tool
- Provider Enrollment Application Fee Amount for CY 2020
- Nursing Home Quality Initiative: Draft 2020 MDS Item Sets
- Hospice Quality Reporting Program News
- Qualified Medicare Beneficiary Billing Requirements
- Get Your Patients Off to a Healthy Start in 2020
- Looking for Educational Materials?

Compliance

- Chiropractic Services: Comply with Medicare Billing Requirements

Events

- Quality Payment Program: QCDR Measures Webinar - January 13
- ESRD Quality Incentive Program: CY 2020 ESRD PPS Final Rule Call - January 14
- Listening Sessions on MAC Opportunities to Enhance Provider Experience - January 15, 22, or 29

MLN Matters® Articles

- Internet Only Manual Update to Pub 100-04, Chapter 16, Section 40.8 - Laboratory Date of Service Policy
- IVIG Demonstration: Payment Update for 2020
- January 2020 Update of the Ambulatory Surgical Center (ASC) Payment System
- Manual Update to Publication (Pub.) 100-04, Chapter 20, to Revise the Subsection 10 - Where to Bill Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Parenteral and Enteral Nutrition (PEN) Items and Services
- Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update
- New Medicare Beneficiary Identifier (MBI) Get It, Use It - Reissued
- Home Health Patient-Driven Groupings Model (PDGM) -Split Implementation - Revised

Publications

- MLN Catalog - January 2020 Edition
- Quality Payment Program and MIPS Resources
- Diabetes Resources
- Hospice Payment System - Revised
- Medicare Diabetes Prevention and Diabetes Self-Management Training - Revised
- Provider Compliance Tips for Hospital Based Hospice - Revised

Multimedia

- eCQM: CMS Measure Collaboration Workspace

MLN Connects - January 16, 2020

Quality Payment Program: Learn About the MIPS 2020 Performance Period

MLN Connects® for Thursday, January 16, 2020
View this edition as a PDF

News

- CMS Reduces Psychiatric Hospital Burden with New Survey Process
- Quality Payment Program: MIPS 2020 Payment Adjustments
- Quality Payment Program: New MIPS Participation Framework for 2021 Performance Period
- Part A Providers: Talk to a QIC Adjudicator About Your Appeal
- Comparative Billing Reports: Access via CBR Portal
- January is Cervical Health Awareness Month

Compliance

- Bill Correctly for Polysomnography Services

Events

- Listening Sessions on MAC Opportunities to Enhance Provider Experience - January 22 or 29
- Quality Payment Program: MIPS for 2020 Performance Period Webinar - January 22

MLN Matters® Articles

- Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging- Approval of Using the K3 Segment for Institutional Encounters
- Medicare Fee-for-Service (FFS) Response to the 2020 Commonwealth of Puerto Rico Earthquakes
- January 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.0
- Manual Updates Related to Calendar Year (CY) 2020 Home Health Payment Policy Changes, Maintenance Therapy, and Remote Patient Monitoring

- Medicare Part B Clinical Laboratory Fee Schedule: Revised Information for Laboratories on Collecting and Reporting Data for the Private Payor Rate-Based Payment System - Revised
- Medicare Part B Home Infusion Therapy Services with the Use of Durable Medical Equipment - Revised
- Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and Remove Next Eligible Dates for PPV HCPCS - Revised
- CY 2020 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule - Revised
- Updates to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)

Publications

- Provider Compliance Tips for Polysomnography (Sleep Studies) - Revised

MLN Connects - January 23, 2020

Medicare Learning Network Celebrates 20 Years

MLN Connects® for Thursday, January 23, 2020
View this edition as a PDF

News

- Medicare Learning Network Celebrates 20 Years
- CMS Updates Open Payments Data
- Open Payments Search Tool: New Features
- Shoulder Arthroscopy: Comparative Billing Report in January
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Issues Viewing the CMS Website?
- Continue Seasonal Influenza Vaccination through January and Beyond

Compliance

- DMEPOS: Bill Correctly for Items Provided During Inpatient Stays

Claims, Pricers & Codes

- Medicare Diabetes Prevention Program: Valid Claims

Events

- Listening Sessions on MAC Opportunities to Enhance Provider Experience - January 29
- Shoulder Arthroscopy: Comparative Billing Report Webinar - February 4
- CMS Quality Conference - February 25-27
- Highly Pathogenic Infectious Disease Training and Exercise Resources Webinar - March 5

MLN Matters® Articles

- Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 26.1, Effective April 1, 2020
- 2020 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List
- Clinical Laboratory Fee Schedule - Medicare Travel Allowance Fees for Collection of Specimens
- Home Health (HH) Patient-Driven Groupings Model (PDGM) - Split Implementation - Revised
- Implementation to Exchange the List of Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System - Revised

Publications

- Quality Payment Program: 2020 Resources

Multimedia

- Quality Payment Program: 2019 Data Submission Videos
- Health Care Challenges in Chemical Incidents Webinar Recording
- Infection Prevention and Control: Environmental Safety Web-Based Training Course - Revised
- Infection Prevention and Control: Hand Hygiene Web-Based Training Course - Revised
- Infection Prevention and Control: Injection Safety Web-Based Training Course - Revised

MLN Connects - January 30, 2020

Genetic Testing and Innovative Antibiotics

MLN Connects® for Thursday, January 30, 2020
View this edition as a PDF

News

- CMS Expands Coverage of NGS as Diagnostic Tool for Patients with Breast and Ovarian Cancer
- Nursing Home Quality Initiative: Draft MDS 3.0 Item Set Change History
- Nursing Homes: Use Updated Infection Control Worksheet
- Glaucoma Awareness Month: Make a Resolution for Healthy Vision

Compliance

- Hospice Care: Safeguards for Medicare Patients

Claims, Pricers & Codes

- OPPS Pricer File: January 2020

Events

- Ground Ambulance Organizations: Reporting Staff and Labor Costs Open Door Forum - February 6
- Ground Ambulance Organizations: Reporting Volunteer Labor Call - February 20

MLN Matters® Articles

- Increasing Access to Innovative Antibiotics for Hospital Inpatients Using New Technology Add-On Payments: Frequently Asked Questions
- January 2020 Update of the Hospital Outpatient Prospective Payment System (OPPS)
- Update to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for Vaping Related Disorder
- Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and Remove Next Eligible Dates for PPV HCPCS - Revised
- Calendar Year (CY) 2020 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment - Revised

Publications

- Safeguards for Medicare Patients in Hospice Care
- Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B - Revised
- Skilled Nursing Facility Prospective Payment System - Revised

Multimedia

- ESRD Quality Incentive Program: Audio Recording and Transcript
- MAC Listening Session: Audio Recording and Transcript

MLN Connects - February 6, 2020

New Medicare Provider Enrollment Educational Tool

MLN Connects® for Thursday, February 6, 2020
View this edition as a PDF

News

- Open Payments Registration
- Promoting Interoperability Programs: Deadline to Submit 2019 Data is March 2
- Quality Payment Program: Updated Explore Measures Tool
- Quality Payment Program: MIPS 2020 Call for Measures and Activities
- Medicare Promoting Interoperability Program: Requirements for 2020
- SNF Quality Reporting Program: FY 2022 APU Table
- Reassignment of Medicare Benefits: Revised CMS-855R Required May 1
- February is American Heart Month

Compliance

- Outpatient Rehabilitation Therapy Services: Comply with Medicare Billing Requirements

Claims, Pricers & Codes

- ICD-10-CM: New Diagnosis Code for Vaping-related Disorders Effective April 1

Events

- Substance Use Disorders: Availability of Benefits Listening Session - February 18
- Ground Ambulance Organizations: Reporting Volunteer Labor Call - February 20
- Dementia Care: CMS Toolkits Call - March 3
- Part A Providers: QIC Appeals Demonstration Call - March 5

MLN Matters® Articles

- Provider Enrollment Appeals Procedure
- Quarterly Influenza Virus Vaccine Code Update - July 2020
- 2020 Annual Update to the Therapy Code List - Revised
- 2020 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List - Revised

Publications

- Medicare Mental Health
- Medicare Provider Enrollment

Multimedia

- MAC Listening Session: Audio Recording and Transcript

MLN Connects - February 13, 2020

Protect Your Patients from Influenza

MLN Connects® for Thursday, February 13, 2020
View this edition as a PDF

News

- DMEPOS Items Subject to Prior Authorization
- Influenza Activity Continues: Are Your Patients Protected?

Compliance

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

Events

- Substance Use Disorders: Availability of Benefits Listening Session - February 18
- Ground Ambulance Organizations: Reporting Volunteer Labor Call - February 20
- Dementia Care: CMS Toolkits Call - March 3
- Hospice Item Set Data Submission Requirements Webinar - March 3
- Part A Providers: QIC Appeals Demonstration Call - March 5
- Ground Ambulance Organizations: Data Collection for Public Safety-Based Organizations Call - March 12

MLN Matters® Articles

- Update to the Home Health Grouper for New Diagnosis Code for Vaping Related Disorder
- Updates to Ensure the Original 1-Day and 3-Day Payment Window Edits are Consistent with Current Policy
- Update to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for Vaping Related Disorder - Revised
- January 2020 Update of the Hospital Outpatient Prospective Payment System (OPPS) - Revised

Publications

- Diabetes Management Resources
- Caring for Medicare Patients is a Partnership - Revised

Multimedia

- MAC Listening Session: Audio Recording and Transcript

MLN Connects - February 20, 2020

Bill Correctly for Medicare Telehealth Services

MLN Connects® for Thursday, February 20, 2020
View this edition as a PDF

News

- CMS Develops New Code for Coronavirus Lab Test
- CMS Program Statistics: 2018 Data
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier

Compliance

- Bill Correctly for Medicare Telehealth Services

Events

- Dementia Care: CMS Toolkits Call - March 3
- Part A Providers: QIC Appeals Demonstration Call - March 5
- Ground Ambulance Organizations: Data Collection for Public Safety-Based Organizations Call - March 12
- Open Payments: Your Role in Health Care Transparency Call - March 19

MLN Matters® Articles

- The Role of Therapy under the Home Health Patient-Driven Groupings Model (PDGM)
- Second Update to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)
- New Medicare Beneficiary Identifier (MBI) Get It, Use It - Revised
- What New Home Health Agencies (HHAs) Need to Know about Being Placed in a Provisional Period of Enhanced

Oversight - Revised
- International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs) - April 2020 Update - Revised

Publications

- Administrative Simplification: EFT and ERA Transactions

MLN Connects - February 27, 2020

COVID-19 Coding Guidance

MLN Connects® for Thursday, February 27, 2020
View this edition as a PDF

News

- Quality Payment Program: MIPS 2019 Data Submission Period Open through March 31
- Anesthesia Modifiers: Comparative Billing Report in March

Compliance

- Inpatient Rehabilitation Facility Services: Follow Medicare Billing Requirements

Claims, Pricers & Codes

- COVID-19: New ICD-10-CM Code and Interim Coding Guidance
- SNF PDPM Claims Issue
- FQHC: Mass Adjustment of Claims

Events

- Dementia Care: CMS Toolkits Call - March 3
- Part A Providers: QIC Appeals Demonstration Call - March 5
- Ground Ambulance Organizations: Data Collection for Public Safety-Based Organizations Call - March 12
- Open Payments: Your Role in Health Care Transparency Call - March 19

MLN Matters® Articles

- Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2020 Update
- Implementation of the Long Term Care Hospital (LTCH) Discharge Payment Percentage (DPP) Payment Adjustment
- Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging- Approval of Using the K3 Segment for Institutional Claims - Revised
- Accepting Payment from Patients with a Medicare Set-Aside Arrangement - Revised
- January 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.0 - Revised

Publications

- Medicare Quarterly Provider Compliance Newsletter, Volume 10, Issue 2
- Quality Payment Program: 2020 Resources

2019 1099 Tax Forms Available on NMP

The 2019 1099-INT and/or 1099-MISC are now available on the Noridian Medicare Portal (NMP). The 1099 inquiry is available through the Financials function. 1099s on the portal are a copy of the official 1099 form that will be mailed to your facility.

View the 1099 Inquiry section of the Portal Guide to download your copy today.

Portal Guide Website Now Available

To better serve our Noridian Medicare Portal (NMP) administrative and user community by providing a single source for all the Noridian Part A, Part B, and DME portal education, we have eliminated the need to navigate between multiple websites to view portal related details and have consolidated, revised, and moved all current related information to the new "Portal Guide" website. Most webpages affect all lines of business the same; however, there are also several that are line of business specific. Be sure to watch for webpage titles and notes at the top of pages.

Save a new or revise an existing Bookmark or Favorite now. https://med.noridianmedicare.com/web/portalguide

Prior Authorization Details Available within NMP

The Noridian Medicare Portal (NMP) offers users the ability to submit a new Prior Authorization Request (PAR), check Power Mobility Device (PMD) and Pressure Reducing Support Surfaces (PRSS) PAR status, view reviewer notes and PAR decisions, and add/view related documents.

Once an initial request is submitted, a Reference Number will be provided which will be used to review the status of the PA. When submitting an initial request, allow the request to process 15 minutes before uploading additional supporting documentation.

Check out NMP today.

2020 HCPCS Code Annual Update - Correct Coding - Revised

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, 2020 HCPCS Code Annual Update - Correct Coding - Revised, has been created and published to our website.

View the locally hosted 2020 DMD articles.

- Go to Noridian Medical Director Articles webpage
    - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

DMEPOS Fee Schedule - CY 2020 Update - Revised

MLN Matters Number: MM11570 Revised
Related CR Release Date: January 3, 2020
Related CR Transmittal Number: R4487CP
Related Change Request (CR) Number: 11570
Effective Date: January 1, 2020
Implementation Date: January 6, 2020

Note: CMS revised this article on January 3, 2020, to reflect an updated Change request (CR) that corrected the CY 2020 maintenance and servicing fee for certain oxygen equipment to $73.02 in the CR' s business requirement 11570.9. The transmittal number, CR release date and link to the transmittal also changed. All other information remains the same.

Change Request (CR) 11570 provides the Calendar Year (CY) 2020 annual update for the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule. The instructions include information on the data files, update factors, and other information related to the update of the fee schedule. Make sure your billing staffs are aware of these updates.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)11570.

DMEPOS HCPCS Code 2020 Jurisdiction List - Revised

MLN Matters Number: MM11596 Revised
Related CR Release Date: January 30, 2020
Related CR Transmittal Number: R4511CP
Related Change Request (CR) Number: 11596
Effective Date: January 1, 2020
Implementation Date: February 18, 2020

Note: We revised this article on January 31, 2020, to reflect a revised CR 11596 issued on January 30. The revisions to the CR had no impact on the substance of the article. In the article, we revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

This MLN Matters Article is for providers and suppliers submitting claims to Medicare Administrative Contractors (MACs) including Durable Medical Equipment (DME MACs) for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items, or services paid under the DMEPOS fee schedule.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)11596.

IVIG Demonstration: Payment Update for 2020

MLN Matters Number: MM11372
Related CR Release Date: November 27, 2019
Related CR Transmittal Number: R234DEMO
Related Change Request (CR) Number: 11372
Effective Date: January 1, 2020
Implementation Date: January 6, 2020

CR 11372 establishes the payment rate for IVIG demonstration services rendered to eligible beneficiaries enrolled in the IVIG demonstration. CR 11372 establishes the payment rate for IVIG demonstration services rendered in 2020. That payment rate is $374.20 and it applies to dates of service from January 1, 2020, through December 31, 2020. All other processes related to uploading application files and processing claims under this demonstration remain the same. Make sure your billing staffs are aware of these updates.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)11372.

Quarterly Update for the Temporary Gap Period of the DMEPOS CBP - April 2020

MLN Matters Number: MM11652
Related CR Release Date: February 21, 2020
Related CR Transmittal Number: R4532CP
Related Change Request (CR) Number: 11652
Effective Date: April 1, 2020
Implementation Date: April 6, 2020

Medicare updates the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) files on a quarterly basis to implement necessary changes to the Healthcare Common Procedure Coding System (HCPCS), ZIP code, and supplier files. CR11652 provides specific instruction for implementing the DMEPOS CBP files.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)11652.

RARC, CARC, MREP and PC Print Update

MLN Matters Number: MM11638
Related CR Release Date: February 21, 2020
Related CR Transmittal Number: R4536CP
Related Change Request (CR) Number: 11638
Effective Date: July 1, 2020
Implementation Date: July 6, 2020

CR 11638 updates the Remittance Advice Remark Code (RARC) and Claims Adjustment Reason Code (CARC) lists and instructs the ViPS Medicare System (VMS) and Fiscal Intermediary Shared System (FISS) maintainers to update Medicare Remit Easy Print (MREP) and PC Print software. Be sure your billing staffs are aware of these changes and obtain the updated MREP and PC Print versions if they use that software.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)11638.