# DME Happenings

## Jurisdiction A
## March 2026

NORIDIAN HEALTHCARE SOLUTIONS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

## In this Issue

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# News

## Access Knowledge Anytime with Webinars on Demand

If you missed the Knee Orthoses webinar series, or want to revisit sessions you've already attended, Noridian makes it easy with on demand recordings of our live webinars. Designed for healthcare providers, billers, and anyone eager to expand their expertise, these recordings deliver trusted guidance, whenever it fits your schedule.

Start learning today: Noridian Medicare Webinars on Demand

## Advance Beneficiary Notice of Noncoverage (ABN) Form Expiring 01/31/2026

The current ABN Form CMS R 131 is scheduled to expire on January 31, 2026. CMS is actively developing the updated version of the form. Once the new ABN form is finalized, CMS and Noridian will announce its release on their websites, along with any related implementation guidance. Providers should continue using the existing ABN form until further instructions are issued. Please monitor both CMS BNI and Noridian ABN websites for updates.

## Alert: Fraudulent Correspondence Targeting Medicare Providers

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

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

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

# News

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

## Clarification on Billing for External Infusion Pump Supplies - K0552 and A4222

Coding guidelines have been updated to help clarify supplier questions regarding billing for external infusion pump supplies. Claims for K0552 (supplies for external non-insulin drug infusion pump, syringe type cartridge) are not separately payable if the infusion drug is pre-packaged in a syringe-type cartridge. This clarification helps address whether K0552 and A4222 (infusion supplies per cassette or bag) can be billed together. Be sure documentation supports the method of drug delivery and aligns with the updated guidance. Refer to the External Infusion Pumps- Policy Article A52507 for details.

## Custom Fabricated Orthoses Coverage

Medicare covers custom-fabricated Ankle-Foot Orthoses (AFOs) and Knee-Ankle-Foot Orthoses (KAFOs) for ambulatory beneficiaries when basic coverage criteria are met—such as the need to control the knee, ankle, or foot in more than one plane, or when a pre-fabricated orthosis isn't sufficient. For more information, visit our Orthotics webpage.

## CWF Errors Leading to Claim Denials Related to Medicare Advantage (MA) Plan Enrollment - Resolved 12/17/2025

**Provider/Supplier Type(s) Impacted:** Not applicable

**Reason Codes:** CWF EC 5232

**Claim Coding Impact:** Not applicable.

**Description of Issue:** A discrepancy has been identified since the end of September 2025, between HETS and the claims processing systems, leading to claim denials related to Medicare Advantage (MA) plan enrollment. For the CARC/RARC messages related to this issue are: CARC 109, RARC N418.

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

12/17/25 - Noridian initiated mass adjustments to reprocess the claims.

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

12/17/25 - No action is required from suppliers to correct these claims. Suppliers should use the standard process to repay any overpayments related to claims that were incorrectly denied.

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

12/17/25 - Noridian initiated mass adjustments to reprocess the claims.

**Date Reported:** 11/14/25

**Date Resolved:** 12/17/2025

## Discontinuation of the Pre-Claim Hotline January 1, 2026

The Pre-Claim hotline will be discontinued effective January 1, 2026. For any questions regarding Prior Authorization or Advance Determination of Medicare Coverage, please contact the Supplier Contact Center at 1-866-419-9458.

## External Infusion Pumps Modifiers - KX, GA, or GZ

When billing Durable Medical Equipment (DME) for external infusion pumps, appending the correct modifier serves as a critical billing compliance indicator under Medicare rules. Here are the key reasons why the appropriate modifiers must be included:

Local Coverage Determination (LCD) L33794 and Policy Article (A52507) require that all external infusion pumps and associated drugs and supplies include either a KX, GA, or GZ modifier. Claims lacking one of these modifiers will be rejected.

The KX modifier signifies that all coverage requirements and medical necessity standards outlined in the LCD for external infusion pumps have been met and that supporting documentation is retained.

By appending the GA or GZ modifier, suppliers are indicating coverage criteria is not fully met. The GA modifier is a liability modifier used if a properly executed Advance Beneficiary Notice of Noncoverage (ABN) is issued. The GZ modifier is used if an ABN is not issued, or the ABN is deemed invalid. These modifiers indicate denial is expected or there is uncertainty in medical necessity requirements being met.

Medicare requires the KX, GA, or GZ usage across all categories of external infusion pumps (including insulin and non-insulin pumps) along with any related supplies and drugs to consistently confirm medical necessity.

By correctly appending the KX modifier, or GA/GZ modifier, suppliers maintain billing integrity and Medicare requirements.

| Scenario | Modifier | Purpose |
|---|---|---|
| **Coverage criteria met** | **KX** | Attests to documentation and medical necessity compliance |
| **Coverage criteria not met, ABN on file** | **GA** | Indicates expected denial, valid ABN |
| **Coverage criteria not met, no ABN** | **GZ** | Indicates expected denial NO ABN obtained, or ABN invalid |
| **No modifier on claim** | (none) | Claim will be **rejected** |

## Individuals in Custody of Penal Authority

### Incarceration Claim Denials

Medicare will generally not pay for medical items and services furnished to a beneficiary who was incarcerated or in custody under a penal statute or rule at the time items and services were furnished.

### Definition of Patients in Custody

Under Medicare Program regulations, a patient is considered to be in custody if the patient is:

- Incarcerated in a jail, prison, penitentiary, or similar institution
- On medical furlough or similar arrangement
- Escaped from confinement
- Required by criminal law to live in a mental health facility

Starting January 1, 2025, patients in custody no longer include patients who are:

- Released to the community pending trial (including those released on bail)
- On parole
- On probation
- On home detention
- Required to live in a halfway house or other community-based transitional facility

### Special Conditions When Medicare Will Pay

Payment may be made for services furnished to individuals in the custody of the police, other penal authorities, or a government agency only if the following conditions are met (42 CFR §411.4(b)):

- State or local law requires individuals to repay the cost of medical services they receive while in custody.
- State or local government entity enforces the requirement to pay by billing those individuals, whether or not covered by Medicare or any other health insurance, and by pursuing the collection of the amounts they owe.

### Refunds/Adjustments

Suppliers may receive correspondence identifying claims that were paid during periods when the beneficiary was incarcerated.

### Appeals

Suppliers who disagree with the claim repayment amount or refund amount may file a redetermination request.

For information on how to file an appeal, refer to the CMS First Level of Appeal: Redetermination by a Medicare Contractor webpage.

### Resources

- CMS Internet Only Manual (IOM), Publication 100-02, Chapter 16, Sections 40, 40.7, and 50.3.3
- CMS IOM, Publication 100-04, Claims Processing Manual, Chapter 1, Section 10.4
- MLN908084 Fact Sheet July 2025
- 42 Code of Federal Regulations (CFR) 411.4
- 42 CFR 411.6
- 42 CFR 411.8

## Introducing the Noridian Educational Experience (NEE)

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

# News

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

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

## January 2026 HCPCS Updates

CMS has released the January 2026 Healthcare Common Procedure Coding System (HCPCS) file. Inclusion on this list does not indicate coverage. All HCPCS code changes are effective and should be used for claims with dates of service on or after January 1, 2026. Visit the CMS HCPCS Quarterly Update site to review the listing.

Watch the Noridian website for additional policy updates regarding these HCPCS codes.

## KX Modifier in TSPD Policy: A Compliance Guide for Suppliers

The KX modifier is a critical billing tool for suppliers providing therapeutic shoes and inserts under Medicare's Therapeutic Shoes for Persons with Diabetes (TSPD) policy. When appended to a claim, the KX modifier signals to Medicare that all coverage criteria outlined in the Local Coverage Determination (LCD) and related policy article have been met, and documentation supporting medical necessity is on file. In other words, it is the supplier's attestation that the patient qualifies for the benefit and that the claim is fully compliant.

For TSPD, coverage is limited to one pair of therapeutic shoes and up to three pairs of inserts or modifications per calendar year. To use the KX modifier correctly, suppliers must ensure that the patient has a diagnosis of diabetes and at least one qualifying condition such as neuropathy with callus formation, previous ulceration, foot deformity, poor circulation, or partial foot amputation. A certifying physician must manage the patient's diabetes and provide written certification of medical necessity, supported by a face to face visit within six months prior to delivery. Only when these requirements are satisfied should the KX modifier be applied to the claim.

From a compliance perspective, the KX modifier is both a safeguard and a responsibility. Improper use—such as appending the modifier without complete documentation—can

lead to claim denials, audits, or recoupment efforts. Suppliers must maintain thorough records that must be available upon request including physician certifications, fitting notes, and delivery documentation. Applying the KX modifier properly helps suppliers stay compliant.

## Medicare Has Strict Rules for PAP Device Coverage

The Local Coverage Determination (LCD) for Positive Airway Pressure (PAP) devices outlines strict documentation and medical necessity requirements for Medicare coverage of CPAP and BiPAP therapy used to treat obstructive sleep apnea. For more information, visit the PAP Devices webpage.

## New Exemption Process for Suppliers Coming Soon

CMS has finalized an exemption process for suppliers that have demonstrated compliance with Medicare requirements during prior authorization of durable medical equipment. Details can be found under the Federal Register Notice titled Medicare and Medicaid Programs; Calendar Year 2026 Home Health Prospective Payment System (HH PPS) Rate Update; Requirements for the HH Quality Reporting Program and the HH Value-Based Purchasing Expanded Model; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program Updates; DMEPOS Accreditation Requirements; Provider Enrollment; and Other Medicare and Medicaid Policies." Please visit Federal Register for more details.

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

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

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

## Ostomy Supplies Frequently Asked Questions (FAQs) Available

Noridian and CGS Provider Outreach and Education worked together to answer your most frequently asked questions. View these FAQs on the Ostomy page.

# News

## Pneumatic Compression Devices (PCD) to Prior Authorization Coming Soon

CMS announced a nationwide expansion on April 13, 2026, to include Pneumatic Compression Devices (PCD) HCPCS codes E0651 and E0652. Details can be found under the *Medicare Program; Updates to the Master List of Items Potentially Subject to Face to Face Encounter and Written Order Prior to Delivery and/or Prior Authorization Requirements; Updates to the Required Face-to-Face Encounter and Written Order Prior to Delivery List; and Updates to the Required Prior Authorization List*. Please visit the Federal Register Notice. Please also visit the live PCD web pages on the Noridian-Medicare website as well.

## Required Prior Authorization (PA) Program Pre-Claim Reviews

The Jurisdiction A, DME MAC, Medical Review Department conducts Prior Authorization (PA) reviews for select durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) items per the CMS. The following quarterly non-affirmation results from October 2025 - December 2025 can be located on the Required Prior Authorization Programs webpage:

- Prior Authorization for Lower Limb Prosthetics
- Prior Authorization for Orthoses
- Prior Authorization for Power Mobility Devices
- Prior Authorization for Pressure Reducing Support Surfaces

## Requirements for Using the KX Modifier with TSPD

When billing for Therapeutic Shoes for Persons with Diabetes (TSPD), the KX modifier should be applied only if:

1. The patient meets Medicare's coverage criteria, such as:
    - Diagnosis of diabetes
    - Presence of qualifying foot conditions (e.g., neuropathy, deformity, ulceration)
2. A certifying physician must provide documentation confirming:
    - The patient's condition
    - The medical necessity of the shoes and inserts
    - Standard Written Order

For complete details, please review our Therapeutic Shoes for Persons with Diabetes webpage.

# News

## Targeted Probe and Education (TPE) Pre-Payment Reviews

The Jurisdiction A, DME MAC, Medical Review Department is conducting pre-payment supplier specific reviews for the specialties below. The following quarterly edit effectiveness results from October 2025 - December 2025 can be located on the Medical Record Review Results webpage:

- External Infusion Pumps
- Glucose Monitors & Supplies
- Knee Orthosis
- Ostomy Supplies
- Oxygen
- Parenteral Nutrition
- Positive Airway Pressure (PAP) Devices
- Surgical Dressings
- Therapeutic Shoes

## Using the KX Modifier When Billing Parenteral Nutrition Claims

The KX modifier signifies that all Medicare coverage criteria for parenteral nutrition have been met. It should only be used when the beneficiary meets the following:

- Enteral nutrition has been tried and ruled out, or tried and found ineffective, or exacerbates gastrointestinal tract (GI) dysfunction
- Disease of small intestine and/or exocrine glands, or stomach and/or exocrine glands impairing nutritional absorption
- Permanent impairment as determined by treating practitioner

Required Documentation

To support the KX modifier, suppliers must have:

- A signed Standard Written Order (SWO)
- Medical records that meet the Parenteral Nutrition Local Coverage Determination (LCD) and Policy Article requirements
    - Evaluation within 30 days of parenteral nutrition therapy initiation
    - Substantiated evidence of diagnosis
- Refill requirements
- Proof of Delivery (POD) documentation

**Do not use the KX modifier** if any criteria are unmet; use the GA or GZ modifier instead. For more information review the HCPCS Modifier section within the policy article.

# Medical Policies and Coverage

## 2026 HCPCS Code Update - January Edition - Correct Coding

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, 2026 HCPCS Code Update - January Edition - Correct Coding, has been created and published to our website.

View the locally hosted 2025 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

## 2026 HCPCS Code Update - January Edition - Correct Coding - Revised

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, 2026 HCPCS Code Update - January Edition - Correct Coding - Revised, has been created and published to our website.

View the locally hosted 2025 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

## Correct Billing and Coding of Ventilators - Revised

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, Correct Billing and Coding of Ventilators - Revised, has been created and published to our website.

View the locally hosted 2025 DMD articles.

- Go to Noridian Medical Director Articles webpage
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- Locate/select article title

# Medical Policies and Coverage

## External Infusion Pumps - Final LCD and Response to Comments (RTC) Article Published

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, External Infusion Pumps - Final LCD and Response to Comments (RTC) Article Published, has been created and published to our website.

View the locally hosted 2025 DMD articles.

- Go to Noridian Medical Director Articles webpage
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- Locate/select article title

## Knee Orthoses - Final LCD and Response to Comments (RTC) Article Published

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, Knee Orthoses - Final LCD and Response to Comments (RTC) Article Published, has been created and published to our website.

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- 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

## LCD and Policy Article Revisions Summary for December 11, 2025

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, LCD and Policy Article Revisions Summary for December 11, 2025, has been created and published to our website.

View the locally hosted 2025 DMD articles.

- Go to Noridian Medical Director Articles webpage
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- Locate/select article title

# Medical Policies and Coverage

## LCD and Policy Article Revisions Summary for December 18, 2025

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, LCD and Policy Article Revisions Summary for December 18, 2025, has been created and published to our website.

View the locally hosted 2025 DMD articles.

- Go to Noridian Medical Director Articles webpage
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- Locate/select article title

## LCD and Policy Article Revisions Summary for January 8, 2026

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, LCD and Policy Article Revisions Summary for January 8, 2026, has been created and published to our website.

View the locally hosted 2026 DMD articles.

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- Locate/select article title

## LCD and Policy Article Revisions Summary for February 5, 2026

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, LCD and Policy Article Revisions Summary for February 5, 2026, has been created and published to our website.

View the locally hosted 2026 DMD articles.

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# Medical Policies and Coverage

## LCD and Policy Article Revisions Summary for February 19, 2026

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, LCD and Policy Article Revisions Summary for February 19, 2026, has been created and published to our website.

View the locally hosted 2026 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

## Lymphedema Compression Treatment Items - Correct Coding and Billing - Revised

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, Lymphedema Compression Treatment Items - Correct Coding and Billing - Revised, has been created and published to our website.

View the locally hosted 2025 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

## Nebulizers - Final LCD and Response to Comments (RTC) Article Published

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, Nebulizers - Final LCD and Response to Comments (RTC) Article Published, has been created and published to our website.

View the locally hosted 2025 DMD articles.

- Go to Noridian Medical Director Articles webpage
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- Locate/select article title

# Medical Policies and Coverage

## Open Meeting Announcement - Power Mobility Devices and Wheelchair Options/Accessories Proposed Local Coverage Determinations (LCDs) - Revised

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, Open Meeting Announcement - Power Mobility Devices and Wheelchair Options/Accessories Proposed Local Coverage Determinations (LCDs) - Revised, has been created and published to our website.

View the locally hosted 2026 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

## Pneumatic Compression Devices - Correct Coding and Billing - Revised

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, Pneumatic Compression Devices - Correct Coding and Billing - Revised, has been created and published to our website.

View the locally hosted 2025 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

## Proposed Local Coverage Determinations (LCDs) Released for Comment - Power Mobility Devices and Wheelchair Options/Accessories

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, Proposed Local Coverage Determinations (LCDs) Released for Comment - Power Mobility Devices and Wheelchair Options/Accessories, has been created and published to our website.

View the locally hosted 2026 DMD articles.

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- Locate/select article title

# Medical Policies and Coverage

## Upcoming Changes to KO Policy Article and LCD: Effective 01/25/2026

Please note that the knee orthosis LCD and Policy Article will be updated and effective on 01/25/2026. Refer to LCD L33318 and Policy Article A52465 for more details.

## Warranty, Reasonable Useful Lifetime (RUL), and the Minimum Lifetime Requirement (MLR) for Durable Medical Equipment - Correct Coding - Revised

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, Warranty, Reasonable Useful Lifetime (RUL), and the Minimum Lifetime Requirement (MLR) for Durable Medical Equipment - Correct Coding - Revised, has been created and published to our website.

View the locally hosted 2025 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

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

### 2026 Medicare Participation Announcement

Dear Providers,

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

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

Key changes that we're making for 2026 include:

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

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

### CY 2026 Home Health Prospective Payment System Final Rule

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

This rule finalizes routine, statutorily required updates to the HH payment rates for CY 2026. The CY 2026 updated rates include the final CY 2026 HH payment update of an

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

More Information:

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

## MLN Connects - December 4, 2025

MLN Connects® Newsletter for Thursday, December 4, 2025

**News**

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

**Compliance**

- DME: Complying with Proof of Delivery Requirements

**Claims, Pricers & Codes**

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

**Events**

- HCPCS Public Meeting - December 17-18

# MLN Connects

### MLN Matters® Articles

- Therapy Code List: 2026 Annual Update

## MLN Connects - December 11, 2025

MLN Connects® Newsletter for Thursday, December 11, 2025

### News

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

### Compliance

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

### Claims, Pricers & Codes

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

### MLN Matters® Articles

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

## MLN Connects

### Publications & Multimedia

- Medicare Preventive Services - Revised

### From Our Federal Partners

- First Reported Outbreak Caused by Marburg Virus in Ethiopia

## MLN Connects - December 18, 2025

MLN Connects® Newsletter for Thursday, December 18, 2025

### News

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

### Compliance

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

### Claims, Pricers & Codes

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

### Events

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

### MLN Matters® Articles

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

# MLN Connects

**Publications & Multimedia**

- Medicare Provider Compliance Tips - Revised Webpage

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

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

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

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

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

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

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

**National Plan and Provider Enumeration System (NPPES) Taxonomy**

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

## MLN Connects - January 8, 2026

MLN Connects® Newsletter for Thursday, January 8, 2026

**News**

- CMS Announces $50 Billion in Awards to Strengthen Rural Health in All 50 States
- CMS Announces Establishment of the Office of Rural Health Transformation

## MLN Connects

- New CMS LEAD Model Aims to Expand Access to Accountable Care, Improve Health Outcomes
- CMS Proposed Model Test Would Lower Certain Medicare Part B Prescription Drugs
- CMS Proposed Model Test Would Lower Drugs Costs for Medicare Part D
- CMS BALANCE Model Aims to Expand Access to GLP-1 Medications for People with Medicare Part D & Medicaid
- Transparency in Coverage Proposed Rule
- Final Local Coverage Determinations for Certain Skin Substitutes Withdrawn
- Physicians & Non-Physicians: Comment on Medicare Enrollment Application by February 17
- Hospitals: Submit Data for OPPS Drug Acquisition Cost Survey by March 31
- Hospitals: Apply for Additional Residency Positions by March 31
- Medicare-Funded Physician Residency Positions Awarded
- Health Professional Shortage Area: CY 2026 Bonus Payments
- Ambulance Fee Schedule: CY 2026 Inflation Factor
- Doctors & Clinicians: CY 2023 Performance Information
- Information for Critical Access Hospitals

### Claims, Pricers & Codes

- ICD-10-PCS: CMS Announces 80 New Codes, Effective April 1
- Medicare Part B Drug Pricing Files & Revisions: January Update
- National Correct Coding Initiative: January Update
- Updated ICD-10 Medicare Severity Diagnosis-Related Group Version 43.1

### Events

- 2026 CMS Burden Reduction Conference - February 25

### MLN Matters® Articles

- Cardiac Contractility Modulation for Heart Failure
- Chimeric Antigen Receptor T-Cell Therapy Billing Instructions: Medicare Claims Processing Manual Update
- DMEPOS Fee Schedule: CY 2026 Update
- ESRD & Acute Kidney Injury Dialysis: CY 2026 Update
- National Coverage Determination 20.40: Renal Denervation for Uncontrolled Hypertension
- Laboratory National Coverage Determination Edit Software: January 2026 Update
- Payment for Medicare Part B Preventive Vaccines & Their Administration for Rural Health Clinics & Federally Qualified Health Centers - Revised

# MLN Connects

### Publications & Multimedia

- Medicare Provider Enrollment - Revised

## MLN Connects - January 15, 2026

MLN Connects® Newsletter for Thursday, January 15, 2026

### News

- Laboratories: Paper Fee Coupons & CLIA Certificates Ending March 1
- Providers & Suppliers: CMS Has Authority to Conduct Enrollment Site Visits

### Compliance

- Remote Patient Monitoring: Use & Bill Correctly

### Claims, Pricers & Codes

- Integrated Outpatient Code Editor Version 27.0

### MLN Matters® Articles

- Travel Allowance Fees for Specimen Collection: CY 2026 Updates

### Publications & Multimedia

- Information for Critical Access Hospitals - Revised
- Rural Emergency Hospitals - Revised

## MLN Connects - January 22, 2026

MLN Connects® Newsletter for Thursday, January 22, 2026

### News

- DMEPOS: Updated List of Items Potentially Subject to Conditions of Payment

### Compliance

- Evaluation and Management Services & Intravitreal Injections: Bill Correctly

## MLN Connects

### Claims, Pricers & Codes

- Vagus Nerve Stimulation National Coverage Determination: Removing National Edit for Diagnosis Code G47.33

### Events

- CCSQ Quarterly Stakeholder Webinar - February 4

### Publications & Multimedia

- Medicare Wellness Visits - New Webpage
- Telehealth & Remote Monitoring - Revised

## MLN Connects - January 29, 2026

MLN Connects® Newsletter for Thursday, January 29, 2026

### News

- CMS Seeks Public Input on Strengthening Domestic Supply Chain for PPE, Essential Medicines
- CMS Announces Selection of Drugs for Third Cycle of Medicare Drug Price Negotiation Program, Including First-Ever Part B Drugs
- CMS Proposes Rule to Strengthen Oversight of Organ Procurement Organizations and Protect Patients
- CMS Proposes 2027 Medicare Advantage and Part D Payment Policies to Improve Payment Accuracy & Sustainability
- DMEPOS Competitive Bidding: Next Round & FAQs
- FY 2025 Medicare Fee-for-Service Improper Payment Rate
- Laboratories: Paper Fee Coupons & CLIA Certificates Ending March 1

### Compliance

- Pneumatic Compression Devices: Prevent Claim Denials

### Claims, Pricers & Codes

- HCPCS Application Summaries & Coding Determinations: Drugs & Biologicals

### Events

- Hospital Price Transparency Webinar: Reviewing CY 2026 OPPS & ASC Final Rule Updates - February 11

## MLN Connects

### MLN Matters® Articles

- Method II Critical Access Hospital: Professional Billing Requirements for Emergency Department Services

### Publications & Multimedia

- Medicare Billing: CMS-1450 & 837I - Revised
- Medicare Billing: CMS-1500 & 837P - Revised

### From Our Federal Partners

- New World Screwworm: Outbreak Moves into Northern Mexico

## MLN Connects - February 5, 2026

MLN Connects® Newsletter for Thursday, February 5, 2026

### News

- Hospitals: Submit Data for OPPS Drug Acquisition Cost Survey by March 31

### Compliance

- Skilled Nursing Facilities: Accurately Report Your Related Party Costs

### MLN Matters® Articles

- Acute Kidney Injury & ESRD Billing: Ending the AX Modifier Requirement
- Ambulatory Surgical Center Payment: January 2026 Update

### Publications & Multimedia

- Behavioral Health Integration Services - Revised
- Information for Rural Health Clinics - Revised
- Medicare Preventive Services – Revised

# MLN Connects

## MLN Connects - February 12, 2026

MLN Connects® Newsletter for Thursday, February 12, 2026

### News

- Short-Term Acute Care Hospitals: Staff End Users Can Now Access PEPPERs
- Laboratories: Paper Fee Coupons & CLIA Certificates Ending March 1

### Compliance

- Global Surgery: Accurately Report Postoperative Visits
- Optometry Services at Nursing Facilities: Bill Correctly

### Events

- 2026 CMS Burden Reduction Conference - February 25

### MLN Matters® Articles

- Hospital Outpatient Prospective Payment System: January 2026 Update
- ICD-10 & Other Coding Revisions to National Coverage Determinations: July 2026 Update
- Home-Based Noninvasive Positive Pressure Ventilation to Treat Chronic Respiratory Failure Due to Chronic Obstructive Pulmonary Disease - Revised
- National Coverage Determination 20.40: Renal Denervation for Uncontrolled Hypertension - Revised

## MLN Connects - February 19, 2026

MLN Connects® Newsletter for Thursday, February 19, 2026

### News

- Historically Excepted Tribal Federally Qualified Health Centers: CY 2026 Payment Rate
- Hospitals: Submit Data for OPPS Drug Acquisition Cost Survey by March 31

### Compliance

- Intermittent Urinary Catheters: Medicare Improperly Paid Suppliers
- Surgical Dressings: Prevent Claim Denials

## MLN Connects

### Claims, Pricers & Codes

- Home Health Prospective Payment System Grouper: April Update

## MLN Connects - February 26, 2026

MLN Connects® Newsletter for Thursday, February 26, 2026

### News

- Trump Administration Prioritizes Affordability by Announcing Major Crackdown on Health Care Fraud
- MAC MBI Lookup Tool: Keep Your Access During Enhanced Monitoring
- Medicare Outpatient Observation Notice: Get Updated Version in English & Spanish
- Laboratories: Paper Fee Coupons & CLIA Certificates Ending March 1
- Hospitals: One Month Left to Submit Data for OPPS Drug Acquisition Cost Survey

### Compliance

- DME: Complying with Proof of Delivery Requirements
- Spinal Orthoses: Prevent Claim Denials

### Claims, Pricers & Codes

- Hypoglossal Nerve Neurostimulator: New Codes, Effective January 1, 2026
- Therapy Services: CY 2026 KX Modifier Threshold Amounts
- Screening for Hepatitis C Virus National Coverage Determination: Clarified Billing Requirements
- Medicare Physician Fee Schedule Database: April Update

### MLN Matters® Articles

- Clinical Laboratory Fee Schedule & Laboratory Services Subject to Reasonable Charge Payment: April 2026 Update
- HCPCS Codes & Clinical Laboratory Improvement Amendments Edits: April 2026
- Vaccine Administration National Fee Schedule: April 2026 Update

### Publications & Multimedia

- Intravenous Immune Globulin Items & Services - Revised
- Medicare Diabetes Prevention Program Expanded Model - Revised

# MLN Matters

## DMEPOS Fee Schedule: CY 2026 Update

**Related CR Release Date: December 19, 2025**

**MLN Matters Number: MM14326**

**Effective Date: January 1, 2026**

**Related Change Request (CR) Number: CR 14326**

**Implementation Date: January 5, 2026**

**Related CR Transmittal Number: R13519CP**

CR 14326 tells you about:

- Fees for new codes
- Annual covered item fee updates

Make sure your billing staff knows about the updated payment policies to the DMEPOS fee schedule effective January 1, 2026.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14326.

## Home-Based Noninvasive Positive Pressure Ventilation to Treat Chronic Respiratory Failure Due to Chronic Obstructive Pulmonary Disease - Revised

**Number: 14177 Revised**

**Revised Release Date: January 30, 2026**

**Effective Date: June 9, 2025**

**Implementation Date: October 22, 2025**

**Transmittal Numbers: R13374CP, R13374NCD, R13611CP & R13611NCD**

What's Changed? CMS revised this article to remove HCPCS code E0465 and the ICD-10 diagnosis codes; Medicare Administrative Contractors will manage all ICD-10 diagnosis codes locally. CMS also updated the CR release date, transmittal numbers, and transmittal links. Substantive content changes are in dark red (page 2).

CR 14177 updates Medicare coverage guidance for:

- Respiratory assistance devices (RADs)
- Home mechanical ventilators (HMVs)

Make sure your billing staff knows about these updates, effective June 9, 2025.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14177.

# MLN Matters

## Medicare Deductible, Coinsurance & Premium Rates: CY 2026 Update

**Related CR Release Date: December 5, 2025**

**MLN Matters Number: MM14279**

**Effective Date: January 1, 2026**

**Related Change Request (CR) Number: CR 14279**

**Implementation Date: January 5, 2026**

**Related CR Transmittal Number: R13504GI**

CR 14279 tells you about:

- Deductibles
- Coinsurance rates
- Premiums

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

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

# Contacts, Resources, and Reminders

## Jurisdiction A DME MAC Supplier Contacts and Resources

Supplier Contact Center (SCC) - View hours of availability, call flow, authentication details and customer service areas of assistance.

Email Addresses - Suppliers may submit emails to Noridian for answers regarding basic Medicare regulations and coverage information. View this page for details and request form.

Fax Numbers - View fax numbers and submission guidelines.

Holiday Schedule - View holiday dates that Noridian operations, including customer service phone lines, will be unavailable for customer service.

Interactive Voice Response (IVR) - Self-Service Technology - View conversion tool and information on how to use IVR and what information is available through system. General IVR inquiries available 24/7.

Mailing Addresses - View mail addresses for submitting written correspondence, such as claims, letters, questions, general inquiries, enrollment applications and changes, written Redetermination requests and checks to Noridian.

DME MACs and Other Resources

## 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 |

## Contacts, Resources, and Reminders

| Organization | Phone Number | Types of Inquiries |
|---|---|---|
| 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, 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 Medicare.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."

# Contacts, Resources, and Reminders

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

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

## 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

# Contacts, Resources, and Reminders

## CERT Documentation

This article is to remind suppliers they must comply with requests from the Comprehensive Error Rate Testing (CERT) Review Contractor (RC) for medical records needed for the CERT program. An analysis of the CERT related appeals workload indicates a common 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 RC sends written requests for medical records to suppliers that include a checklist of the types of documentation required. The CERT RC will mail these letters to suppliers individually. Suppliers must submit documentation to the CERT RC via fax, the preferred method, or mail. Please see the CERT RC website for contact information at C3HUB.

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

Suppliers may call the CERT RC with questions regarding specific documentation to submit.

Suppliers must submit medical records within 60 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.

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 RC.

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.

# Contacts, Resources, and Reminders

## 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 5.5

## 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's 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

## 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.

### 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

**Closures:**

- Holiday Schedule
- Training Closures

### What information do I need before I can initiate a Telephone Reopening?

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.

### What may I request as a Telephone Reopening?

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.

### 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 12
- 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.