



Medicare A News

Jurisdiction F
April 2026



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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.

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.

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CMS Releases Updated Advance Beneficiary Notice of Non-coverage (ABN)

On March 13, 2026, the Centers for Medicare & Medicaid Services (CMS) announced that the Office of Management and Budget (OMB) approved the control number for the Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131.

The newly updated ABN is effective immediately and is valid through March 31, 2029. Providers may continue to use the expired version of the ABN until May 12, 2026, but must fully transition to the OMB approved form no later than that date.

ABNs are issued to Original Medicare (fee for service) beneficiaries when it is believed Medicare is likely to deny payment for an item or service, for example, when coverage criteria may not be met or frequency limits may apply. Proper use of the ABN helps ensure beneficiaries understand potential financial liability and allows providers to shift liability appropriately when Medicare denies the claim.

Key Reminders

- Only the official CMS R 131 ABN may be used; expired versions must be replaced by May 12, 2026.
- The ABN applies to Original Medicare and should not be used for Medicare Advantage (Part C) or Part D items and services.
- The ABN must be provided before the item is furnished and far enough in advance for the beneficiary to make an informed decision.

The updated ABN, instructions, and alternative formats (including large print and Spanish versions) are available on the [CMS FFS ABN](#) webpage. Providers should review internal processes, update forms, and educate staff to ensure timely compliance with the newly updated ABN.

Correct Use of Laterality Modifiers

Correct use of laterality modifiers supports clear and accurate reporting when a procedure is performed on the right side, left side, or on both sides of the body. CMS guidance indicates that these modifiers should be applied when appropriate. Modifiers include:

- RT appended when procedures performed on the right side
- LT appended when procedures performed on the left side
- 50 appended when procedure is performed bilaterally

Additional anatomic modifiers are available for:

- Eye lids - E1-E4
- Fingers - F1-F9, FA

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- Toes - T1-T9, TA
- Coronary arteries - LC, LD, LM, RC, RI

CMS Guidance

According to the [CMS Internet Only Manual \(IOM\), Publication 100-04, Medicare Claims Processing Manual, Chapter 4, Section 20.6.3](#), modifiers LT and RT apply to codes that identify procedures that can be performed on paired organs, such as, ears, eyes, nostrils, kidneys, lungs, and ovaries. These modifiers should be used whenever a procedure is performed on only one side. When a procedure is performed bilaterally, the appropriate bilateral modifier should be appended.

Bilateral procedure modifier 50 is used to report bilateral procedures that are performed on both sides of the body at the same operative session (may not be paired organs). Do not report modifiers RT and LT when modifier 50 applies. Only submit one line item to report a bilateral procedure using modifier 50 and one unit of service.

Example: major joint injection performed in right shoulder and left knee. CPT code 20610 is performed on both sides of the body, modifier 50 would apply.

NCCI Guidance

The [National Correct Coding Initiative \(NCCI\) Policy Manual, Chapter 1](#), also provides direction on the proper use of anatomic modifiers. Some CPT codes limit the number of times a procedure may be reported. In these cases, laterality modifiers supply essential information by indicating which side of a paired organ or structure was treated, ensuring accurate claim processing and compliance with coding guidelines.

Modifier guidance is available on Noridian's Browse by Topic, Modifiers webpage.

Critical Access Hospital (CAH) Method II Billing and Reassignments

The reimbursement team has recently seen an increase in questions regarding Critical Access Hospital (CAH) Method II claims that are Returning to Provider (RTP). If your organization is experiencing RTP claims under Method II, please ensure that all practitioner reassignments have been properly completed in [the Medicare Provider Enrollment, Chain, and Ownership System \(PECOS\)](#).

Effective July 1, 2025, all practitioners, whether employed or contracted, who are billed under Method II must formally reassign their billing rights to the CAH's Tax ID. Each practitioner must have a completed [CMS 855I \(Medicare Enrollment Application - Physicians and Non Physician Practitioners\)](#) on file, and the reassignment must be recorded in PECOS.

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Beginning January 2, 2026, CMS will RTP or deny claims if the practitioner reassignment is not correctly documented in PECOS. Additionally, the CAH must maintain an attestation for each practitioner confirming that they will not bill the MAC separately for services rendered at the facility while the reassignment remains active.

Resources:

- [CMS Medicare Learning Network \(MLN\) Connects Newsletter for August 21, 2025](#)

Ensuring Medical Necessity: Documentation Best Practices for Facet Injections

Proper documentation is essential to demonstrate the medical necessity of facet injections and ensure compliance with Medicare guidelines. Providers are expected to maintain records that clearly reflect the need for the care and services provided.

Noridian offers a [Facet Injection Documentation Checklist](#) to help streamline this process. While the list is not all-inclusive, it highlights key elements that should be included in the patient's medical record. Submitting complete and accurate documentation helps prevent delays and supports appropriate reimbursement.

Examples of records that may be required include:

- Practitioner progress notes supporting at least three months of moderate to severe pain
- Operative/procedure report
- Pre-procedure conservative measures/treatments
- Medication Administration Record (MAR) and/or infusion flowsheet documenting quantity administered including dose, route, and frequency given

Friendlier, Clearer Account Activity Reminders for NMP

We've refreshed our account activity warning emails to make them clearer and easier to act on. The 20-day notice has been removed, and instead users will receive two friendly reminders - on days 25 and 29 - before an account is disabled on day 30 if there's no login on the Noridian Medicare Portal (NMP). This approach provides more supportive guidance for users.

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Hospital-Specific Amount (HSP) Updates and FISS Reprocessing Notice

The Noridian Audit and Reimbursement teams have recently seen an increase in questions regarding the updated hospital specific amounts in the Provider Specific File (PSF) for Sole Community Hospitals (SCHs) and the Medicare-Dependent, Small Rural Hospital (MDH) Program, specifically the Hospital Specific (HSP) amounts.

While the MDH program is set to expire under current law as of October 1, 2025, CMS has instructed MACs to update the HSP rates so that SCH and MDH rates in the PSF remain uniformly updated.

Please note: HSP calculations were corrected in Noridian's system as of January 19, 2026. Any affected inpatient claims will automatically reprocess in the Fiscal Intermediary Standard System (FISS) system within 60 days with an effective date of October 1, 2025.

Resources

- [CMS Medicare Learning Network \(MLN\) Matters 14203 - Inpatient & Long-Term Care Hospital Prospective Payment Systems: FY 2026 Changes](#)
- [CMS Change Request \(CR\) 14203](#)

Information for Critical Access Hospitals - Revised

CMS [MLN006400](#) includes the following changes:

- Information on:
 - Rural reclassification status
 - Interoperability measures that start January 1, 2026
 - Transforming Episode Accountability Model skilled nursing facility 3-day rule waiver
- A new resource link for the latest telehealth information
- Specific dates for implementing the new conditions of participation for emergency readiness and obstetrical services

Source: CMS [MLN Connects](#) dated January 15, 2026

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Intravenous Immune Globulin Items & Services (IVIGs)

Have you checked out the recently updated IVIG information? It now includes the 2026 payment rate of \$442.19 for HCPCS Q2052 (home IVIG services and supplies).

Reminder that if you're billing for multiple administrations of IVIG on a single claim:

- Bill Q code for each infusion date of service on a separate claim line (paid per visit)
- Only 1 unit of Q2052 paid per infusion date of service; however, report infusion visit length in 15-minute increments (15 minutes = 1 unit)
- Read fact sheet table on page 4 for rounding of units

Read more: [CMS IVIG MLN 3191598 Booklet-February 2026](#)

Introducing the Noridian Educational Experience (NEE)

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

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

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

Materials Available from the January 14 National Ambulance Coalition Meeting

The presentation from the January 14, 2026, National AB MAC Ambulance Provider/Supplier Coalition Meeting has been posted as a PDF to the Noridian website. The PDF handout contains information about ambulance documentation and medical necessity requirements as well as contact information for each of the MACs present. You

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can find the materials in the Educational Resources section of the [Ambulance homepage](#).

New Email Submission Guidelines for Audit and Reimbursement Requests

A new [Email Submission Guidelines for Audit and Reimbursement Requests](#) webpage has been launched to improve efficiency and support timely processing of specific Audit and Reimbursement requests. The page outlines required email submission guidelines, ensuring that all requests are properly routed and handled.

This page provides:

- The correct email addresses for each submission type
- Subject line formatting requirements
- Examples for proper formatting

Submission types covered include:

- 2nd Interim Rate Review (IRR)
- Initial Periodic Interim Payment (PIP)
- 2nd Periodic Interim Payment (PIP)
- Provider Statistical & Reimbursement (PS&R) requests

Following these guidelines helps ensure accurate routing and prompt processing of all related submissions.

All providers are encouraged to review and update internal processes to align with these requirements. Additional submission types and instructions will be added over time, so regular review of the page is recommended.

Noridian Medicare Portal Refund Check Number Lookup Tool Enhancement

Noridian is happy to announce that on January 26, 2026, a new enhancement to the Noridian Medicare Portal (NMP) was implemented that now allows providers to verify how a check they sent to Noridian was applied. This new function is available on NMP's financial tab, and includes the following:

- Date check was received
- Status of the check
- How much of the check was applied to debts
- What debts, if any, the check has been applied to

Now that this new tool is available, Noridian highly encourages its usage as it will reduce your time. Effective March 2, 2026, Noridian customer service representatives

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will no longer provide information about refund checks that can be located on the Noridian Medicare Portal.

Resources

- Noridian Medicare Portal User Manual

Noridian Removes Skin Substitute Draft Policy

Effective January 1, 2026, CMS **removed** the draft Local Coverage Determination (LCD) policy *“Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers”*.

Skin substitutes will not be identified on the prior authorization lists. This affects the voluntary prior authorization program “Wasteful and Inappropriate Service Reduction (WISeR)” model for the Noridian states of **Arizona** and **Washington**.

Final CY2026 single payment rate for skin substitute products is approximately \$127.28.

Reminder: JW and JZ modifiers are not appropriate for billing incident-to supplies starting January 1, 2026 to Medicare:

- Provider administers entire non-biologic license application (BLA) skin substitute from package or container (with no units discarded); JZ modifier not appropriate
- Provider administers **portion** of non-BLA skin substitute from package or container (portion discarded); only bill units administered
- Not appropriate to bill Medicare for discarded non-BLA skin substitute units under **any** circumstance with JW modifier

Noridian’s Hyperbaric Oxygen (HBO) Therapy Documentation Checklist

Noridian provides a comprehensive checklist to help providers meet documentation requirements for Hyperbaric Oxygen (HBO) therapy. This resource outlines the essential records needed to support the medical necessity and appropriateness of services rendered. By following the checklist, providers can ensure complete and accurate submissions, reduce delays and improve compliance with Medicare guidelines.

- [HBO Documentation Requirements](#)

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Prior Authorization (PA) Lookup Tool Updated

Noridian is pleased to share that the CMS WISeR program CPT codes have been added to our “Prior Authorization Lookup Tool.” In addition, all PA programs are now clearly reflected in the tool’s reply results.

When providers or facilities search CPTs or HCPCS codes, the tool identifies whether a PA program applies and specifies which program is involved. Examples from each available PA program, as well as a sample result for codes that do not require prior authorization, are included below.

WISeR

- WISeR Model participation is voluntary. AZ/WA providers may request prior authorization or prepay review for this HCPC 29877.

ASC

- A prior authorization is needed for AZ/CA ASC providers for 15820.

AMBULANCE-RSNAT

- A prior authorization is needed for Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT) service code A0428.

HOSPITAL OUTPATIENT DEPARTMENT (OPD)

- A prior authorization is needed for Part A Outpatient Department providers for 30520.

CODES NOT INVOLVED with PRIOR AUTHORIZATION

- No prior authorization is necessary for 99212.

PS&R Summary Reports Now Available via Medicare Cost Report E-Filing System (MCReF)

Effective May 13, 2025, a new functionality was added to the Medicare Cost Report E-Filing system (MCReF) that allows Medicare Part A providers with the option to access their PS&R summary reports via one-click download for all of its eligible providers/subproviders and eligible fiscal years. The PS&R summary reports will have most of the splits required for cost report submissions and be available in a vendor-ready format. The goal of this new functionality is to make acquiring PS&R summary

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reports easier (one-click, rather than the current multi-screen flow for custom requests in the PS&R system) and to provide faster access (immediate download, no queue/inbox).

Detailed information on this new functionality is located in the [MCR eF User Manual](#) located on the CMS website.

CMS hosted a live Medicare Cost Report E-Filing Webinar on March 19, 2025, to introduce the new functionality to download PS&R summary reports in MCR eF to the provider and MAC community. The recording of the [Medicare Cost Report E-Filing Webinar](#) can be reviewed on the CMS website.

Note: Before using PS&R One-Click Summary Reports, providers should confirm that the default PS&R splits meet their cost report filing needs. If the defaults described do not meet providers' needs for a particular use case, they can continue to request tailored PS&R reports directly in the PS&R system.

e-Filing tips for accelerating CR Processing:

- Use MCR eF
 - e-Sign through the ECR software
 - Categorize files appropriately
 - Submit Medicare cost report exhibits using the optional electronic specifications/templates
 - Provides upfront, live notice of potential issues with your exhibits (which, if addressed, minimizes back-and-forth with your MAC)
 - Accelerates cost report acceptance and tentative settlement (with the potential for instant acceptance)
 - Pay attention to warnings

Surgical Dressings: Prevent Claim Denials

In 2024, the improper payment rate for surgical dressings was 57.6%, with a projected improper payment amount of \$177M (see [2024 Medicare Fee-for-Service Supplemental Improper Payment Data \(PDF\)](#)). Learn how to bill correctly for these services. Review the [Surgical Dressings](#) provider compliance tip for more information, including:

- Billing codes
- Denial reasons and how to prevent them
- Refill and documentation requirements
- Example of improper payments due to insufficient documentation
- Resources

Source: CMS [MLN Connects](#) dated 2/19/2026

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Telehealth Flexibility Extension

On February 3, 2026, the President signed the Consolidated Appropriations Act, 2026. This new law updates earlier telehealth flexibility guidance. Noridian and other Medicare Administrative Contractors are waiting for CMS direction and will share more information as soon as possible.

Top Denials and Solutions - Q4 2025

(October, November and December of 2025)

This quarterly summary highlights the top five Return to Provider (RTP), rejection, and denial reason codes identified across claims activity, along with key prevention strategies and solutions for Part A. The report focuses on the most frequent processing issues that result in claims being returned, rejected, or denied, and outlines common submission errors that can be corrected prior to resubmission. It also identifies recurring trends that contribute to avoidable claim outcomes and provides essential resources and best practices to support accurate claim submission and reduce future RTPs, rejections, and denials.

Top 5 Return to Provider (RTP)

31407: Fiscal Intermediary Standard System (FISS) edit applied when multiple units are billed with HCPCS code G2025 (telehealth services) on a 71X Rural Health Clinic (RHC) bill type.

32005: The statement covers from date is greater than the provider's effective date on the provider file.

32243: This claim level reason code is being returned to the provider because one or more for line items were submitted without associated charges.

32415: Condition Code "A6" is required when billing a PPV, flu, or COVID-19 vaccine roster bill.

37098: Federally Qualified Health Center (FQHC) Medicare Advantage (MA) claim is missing the necessary PPS supplemental rate information.

Top 5 Rejection Reason Codes

31992: Medicare denial code indicating that a claim is considered entirely noncovered.

36428: The claim is being returned due to the billing provider not being certified to perform mammography services

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38038: Claim submitted is duplicate of previously submitted claim and one of above-mentioned conditions exists.

38200: Claim submitted is exact duplicate of previously submitted claim and fields listed above are same on history and processing claim.

39998: Billing error where the revenue code is not compatible with the type of bill submitted.

Top 5 Denial Reason Codes

31241: Auto denial of claim line(s) submitted with a "GZ" modifier effective with July 1, 2011, dates of service for TOBs 12x, 13x, 14x, 22x, 23x, 32x, 33x, 34x, 71x, 72x, 73x, 74x, 75x, 76x, 77x, 81x, 82x, 83x and 85x.

39721: Requested non-medical Additional Documentation Request (ADR) never received.

39928: All line items on the claim were denied by Medical Review.

54NCD: None of the diagnoses on the claim support the medical necessity of the service, and no documentation to support medical necessity was provided. Deny the service. The provider is liable.

5LPDN: Medicare does not pay for service with diagnosis shown on claim, provider liable.

Resources

- [Direct Data Entry \(DDE\)](#)
- [Patient Status Codes](#)
- [Noridian Medicare Portal \(NMP\)](#)
- [Reason Code Guidance](#)

Understanding Diagnostic versus Therapeutic Facet Joint Injections

Noridian's Local Coverage Determination (LCD [L38803](#)) clearly distinguishes diagnostic from therapeutic facet joint injections, outlining specific requirements for each to ensure appropriate use and coverage.

Diagnostic facet joint injections, performed as medial branch blocks (MBB) or intra articular (IA) injections when MBB cannot be done, are used to determine whether the facet joints are the true source of chronic axial neck or low back pain. To qualify, a beneficiary must meet LCD criteria, including pain lasting at least three months, failure of conservative therapy, and no alternative diagnoses. Diagnostic injections must be intended to guide treatment toward radiofrequency ablation (RFA) if positive. A second diagnostic block is allowed only when the first produces at least 80% pain relief, and

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Medicare limits diagnostic sessions to no more than four per spinal region in a 12 month period.

The KX modifier should be appended to the line for all diagnostic injections. In most cases the KX modifier will only be used for the two initial diagnostic injections. If the initial diagnostic injections do not produce a positive response as defined by the policy and are not indicative of identification of the pain generator, and it is necessary to perform additional diagnostic injections at a different level, append the KX modifier to the line.

Therapeutic facet joint injections, by contrast, are intended for pain management when RFA is not appropriate. To qualify, the beneficiary must first have two diagnostic blocks, each confirming $\geq 80\%$ pain relief. Ongoing therapeutic injections must then demonstrate at least 50% pain relief lasting three months or comparable improvement in function. Medicare also limits therapeutic sessions to four per spinal region in a rolling 12 months, and documentation must clearly explain why RFA cannot be performed.

In summary, diagnostic injections identify the pain generator, while therapeutic injections treat confirmed facet mediated pain when RFA is not an option. Both require consistent pain and functional measurement tools and strict adherence to LCD criteria for coverage.

Medical Policies and Coverage

2026 Annual Quarter One MoIDX CPT/HCPCS Billing and Coding Article Updates - Effective January 1, 2026

Date Posted: January 22, 2026

The following MoIDX Billing and Coding Articles have been revised under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2026

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

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A59642	Billing and Coding: MoIDX: Proteomics Testing	0601U, 0609U	0550U	0365U
A57332	Billing and Coding: MoIDX: Repeat Germline Testing	0605U, 81354	0033U, 0131U, 0132U, 0135U	NA
A58170	Billing and Coding: MoIDX: Molecular Testing for Solid Organ Allograft	NA	0508U, 0509U, 0544U	NA

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

Medical Policies and Coverage

2026 CPT/HCPCS Billing and Coding Article Updates - Effective January 1, 2026

Date Posted: January 2, 2026

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

Effective Date: January 1, 2026

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

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A54061	Billing and Coding: Arthroscopic Lavage and Arthroscopic Debridement for Osteoarthritic Knees	N/A	N/A	29871
A59769	Billing and Coding: Artificial Intelligence Enabled CT Based Quantitative Coronary Topography (AI-QCT)/Coronary Plaque Analysis (AI-CPA)	75577	0623T, 0624T, 0625T, 0626T	N/A
A53026	Billing and Coding: Bariatric Surgery Coverage	N/A	N/A	43846, 43847
A57161	Billing and Coding: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)	N/A	N/A	17110, 17111

Medical Policies and Coverage

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A57183	Billing and Coding: Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography	N/A	J0395	93015, 93016, 93017, 93018
A59055	Billing and Coding: Influenza Diagnostic Tests	87812	N/A	N/A
A57079	Billing and Coding: Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma	N/A	N/A	20527, 20550, 20551
A57194	Billing and Coding: Immune Globulin Intravenous (IVIg)	N/A	J1572	N/A
A59695	Billing and Coding: Minimally Invasive Arthrodesis of the Sacroiliac Joint (SIJ)	N/A	N/A	27279, 27278
A57685	Billing and Coding: Total Knee Arthroplasty	N/A	27445	N/A
A58229	Billing and Coding: Transurethral Waterjet Ablation of the Prostate	52597	0421T	N/A
A58565	Billing and Coding: Wound and Ulcer Care	N/A	N/A	29445, 29581
A55710	Lymphedema Decongestive Treatment	N/A	N/A	29581, 29584
A56027	Billing and Coding: Piriformis Injections	N/A	N/A	20552

Medical Policies and Coverage

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A57224	Billing and Coding: Respiratory Care	N/A	94662	94450, 94660, 94664, 94667, 94668, 94680, 94681, 94690, 94726, 94727, 94729, 94772
A57701	Billing and Coding: Trigger Point Injections (TPI)	N/A	N/A	20552, 20553
A55001	Billing and Coding: Urine Drug Testing	0603U	N/A	N/A

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

Allergy Diagnostic Testing LCD - Published for Review and Comments

Date Posted: January 15, 2026

This proposed Local Coverage Determination (LCD) has been published for review and comments for contract numbers: 02101 (AK), 03101 (AZ), 02201 (ID), 03201 (MT), 03301 (ND), 02301 (OR), 03401 (SD), 03501 (UT), 02401 (WA), and 03601 (WY).

Medicare Coverage Database (MCD) Number: DL40324

LCD Title: Allergy Diagnostic Testing

Comment period: January 15, 2026 - February 28, 2026

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

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

Medical Policies and Coverage

Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin's and Non-Hodgkin's Lymphoma with B-cell or T-cell Origin (L39398) - R1 - Effective March 5, 2023

Date Posted: February 5, 2026

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

Effective Date: March 5, 2023

Summary of Changes:

COVERAGE INDICATIONS:

Revised sentence from “(Please refer to CMS, Publication 100-3, Medical National Coverage Determinations Manual (NCD), Chapter 1, Part 2, §110.23)” to “(Please refer to CMS, Publication 100-03, Medicare National Coverage Determinations Manual (NCD), Chapter 1, Part 2, §110.23)”

Revised sentence from "Per the NCD, "All other indications for stem cell transplantation not otherwise noted above as covered or non-covered remain at local Medicare Administrative Contractor (MAC) discretion." "to "Per the NCD, "Coverage of all other indications for stem cell transplantation not otherwise specified above as covered or non-covered will be made by local Medicare Administrative Contractors under sections 1862(a)(1)(A).""

SUMMARY OF EVIDENCE:

Added parentheses for acronym Allogeneic Hematopoietic Stem Cell Transplantation (Allo-HSCT)

Revised sentence from “The CMS National Coverage Determination (NCD 110.23) for Stem Cell Transplantation describes nationally covered indications for, the details of which will not be fully repeated within this policy. This policy describes additional locally covered indications for stem cell transplant, without exclusion of the disease entities considered in this Policy.” To “The CMS National Coverage Determination (NCD 110.23) for Stem Cell Transplantation describes nationally covered indications for stem cell transplant without exclusion of the disease entities considered in this Policy.””

ANALYSIS OF EVIDENCE:

Revised the acronym from Allo-HCT to Allo-HSCT

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

Medical Policies and Coverage

Billing and Coding: Botulinum Toxin Injections (A57186) - R12 - Effective March 5, 2026

Date Posted: March 5, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: March 5, 2026

Summary of Changes: The following updates have been made:

Added CPT codes 31570 and 31573 to Group 1 in the CPT/HCPCS section and to the Group 9 Paragraph in the ICD-10-CM Codes that Support Medical Necessity section.

Corrected Group 8 Paragraph to remove CPT 64654 and add CPT 64650.

Added Group 9 Laryngeal Dystonia (CPT Code 64617) under the "ICD-10-CM Codes That Support Medical Necessity" section.

Added CPT codes 64642, 64643, 64644, 64645, 64646 and 64647 to the Group 15 Paragraph in the "ICD-10-CM Codes That Support Medical Necessity".

Removed ICD-10 code G24.8 from Group 13 in the ICD-10-CM codes that Support Medical Necessity section.

Added a paragraph in the Article Text under Modifiers JW and JZ section.

Added a paragraph in the Article Text under the Cosmetic Use section.

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

Billing and Coding: Computed Tomography Cerebral Perfusion Analysis (CTP) (A58223) - R5 - Effective January 1, 2026

Date Posted: January 15, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2026

Summary of Changes:

Deleted: 0042T

Added: 70472, 70473 and coding information paragraph in the Article Text section

Added ICD-10 codes: G44.53 and I69.344 - new codes effective in 2025.

Medical Policies and Coverage

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

Billing and Coding: Computed Tomography Cerebral Perfusion Analysis (CTP) (A58223) - R6 - Effective January 1, 2026

Date Posted: February 19, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2026

Summary of Changes: Under ICD-10-CM Codes that Support Medical Necessity, added R29.810 to Group 1 Codes.

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

Billing and Coding: Computed Tomography Cerebral Perfusion Analysis (CTP) (A58223) - R7 - Effective January 1, 2026

Date Posted: March 26, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2026

Summary of Changes: Under **Article Text**, revised: "Append computed tomography cerebral perfusion analysis identified with CPT 0042T or 70472 with the KX modifier to attest the CTP analysis was performed in a certified stroke center." to "Append computed tomography cerebral perfusion analysis identified with CPT 70472 with the KX modifier to attest the CTP analysis was performed in a certified stroke center."

Under **Article Text**, removed: "Effective 1/1/26 CPT code 0042T will be replaced with CPT code 70472 & 70473 for Computed Tomography Cerebral Perfusion Analysis (CTP). Claims with date of service prior to 1/1/26 should still use 0042T."

Under **Article Text**, added the following clarification of acronyms: Cerebral Perfusion Analysis (CPA), Computed Tomography (CT), Artificial Intelligence QT interval Corrected Analysis (AI-QTC), Artificial Intelligence Cerebral Perfusion Analysis (AI-CPA, and Coronary CT Angiography (CCTA)

Medical Policies and Coverage

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

Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (A57948) - R10 - Effective January 1, 2026

Date Posted: February 5, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2026

Summary of Changes: Correction: The effective removal date of CPT 64568 is January 1, 2025.

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

Billing and Coding: Immune Globulin Intravenous (IVIg) (A57194) - R12 - Effective January 22, 2026

Date Posted: February 19, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 22, 2026

Summary of Changes: Under Group 1 Paragraph, added: When billing Gammagard Liquid or Gammagard Liquid ERC, utilize HCPCS J1569.

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

Medical Policies and Coverage

Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55239) - R24 - Effective January 1, 2026

Date Posted: January 8, 2026

This Billing and Coding article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2026

Summary of Article Changes: Updated pricing for Prialt (Ziconotide) and Ropivacaine per quarterly ASP Drug File Update:

Effective 01/01/2026 - 03/31/2026

Prialt (Ziconotide) = \$10.565

Ropivacaine = \$0.050

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

Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (A58681) - R10 - Effective Multiple Dates

Date Posted: January 29, 2026

This Billing and Coding Article has been revised under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: Multiple Dates

Summary of Changes:

Under **CPT/HCPCS Codes Group 2: Paragraph** deleted sentence. Under **CPT/HCPCS Codes** Group 2: Codes deleted 81163, 81164, 81165, 81166, 81167, 81201, 81203, 81212, 81216, 81292, 81294, 81295, 81297, 81298, 81300, 81307, 81317, 81319, 81321, 81323, and 81351. Added 81479. **Under CPT/HCPCS Codes Group 3: Paragraph** added "These code(s) are non-covered". Under CPT/HCPCS Codes Group 3: Codes added 81163, 81164, 81165, 81166, 81167, 81201, 81203, 81212, 81216, 81292, 81294, 81295, 81297, 81298, 81300, 81307, 81317, 81319, 81321, 81323, and 81351. Under **ICD-10 Codes that Support Medical Necessity Group 2: Codes** added C81.00, C81.01, C81.02, C81.03, C81.04, C81.05, C81.06, C81.07, C81.08, C81.09, C81.0A, C81.10, C81.11, C81.12, C81.13,

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C92.01, C92.02, C92.10, C92.11, C92.12, C92.20, C92.21, C92.22, C92.30, C92.31, C92.32, C92.40, C92.41, C92.42, C92.50, C92.51, C92.52, C92.60, C92.61, C92.62, C92.90, C92.91, C92.92, C92.A0, C92.A1, C92.A2, C92.Z0, C92.Z1, C92.Z2, C93.00, C93.01, C93.02, C93.10, C93.11, C93.12, C93.30, C93.31, C93.32, C93.90, C93.91, C93.92, C93.Z0, C93.Z1, C93.Z2, C94.00, C94.01, C94.02, C94.20, C94.21, C94.22, C94.30, C94.31, C94.32, C94.40, C94.41, C94.42, C94.6, C94.80, C94.81, C94.82, C95.00, C95.01, C95.02, C95.10, C95.11, C95.12, C95.90, C95.91, C95.92, C96.0, C96.20, C96.21, C96.22, C96.29, C96.4, C96.5, C96.6, C96.9, C96.A, C96.Z, D45, D46.0, D46.1, D46.20, D46.21, D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z, D47.01, D47.02, D47.09, D47.1, D47.3, D47.4, D47.9, D47.Z9, D75.81, Z85.6, Z85.71, Z85.72, and Z85.79. This revision is effective 1/1/2026.

Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** added C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3, C15.4, C15.5, C15.8, C15.9, C26.0, C26.1, C26.9, C30.0, C30.1, C31.0, C31.1, C31.2, C31.3, C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C37, C38.0, C38.1, C38.2, C38.3, C38.4, C38.8, C39.0, C39.9, C40.00, C40.01, C40.02, C40.10, C40.11, C40.12, C40.20, C40.21, C40.22, C40.30, C40.31, C40.32, C40.80, C40.81, C40.82, C40.90, C40.91, C40.92, C41.0, C41.1, C41.2, C41.3, C41.4, C41.9, C44.00, C44.01, C44.02, C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.131, C44.1321, C44.1322, C44.1391, C44.1392, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C44.40, C44.41, C44.42, C44.49, C44.500, C44.501, C44.509, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80, C44.81, C44.82, C44.89, C44.90, C44.91, C44.92, C44.99, C45.0, C45.2, C45.7, C45.9, C47.0, C47.10, C47.11, C47.12, C47.20, C47.21, C47.22, C47.3, C47.4, C47.5, C47.6, C47.8, C47.9, C49.0, C49.10, C49.11, C49.12, C49.20, C49.21, C49.22, C49.3, C49.4, C49.5, C49.6, C49.8, C49.9, C4A.0, C4A.10, C4A.111, C4A.112, C4A.121, C4A.122, C4A.20, C4A.21, C4A.22, C4A.30, C4A.31, C4A.39, C4A.4, C4A.51, C4A.52, C4A.59, C4A.60, C4A.61, C4A.62, C4A.70, C4A.71, C4A.72, C4A.8, C4A.9, C51.0, C51.1, C51.2, C51.8, C51.9, C52, C53.0, C53.1, C53.9, C57.7, C57.8, C57.9, C60.0,

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C60.1, C60.2, C60.8, C60.9, C62.00, C62.01, C62.02, C62.10, C62.11, C62.12, C62.90, C62.91, C62.92, C63.00, C63.01, C63.02, C63.10, C63.11, C63.12, C63.2, C63.7, C63.8, C63.9, C68.0, C68.1, C68.9, C69.00, C69.01, C69.02, C69.10, C69.11, C69.12, C69.20, C69.21, C69.22, C69.30, C69.31, C69.32, C69.40, C69.41, C69.42, C69.50, C69.51, C69.52, C69.60, C69.61, C69.62, C69.80, C69.81, C69.82, C69.90, C69.91, C69.92, C70.0, C70.1, C70.9, C72.0, C72.1, C72.20, C72.21, C72.22, C72.30, C72.31, C72.32, C72.40, C72.41, C72.42, C72.50, C72.59, C72.9, C74.00, C74.01, C74.02, C74.10, C74.11, C74.12, C74.90, C74.91, C74.92, C7A.00, C7A.010, C7A.011, C7A.012, C7A.019, C7A.020, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, C7A.029, C7A.090, C7A.091, C7A.092, C7A.093, C7A.094, C7A.095, C7A.096, C7A.098, C7A.1, C7A.8, C80.0, C80.1, D00.00, D00.01, D00.02, D00.03, D00.04, D00.05, D00.06, D00.07, D00.08, D00.1, D01.3, D01.9, D02.0, D02.1, D02.20, D02.21, D02.22, D02.3, D02.4, D03.0, D03.10, D03.111, D03.112, D03.121, D03.122, D03.20, D03.21, D03.22, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60, D03.61, D03.62, D03.70, D03.71, D03.72, D03.8, D03.9, D04.0, D04.10, D04.111, D04.112, D04.121, D04.122, D04.20, D04.21, D04.22, D04.30, D04.39, D04.4, D04.5, D04.60, D04.61, D04.62, D04.70, D04.71, D04.72, D04.8, D04.9, D06.7, D06.9, D07.1, D07.2, D07.30, D07.39, D07.4, D07.60, D07.61, D07.69, D09.0, D09.10, D09.19, D09.20, D09.21, D09.22, D09.9, Z85.01, Z85.020, Z85.028, Z85.05, Z85.09, Z85.110, Z85.118, Z85.12, Z85.20, Z85.21, Z85.22, Z85.230, Z85.238, Z85.29, Z85.40, Z85.41, Z85.45, Z85.47, Z85.48, Z85.49, Z85.50, Z85.520, Z85.528, Z85.810, Z85.818, Z85.819, Z85.830, Z85.831, Z85.840, Z85.848, and Z85.89. This revision is effective 7/3/2022.

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

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58456) - R16 - Effective Multiple Dates

Date Posted: January 29, 2026

This Billing and Coding Article has been revised under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: Multiple Dates

Summary of Changes:

Under **CPT/HCPCS Codes Group 1: Codes** the description was revised for 0569U. This revision is due to the 2026 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2026.

Under **Article Text** subheading Additional Test-specific Indications, Limitations and Instructions revised 3rd sentence to read “the monitoring of response to immune-

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checkpoint inhibitor therapy for advanced (Signatera) or inoperable/metastatic (Guardant Response) solid tumors”. This revision is effective 4/6/2023.

Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** added Z85.89 and deleted C79.63. Under **ICD-10 Codes that Support Medical Necessity Group 2: Paragraph** deleted “(or personal history of a solid tumor but still being treated with ICI therapy”.

Under **ICD-10 Codes that Support Medical Necessity Group 2: Codes** deleted C79.63, Z85.01, Z85.020, Z85.028, Z85.030, Z85.038, Z85.040, Z85.048, Z85.05, Z85.060, Z85.068, Z85.07, Z85.09, Z85.110, Z85.118, Z85.12, Z85.21, Z85.22, Z85.230, Z85.238, Z85.29, Z85.3, Z85.41, Z85.42, Z85.43, Z85.44, Z85.46, Z85.47, Z85.48, Z85.4A, Z85.51, Z85.520, Z85.528, Z85.53, Z85.54, Z85.59, Z85.810, Z85.818, Z85.819, Z85.820, Z85.821, Z85.828, Z85.830, Z85.831, Z85.840, Z85.841, Z85.848, Z85.850, and Z85.858. This revision is to remove contradictory verbiage that needed to be revised to be consistent with the policy and is effective 10/1/2022

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

Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R17 - Effective March 12, 2026

Date Posted: March 12, 2026

This Billing and Coding Article has been revised under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: March 12, 2026

Summary of Changes:

Under **Article Text** revised Table 1 row 9 to read “NeXT Personal: WGS Assay Design + Plasma Initial Test (Personalis, Inc)”. This revision is effective 3/12/2026.

Under subheading **Additional Test-specific Indications, Limitations and Instructions** revised 2nd sentence to read “(NSCLC) (Signatera, NeXT Personal)”. This revision is due to a new covered test that has successfully completed a TA and is effective for 1/9/2026.

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

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Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) (A57527) - R26 - Effective Multiple Dates

Date Posted: January 22, 2026

This Billing and Coding Article has been revised under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: Multiple Dates

Summary of Changes: Under **CPT/HCPCS Codes Group 1: Codes** added 0600U, 0602U, 0605U, 0607U, 0608U, 0611U, 0612U, 0613U, 81354, 81524, and 87183. Deleted 0033U, 0131U, 0132U, 0135U, 0508U, 0509U, and 0544U. The description was revised for 0537U, 0565U, and 0569U. Under **CPT/HCPCS Codes Group 2: Codes** added 87494 and 87627. This revision is due to the 2026 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2026.

Under **CPT/HCPCS Codes Group 2: Codes** added 0140U, 0141U, and 0142U. This revision is effective 4/17/2022.

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

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58726) - R32 - Effective Multiple dates

Date Posted: January 22, 2026

This Billing and Coding Article has been revised under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: Multiple dates

Summary of Changes:

Under **CPT/HCPCS Codes Group 5: Codes added** 87494. Under **CPT/HCPCS Codes Group 10: Codes** added 87627. This revision is due to the 2026 Annual/Q1 CPT/HCPCS Code Update and is effective 1/1/2026.

Under **CPT/HCPCS Codes Group 4: Codes added** 0140U, 0141U and 0142U. Under **CPT/HCPCS Codes Group 8: Codes** added 0068U and 0096U. This revision is effective 4/17/2022.

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

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R34 - Effective March 19, 2026

Date Posted: March 19, 2026

This Billing and Coding Article has been revised under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: March 19, 2026

Summary of Changes:

Under **Article Text** subheading **Additional Information** revised bullet 9 to add “A consultation with/recommendation by one of the listed provider specialists satisfies the ordering provider requirements of the policy”. Formatting and punctuation were corrected throughout the article. This revision is effective 3/19/2026.

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

Billing and Coding: MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (A57892) - R10 - Effective September 19, 2024

Date Posted: January 22, 2026

This Billing and Coding Article has been revised under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: September 19, 2024

Summary of Changes:

Under **Article Text** added “To submit a claim for ABL1 Kinase Domain Mutation Analysis by NGS for the detection of acquired imatinib tyrosine kinase inhibitor resistance, use CPT® 81170 and one (1) UOS with the assigned DEX Z-Code. See also Group 2 below”. Under **CPT/HCPCS Codes Group 2: Paragraph** added “The following should be reported for ABL1 Kinase Domain Mutation Analysis for the detection of acquired imatinib

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tyrosine kinase inhibitor resistance”. Under **CPT/HCPCS Codes Group 2: Codes added** 81170. Under **ICD-10 Codes that Support Medical Necessity Group 2: Codes added** C92.10 and C92.12. This revision is effective 9/19/2024.

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

Billing and Coding: MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (A57892) - R11 - Effective May 17, 2020

Date Posted: January 29, 2026

This Billing and Coding Article has been revised under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: May 17, 2020

Summary of Changes:

Revision 9 (R9) incorrectly stated this revision is effective 2/10/2020. The correct effective date of this revision is 5/17/2020.

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

Billing and Coding: MoIDX: Pharmacogenomics Testing (A57385) - R19 - Effective July 2, 2024

Date Posted: February 5, 2026

This Billing and Coding Article has been revised under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: July 2, 2024

Summary of Changes:

Under **Article Text** revised Table 2 APOE row to add donanemab. This revision is due to FDA guidelines and is effective 7/2/2024.

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

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Billing and Coding: Nerve Blockade for Treatment of Chronic Pain and Neuropathy (A56034) - R11 - Effective March 5, 2026

Date Posted: March 12, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: March 5, 2026

Summary of Changes:

Under Article Text, revised the sentence from “The use of peripheral nerve blocks for treating diabetic neuropathy is not considered reasonable and/or necessary and is not covered by Medicare Part A or B.” to “The use of peripheral nerve blocks for treating metabolic peripheral neuropathy is not considered reasonable and/or necessary and is not covered by Medicare Part A or B.”

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

Billing and Coding Nusinersen, (brand name SPINRAZA®)

This article has been published under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

The Noridian Contractor Medical Directors (CMDs) have published the following Medical Director Education Article on our website:

- Billing and Coding Nusinersen, (brand name SPINRAZA®)

Visit the Noridian [Medical Director Education Articles](#) webpage to view the document.

Billing and Coding: Respiratory Care (A57224) - R21 - Effective January 1, 2026

Date Posted: February 12, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2026

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Summary of Changes: Removed Type of Bill (TOB) 022X, Skilled Nursing - Inpatient (Medicare Part B Only) to align with Internet Only Manual (IOM) 100-04, Chapter 7, Section 10.1.1.

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

Billing and Coding: Spinraza® (nusinersen) (A58578) Retirement - Effective January 2, 2025

Date Posted: March 19, 2026

This Billing and Coding article has been retired under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 2, 2025

Summary:

This article is being retired. Updated direction regarding these services will move to our Noridian website.

Visit the CMS [Medicare Coverage Database \(MCD\)](#) to access the Retired articles

Billing and Coding: Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC) (A60181) - R1 - Effective March 1, 2026

Date Posted: March 12, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: March 1, 2026

Summary of Changes:

Under **Article Text**, deleted: “For purposes of this LCD, SRT is only payable in a non-facility setting. As defined by Section 3(b) of the Patient Access and Medicare Protection Act (PAMPA), the following settings would be allowable: The term “non-facility settings” refers to freestanding radiation therapy centers, which are treated like physicians’ offices for Medicare payment and billing purposes and are paid under the Medicare Physician Fee Schedule (MPFS). In contrast, the term “facility settings” refers to hospitals, which

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provide radiation therapy (RT) in their hospital outpatient departments. Physician office, if allowed by their local state requirements as meeting these requirements, would also fall under the rubric of a freestanding RT center for Medicare payment and billing purposes for the delivery of SRT.”

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

Billing and Coding: Transurethral Waterjet Ablation of the Prostate (A58229) - R4 - Effective January 1, 2026

Date Posted: January 29, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2026

Summary of Changes:

Revised Group 1: Paragraph from “The following ICD-10-CM codes support medical necessity and provide coverage for (CPT/HCPCS) codes: 0421T and C2596.” to “The following ICD-10-CM codes support medical necessity and provide coverage for (CPT/HCPCS) codes: 52597 and C2596.”

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

Billing and Coding: Wound and Ulcer Care (A58565) - R11 - Effective January 1, 2026

Date Posted: January 29, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2026

Summary of Changes: Updated broken link under Other URLs: Medicare Learning Network MM10176 - Updated Editing of Always Therapy Services - MCS

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

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Billing and Coding: Wound and Ulcer Care (A58565) - R12 - Effective October 1, 2025

Date Posted: March 5, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: October 1, 2025

Summary of Changes:

Under **ICD-10-CM Codes that Support Medical Necessity, Group 1: Codes**, added: L98.431*, L98.432*, L98.471*, L98.472*, L98.473*, L98.A111*, L98.A112*, L98.A113*, L98.A114*, L98.A115*, L98.A116*, L98.A118*, L98.A121*, L98.A122*, L98.A123*, L98.A124*, L98.A125*, L98.A126*, L98.A128*, L98.A221*, L98.A222*, L98.A223*, L98.A224*, L98.A225*, L98.A226*, L98.A228*, S30.85AA, S30.85AD, S30.85AS, S31.116A, S31.116D, S31.116S, S31.117A, S31.117D, S31.117S, S31.11AA, S31.11AD, S31.11AS, S31.126A, S31.126D, S31.126S, S31.127A, S31.127D, S31.127S, S31.12AA, S31.12AD, S31.12AS

Under **ICD-10-CM Codes that Support Medical Necessity, Group 1: Codes, Group 1: Medical Necessity ICD-10-CM Codes Asterisk Explanation**, revised sentence from “For clarity one should consider adding a 2nd ICD-10 code (L97.1XX - L98.4XX ICD-10 codes asterisked above) to define the ulcer.” to “For clarity one should consider adding a 2nd ICD-10 code (L97.1XX - L98.AXXX ICD-10 codes asterisked above) to define the ulcer.”

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

Billing and Coding: Wound and Ulcer Care (A58565) - R13 - Effective October 1, 2025

Date Posted: March 19, 2026

This Billing and Coding Article has been revised under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: October 1, 2025

Summary of Changes:

Under **ICD-10-CM Codes that Support Medical Necessity, Group 1 Codes**, added: L98.A211*, L98.A212*, L98.A213*, L98.A214*, L98.A215*, L98.A216*, L98.A218*

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

Botulinum Toxin Injections Final LCD - Effective February 22, 2026

Date Posted: January 8, 2026

This Local Coverage Determination (LCD) has completed the Open Public Meeting and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY). Responses to comments received may be found as a link at the bottom of the final LCD.

Medicare Coverage Database (MCD) Number/Contractor Determination Number:
L35172

LCD Title: Botulinum Toxin Injections

Effective Date: February 22, 2026

Summary of LCD: This Local Coverage Determination (LCD) has been developed to create a policy consistent with current evidence for FDA approved and off-label uses of Botulinum Toxins in the Medicare population.

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

Diagnostic and Therapeutic Colonoscopy (L34213) - R16 - Effective November 6, 2025

Date Posted: February 13, 2026

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

Effective Date: November 6, 2025

Summary of Changes: Under Coverage Indications, Limitations and/or Medical Necessity, removed the broken link to the Internet Only Manual (IOM).

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

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Healthcare Common Procedure Coding System (HCPCS) Level II Code Compliance Guidance

This article has been published under contract numbers: 02101 (AK), 02201 (ID), 02301(OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

The Noridian Contractor Medical Directors (CMDs) have published the following Medical Director Education Article on our website:

- Healthcare Common Procedure Coding System (HCPCS) Level II Code Compliance Guidance

Visit the Noridian [Medical Director Education Articles](#) webpage to view the document.

Immune Globulin Intravenous (IVIg) (L34074) - R12 - Effective February 1, 2020

Date Posted: January 29, 2026

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

Effective Date: February 1, 2020

Summary of Changes:

Policy was updated to correct typographical errors. Under Coverage Indications, Limitations and/or Medical Necessity, corrected 'nonresponsiveness' to 'non-responsiveness.' Under Associated Information, corrected 'and An' to 'and an.'

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

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Multiple Billing and Coding Articles Retirement - Effective March 5, 2026

Date Posted: March 5, 2026

The following Billing and Coding Articles have been retired under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A53046	Billing and Coding: Wound Care and Debridement - Provided by a Therapist, Physician, NPP, or as Incident-to Services	A53296

Effective Date: March 5, 2026

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

Visit the CMS [Medicare Coverage Database \(MCD\)](#) to access the Retired articles.

Multiple LCDs and Billing and Coding Articles Retirement - Effective March 5, 2026

Date Posted: March 5, 2026

The following Local Coverage Determinations (LCDs) and Billing and Coding Articles have been retired under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L39398	Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin's and Non-Hodgkin's Lymphoma with B-cell or T-cell Origin	L39396

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Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L34038	B-type Natriuretic Peptide (BNP) Testing	L35526
L34074	Immune Globulin Intravenous (IVIg)	L34314
L39644	Intraosseous Basivertebral Nerve Ablation	L39642
L35457	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	L35456
L38615	Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease	L38613
L39464	Sacroiliac Joint Injections and Procedures	L39462
L38707	Transurethral Waterjet Ablation of the Prostate	L38705

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A59177	Billing and Coding: Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin's and Non-Hodgkin's Lymphoma with B-cell or T-cell Origin	A59175
A54662	Billing and Coding: Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home - Medicare Benefit Policy Manual, Chapter 15, 50.6	A54660
A57084	Billing and Coding: B-type Natriuretic Peptide (BNP) Testing	A57083

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Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A57194	Billing and Coding: Immune Globulin Intravenous (IVIg)	A57187
A59468	Billing and Coding: Intraosseous Basivertebral Nerve Ablation	A59466
A52725	Billing and Coding: Nerve Blockade for Treatment of Chronic Pain and Neuropathy	A56034
A58097	Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease	A58095
A59246	Billing and Coding: Sacroiliac Joint Injections and Procedures	A59244
A58229	Billing and Coding: Transurethral Waterjet Ablation of the Prostate	A58227

Effective Date: March 5, 2026

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

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

Multiple MoIDX LCDs and Billing and Coding Articles Retirement - Effective January 22, 2026

Date Posted: January 22, 2026

The following Local Coverage Determinations (LCDs) and Billing and Coding Articles have been retired under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

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Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L36362	MoIDX: Biomarkers in Cardiovascular Risk Assessment	L36358
L38333	MoIDX: Blood Product Molecular Antigen Typing	L38331
L36386	MoIDX: Breast Cancer Assay: Prosigna®	L36380
L37824	MoIDX: Breast Cancer Index® (BCI) Gene Expression Test	L37822
L37072	MoIDX: DecisionDx-UM (Uveal Melanoma)	L37070
L37311	MoIDX: EndoPredict® Breast Cancer Gene Expression Test	L37295
L37891	MoIDX: Envisia™, Veracyte™, Idiopathic Pulmonary Fibrosis Diagnostic Test	L37887
L39688	MoIDX: Gene Expression Profile Tests for Decision-Making in Castration Resistant and Metastatic Prostate Cancers	L39686
L39946	MoIDX: Genetic Testing for Heritable Thoracic Aortic Disease	L39944
L36159	MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)	L36155
L36544	MoIDX: HLA-DQB1*06:02 Testing for Narcolepsy	L36551
L37899	MoIDX: Inivata™, InvisionFirst®, Liquid Biopsy for Patients with Lung Cancer	L37897
L37748	MoIDX: Melanoma Risk Stratification Molecular Testing	L37750

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Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L36192	MoIDX: MGMT Promoter Methylation Analysis	L36188
L39375	MoIDX: Molecular Assays for the Diagnosis of Cutaneous Melanoma	L39373
L39594	MoIDX: Molecular Biomarker Testing for Risk Stratification of Cutaneous Squamous Cell Carcinoma	L39589
L39469	MoIDX: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis	L39467
L39680	MoIDX: Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy	L39678
L39007	MoIDX: Molecular Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer	L39005
L39264	MoIDX: Molecular Testing for Detection of Upper Gastrointestinal Metaplasia, Dysplasia, and Neoplasia	L39262

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A57055	Billing and Coding: MoIDX: Biomarkers in Cardiovascular Risk Assessment	A57037
A57376	Billing and Coding: MoIDX: Blood Product Molecular Antigen Typing	A57124

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Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A57364	Billing and Coding: MoIDX: Breast Cancer Assay: Prosigna®	A57363
A57774	Billing and Coding: MoIDX: Breast Cancer Index® (BCI) Gene Expression Test	A57773
A57622	Billing and Coding: MoIDX: DecisionDx-UM (Uveal Melanoma)	A57621
A57608	Billing and Coding: MoIDX: EndoPredict® Breast Cancer Gene Expression Test	A57607
A57420	Billing and Coding: MoIDX: Envisia™, Veracyte™, Idiopathic Pulmonary Fibrosis Diagnostic Test	A57419
A59515	Billing and Coding: MoIDX: Gene Expression Profile Tests for Decision-Making in Castration Resistant and Metastatic Prostate Cancers	A59513
A59870	Billing and Coding: MoIDX: Genetic Testing for Heritable Thoracic Aortic Disease	A59868
A57424	Billing and Coding: MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)	A57423
A57465	Billing and Coding: MoIDX: HLA-DQB1*06:02 Testing for Narcolepsy	A57441
A57665	Billing and Coding: MoIDX: Inivata™, InvisionFirst®, Liquid Biopsy for Patients with Lung Cancer	A57664
A57290	Billing and Coding: MoIDX: Melanoma Risk Stratification Molecular Testing	A57268
A57433	Billing and Coding: MoIDX: MGMT Promoter Methylation Analysis	A57432

Medical Policies and Coverage

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A59181	Billing and Coding: MoIDX: Molecular Assays for the Diagnosis of Cutaneous Melanoma	A59179
A59401	Billing and Coding: MoIDX: Molecular Biomarker Testing for Risk Stratification of Cutaneous Squamous Cell Carcinoma	A59386
A59522	Billing and Coding: MoIDX: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis	A59521
A59507	Billing and Coding: MoIDX: Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy	A59505
A58724	Billing and Coding: MoIDX: Molecular Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer	A58718
A59034	Billing and Coding: MoIDX: Molecular Testing for Detection of Upper Gastrointestinal Metaplasia, Dysplasia, and Neoplasia	A59032

Effective Date: January 22, 2026

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

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

Medical Policies and Coverage

Multiple MoIDX LCDs and Billing and Coding Articles Retirement - Effective February 5, 2026

Date Posted: February 5, 2026

The following Local Coverage Determinations (LCDs) and Billing and Coding Articles have been retired under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L38974	MoIDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	L38972
L38816	MoIDX: Minimal Residual Disease Testing for Cancer	L38814
L36256	MoIDX: Molecular Diagnostic Tests (MDT)	L35160
L39003	MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing	L39001
L39950	MoIDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis	L39948
L39684	MoIDX: Molecular Testing for Risk Stratification of Thyroid Nodules	L39682
L38121	MoIDX: Next-Generation Sequencing for Solid Tumors	L38119
L38125	MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies	L38123
L39927	MoIDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms	L39923
L36339	MoIDX: NRAS Genetic Testing	L36335

Medical Policies and Coverage

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L36947	MoIDX: Oncotype DX® Breast Cancer for DCIS (Genomic Health™)	L36941
L38645	MoIDX: Phenotypic Biomarker Detection from Circulating Tumor Cells	L38643
L38153	MoIDX: Pigmented Lesion Assay	L38151
L39232	MoIDX: Plasma-Based Genomic Profiling in Solid Tumors	L39230
L38329	MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer	L38327
L38649	MoIDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	L38647
L37313	MoIDX: Prometheus® IBD sgi Diagnostic® Policy	L37299
L38341	MoIDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease	L38339
L38353	MoIDX: Repeat Germline Testing	L38351

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A58681	Billing and Coding: MoIDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer	A58679
A58456	Billing and Coding: MoIDX: Minimal Residual Disease Testing for Solid Tumor Cancers	A58454
A58997	Billing and Coding: MoIDX: Minimal Residual Disease Testing for Hematologic Cancers	A58996

Medical Policies and Coverage

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A57527	Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT)	A57526
A58726	Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing	A58720
A59874	Billing and Coding: MoIDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis	A59872
A59511	Billing and Coding: MoIDX: Molecular Testing for Risk Stratification of Thyroid Nodules	A59509
A57905	Billing and Coding: MoIDX: Next-Generation Sequencing for Solid Tumors	A57901
A57892	Billing and Coding: MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies	A57891
A59837	Billing and Coding: MoIDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms	A59835
A57487	Billing and Coding: MoIDX: NRAS Genetic Testing	A57486
A57620	Billing and Coding: MoIDX: Oncotype DX [®] Breast Cancer for DCIS (Genomic Health [™])	A57619
A58185	Billing and Coding: MoIDX: Phenotypic Biomarker Detection from Circulating Tumor Cells	A58183
A58053	Billing and Coding: MoIDX: Pigmented Lesion Assay	A58052

Medical Policies and Coverage

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A58975	Billing and Coding: MoIDX: Plasma-Based Genomic Profiling in Solid Tumors	A58973
A57330	Billing and Coding: MoIDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer	A57329
A58187	Billing and Coding: MoIDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	A58181
A57517	Billing and Coding: MoIDX: Prometheus® IBD sgi Diagnostic® Policy	A57516
A57236	Billing and Coding: MoIDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease	A57372
A57332	Billing and Coding: MoIDX: Repeat Germline Testing	A57331

Effective Date: February 5, 2026

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

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

Multiple MoIDX LCDs and Billing and Coding Articles Retirement - Effective March 5, 2026

Date Posted: March 5, 2026

The following Local Coverage Determinations (LCDs) and Billing and Coding Articles have been retired under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Medical Policies and Coverage

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L38337	MoIDX: Pharmacogenomics Testing	L38335

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A57385	Billing and Coding: MoIDX: Pharmacogenomics Testing	A57384

Effective Date: March 5, 2026

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

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

Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease (L38615) - R2 - Effective September 18, 2022

Date Posted: February 5, 2026

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

Effective Date: September 18, 2022

Summary of Changes:

Updated typographical errors under the following sections:

Issue Description, Coverage Indications (paragraphs 1 and 3), and Summary of Evidence (7th paragraph)

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

Medical Policies and Coverage

Notice: Allergy Immunotherapy Claims for Venom Allergies

Overview

This bulletin provides clarification regarding claims processing for Allergy Immunotherapy services furnished for the treatment of venom allergies following implementation of the Allergy Immunotherapy Local Coverage Determination (LCD) and associated Billing and Coding Article, effective October 26, 2025.

Background

The Allergy Immunotherapy LCD establishes coverage criteria for immunotherapy services used in the treatment of allergies to aeroallergens, including inhaled allergens such as pollens, dust mites, and animal dander.

Allergy immunotherapy, including subcutaneous immunotherapy (SCIT), administered for non aeroallergens—such as venoms—is not included within the scope of this LCD. Claims for venom allergy immunotherapy are therefore processed outside the provisions of the Allergy Immunotherapy LCD.

Current Status

An issue has been identified in the claims processing of AIT for treatment of venom allergy. Noridian is updating internal claims processing systems to ensure appropriate handling of these claims moving forward.

Provider Action

Providers are asked to allow approximately 4 weeks for these claims processing system updates to be completed. Following this timeframe, any new claims moving forward will process accordingly; and to ensure previously affected claims are addressed, we are asking providers to resubmit venom allergy immunotherapy claims for re-processing. Noridian thanks you for your patience.

Additional Information

Further updates will be communicated as appropriate.

Medical Policies and Coverage

Open Public Meeting Announcement Allergy Diagnostic Testing - February 12, 2026

Date Posted: January 15, 2026

This article has been published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301(OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Noridian Healthcare Solutions will be hosting an Open Public Meeting on February 12, 2026, from 2 - 4 pm CT.

[Advance registration is required.](#)

- Registration deadline to present comments on the LCD will close on February 4, 2026, at 11:59 pm CT.
- General Registration deadline to participate by listen-only mode will close on February 11, 2026, at 11:59 pm CT.

Proposed Local Coverage Determination (LCD) and Billing and Coding Article:

- Allergy Diagnostic Testing - DL40324
- Billing and Coding: Allergy Diagnostic Testing - DA60361

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

Policy Revision(s) for Multiple MoIDX Billing and Coding Articles - Effective February 19, 2026

Date Posted: February 19, 2026

The following Billing and Coding Articles have been retired under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A55712	Billing and Coding: MoIDX: Abbott RealTime IDH1 and IDH2 testing for Acute Myeloid Leukemia (AML)	A55711

Medical Policies and Coverage

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A54976	Billing and Coding: MoIDX: Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) Testing	A54975
A55600	Billing and Coding: MoIDX: BCR-ABL	A55595
A54388	Billing and Coding: MoIDX: bioTheranostics Cancer TYPE ID® Update	A54386
A55116	Billing and Coding: MoIDX: Blueprint® Test	A55115
A54420	Billing and Coding: MoIDX: FDA-Approved BRAF Tests	A54418
A54424	Billing and Coding: MoIDX: FDA-Approved EGFR Tests	A54422
A59642	Billing and Coding: MoIDX: Proteomics Testing	A59641
A54500	Billing and Coding: MoIDX: FDA-Approved KRAS Tests	A54498
A55295	Billing and Coding: MoIDX: Germline testing for use of PARP inhibitors	A54422
A57972	Billing and Coding: MoIDX: HLA Testing for Transplant Histocompatibility	A57970
A55265	Billing and Coding: MoIDX: HTTLPR Gene Testing	A55264
A54447	Billing and Coding: MoIDX: MammaPrint	A54445
A56104	Billing and Coding: MoIDX: Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker for Patients with Unresectable or Metastatic Solid Tumors	A56103

Medical Policies and Coverage

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A54482	Billing and Coding: MoIDX: Oncotype DX® Breast Cancer Assay	A54480
A54486	Billing and Coding: MoIDX: Oncotype DX® Colon Cancer	A54484
A55602	Billing and Coding: MoIDX: PIK3CA Gene Tests	A55597
A55628	Billing and Coding: MoIDX: SEPT9 Gene Test	A55623
A57843	Billing and Coding: MoIDX: Short Tandem Repeat (STR) Markers and Chimerism (CPT® codes 81265-81268)	A57842
A55601	Billing and Coding: MoIDX: SULT4A1 Genetic Testing	A55596
A56518	Billing and Coding: MoIDX: Targeted and Comprehensive Genomic Profile Testing in Cancer	A55624
A58121	Billing and Coding: MoIDX: Testing of Multiple Genes	A58120
A58674	MoIDX: Algorithm definition as a component of a laboratory test	A58673
A59744	MoIDX: Clarification of Order Requirements for Laboratory and Molecular Diagnostic services	A59743
A59687	MoIDX: Defining panel services in MoIDX	A59685

Effective Date: February 19, 2026

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

Medical Policies and Coverage

Visit the CMS [Medicare Coverage Database \(MCD\)](#) to access the Retired articles.

Post Market Studies and Post Market Extension Studies - Percutaneous Transluminal Angioplasty (PTA) with Carotid Stenting and Embolic Protection

This article has been published under contract numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

The Noridian Contractor Medical Directors (CMDs) have published the following Medical Director Education Article on our website:

- Post Market Studies and Post Market Extension Studies - Percutaneous Transluminal Angioplasty (PTA) with Carotid Stenting and Embolic Protection

Visit the Noridian [Medical Director Education Articles](#) webpage to view the document.

Sacroiliac Joint Injections and Procedures (L39464) - R1 - Effective March 19, 2023

Date Posted: February 5, 2026

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

Effective Date: March 19, 2023

Summary of Changes:

COVERAGE INDICATIONS:

Revised acronym radiofrequency (RF) ablation to radiofrequency (RFA) ablation

Removed the word "frequency" from the sentence: To clarify, a therapeutic SIJI session if performed on one side first and then on the opposite side at a different session would qualify as two (2) sessions for the limitation of four (4) therapeutic SIJ sessions per rolling 12 months.

SUMMARY OF EVIDENCE:

Revised spelling of the word "cryoanalgesia" to "cryoanalgesia"

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

Medical Policies and Coverage

Self-Administered Drug Exclusion List (A53033) - R45 - Effective January 1, 2026

Date Posted: January 2, 2026

This billing and coding article has been revised and published for notice under contract numbers: 02101 (AK), 02201 (ID), 02301(OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY).

Effective Date: January 1, 2026

Summary of Changes:

EXCLUDED CPT/HCPCS CODES:

Deleted: J2940 Somatrem, 1 mg (Protopin); J3355 Urofollitropin, 75 IU (Metrodin, Bravelle, Ferinex); and J9212 Interferon Alfacon-1, Recombinant, 1 microgram (Infergen)

NON-EXCLUDED CPT/HCPCS CODES:

Deleted: J1562 Injection, Immune Globulin (Vivaglobin), 100 mg

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

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

Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC) Final LCD - Effective March 1, 2026

Date Posted: January 15, 2026

This Local Coverage Determination (LCD) has completed the Open Public Meeting and Contractor Advisory Committee (CAC) comment period and is now finalized under contractor numbers: 02101 (AK), 02201 (ID), 02301 (OR), 02401 (WA), 03101 (AZ), 03201 (MT), 03301 (ND), 03401 (SD), 03501 (UT), and 03601 (WY). Responses to comments received may be found as a link at the bottom of the final LCD.

Medicare Coverage Database (MCD) Number/Contractor Determination Number:
L40176

LCD Title: Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC)

Effective Date: March 1, 2026

Medical Policies and Coverage

Summary of LCD: This Local Coverage Determination (LCD) has been developed to create a policy consistent with current evidence for the treatment of nonmelanoma skin cancers (NMSCs) with superficial radiation therapy (SRT) and addresses a variation of SRT utilizing High-Resolution Ultrasound (HRUS) guidance, and electronic brachytherapy (EBT), for the treatment of nonmelanoma skin cancers (NMSCs). This LCD outlines limited coverage for SRT with specific details under Coverage Indications, Limitations and/or Medical Necessity.

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

Superficial Radiation Therapy (SRT) for the Treatment of Nonmelanoma Skin Cancers (NMSC) (L40176) - R1 - Effective March 1, 2026

Date Posted: March 19, 2026

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

Effective Date: March 1, 2026

Summary of Changes:

Under **Coverage Indications, Limitations and/or Medical Necessity**, revised the sentence from “A qualified physician for this service is defined as follows: training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty (i.e., Radiation Oncology OR by a qualified dermatology program of training with didactic and clinical experience in radiation treatment).” to “A qualified physician for this service is defined as follows: training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty (i.e., Radiation Oncology OR by a qualified dermatology program and the dermatologist has didactic and clinical experience in radiation treatment).”

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

MLN Connects

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
- 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 Connects

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

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

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

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

MLN Connects

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 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

MLN Connects

Publications & Multimedia

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

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

MLN Connects

Compliance

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

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

MLN Connects

Publications & Multimedia

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

MLN Connects - March 5, 2026

[MLN Connects® Newsletter for Thursday, March 5, 2026](#)

News

- DMEPOS: Temporary Enrollment Moratorium on Medical Supply Companies
- CMS to Lower Drug Costs & Improve Care by Extending Deadline for GENEROUS Model Application
- Laboratories: We've Transitioned to Paperless Operations
- No-Pay Medicare Summary Notice Mailing Frequency Changed to Every 180 Days

Compliance

- Opioid Use Disorder: Learn about Services to Help Your Patients Continue Treatment
- Major Hip & Knee Replacement or Reattachment of Lower Extremity: Prevent Claim Denials

Claims, Pricers & Codes

- National Correct Coding Initiative: April Update

Publications & Multimedia

- 2026 Medicare Part C and Part D Reporting Requirements & Data Validation - Revised

MLN Connects - March 12, 2026

[MLN Connects® Newsletter for Thursday, March 12, 2026](#)

News

- CMS Strengthens Patient Protections & Accountability in Organ Donation System
- Hospitals: Submit Data for OPPS Drug Acquisition Cost Survey by March 31
- Hospital Price Transparency: Enforcement of 2026 Requirements Starts April 1
- Clinical Diagnostic Laboratories: Get Ready to Report Starting May 1

MLN Connects

- Optimal Health for All Within Nation's Health & Long-Term Care Systems
- Emergency Preparedness: Find Out How to Prevent Deficiencies

Compliance

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

Claims, Pricers & Codes

- Quality Payment Program: Claim Adjustments to Correct Conversion Factor
- HCPCS Application Summaries & Coding Determinations: Non-Drug and Non-Biological Items & Services

Publications & Multimedia

- Medicare Payment Systems - Revised

Information for Patients

- Medicare.gov Enhanced Log In

MLN Connects - March 19, 2026

[MLN Connects® Newsletter for Thursday, March 19, 2026](#)

News

- CMS Announces Manufacturer Participation in Third Cycle of Medicare Drug Price Negotiation
- Quality Payment Program: Medicare Shared Savings Program ACOs Must Submit Quality Data by March 31
- Hospitals: Apply for Additional Residency Positions by March 31
- Hospitals: It's Not Too Late to Submit Data for OPDS Drug Acquisition Cost Survey
- Short-Term Acute Care Hospitals: Download Your Quarter 4 FY 2025 PEPPER
- Medicare Shared Savings Program: Application Deadlines for January 1, 2027, Start Date
- ESRD Prospective Payment System: Furnishing Drugs & Biological Products Included in Bundled Payment
- Advance Beneficiary Notice of Noncoverage: Updated Form
- Important Message from Medicare & Detailed Notice of Discharge: Updated Forms

MLN Connects

Claims, Pricers & Codes

- Inpatient Psychiatric Facilities Prospective Payment System: April 2026 Coding Updates

Events

- Average Sales Price Data Collection System Training Webinar - April 14

MLN Matters® Articles

- Cardiac Contractility Modulation for Heart Failure - Revised
- ICD-10 & Other Coding Revisions to National Coverage Determinations: April 2026 Update - Revised

Publications & Multimedia

- Billing Medicare Part B for Insulin with New Limits on Patient Monthly Coinsurance - Revised

MLN Connects - March 26, 2026

[MLN Connects® Newsletter for Thursday, March 26, 2026](#)

News

- CMS Rule Phases Out Fax Machines, Snail Mail to Save Taxpayers \$781.98M a Year
- Hospitals: OPDS Drug Acquisition Cost Survey Deadline Extended to April 7
- Clinical Diagnostic Laboratories: Get Ready to Report Starting May 1
- Nutrition-Related Health Conditions: Recommend Medicare Preventive Services

Compliance

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

Claims, Pricers & Codes

- Stem Cell Transplant National Coverage Determination: Reprocessing Certain Part A Claims
- Medicare Part B Drug Pricing Files & Revisions: April Update

MLN Connects

Events

- Quarter 4 FY 2025 PEPPER for Short-Term Acute Care Hospitals Webinar - April 7

MLN Matters® Articles

- Hospital Outpatient Prospective Payment System: April 2026 Update

Publications & Multimedia

- CMS Burden Reduction Conference Videos
- Medicare Coverage of Diabetes Supplies - Revised

From Our Federal Partners

- VA Family Member Programs: Updated Guidance for Decision Reviews & Appeals

MLN Matters

AKI & ESRD Billing: Ending the AX Modifier Requirement

Related CR Release Date: January 28, 2026

MLN Matters Number: MM14354

Effective Date: July 1, 2026

Related Change Request (CR) Number: CR 14354

Implementation Date: July 6, 2026

Related CR Transmittal Number: R13588CP

CR 14354 tells you about:

- ESRD facilities don't need to submit the AX modifier on claims eligible for certain add-on payment adjustments under the ESRD PPS
- ESRD facilities must adhere to new billing instructions for hemodiafiltration and Acute Kidney Injury (AKI) claims

Make sure your billing staff knows about these updates, starting July 1, 2026, to billing instructions for ESRD Prospective Payment System (PPS) claims and to the [Medicare Claims Processing Manual, Chapter 8](#), sections 20, 40, and 50.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14354](#).

Cardiac Contractility Modulation for Heart Failure - Revised

Number: 14311 Revised

Release Date: March 9, 2026

Effective Date: October 28, 2025

Implementation Date: April 6, 2026

Transmittal Numbers: R13538CP, R13538NCD, R13672CP & R13672NCD

What's Changed? CMS revised this article to add 4 additional place of service codes for professional claims processing. CMS also updated the CR release date, transmittal numbers, and transmittal links. Substantive content changes are in dark red (pages 5 and 6).

CR 14311 tells you about:

- Criteria
- Coverage with evidence development (CED) study criteria
- Claims processing requirements

Make sure your billing staff knows about national coverage for cardiac contractility modulation (CCM).

MLN Matters

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14311](#).

CAR T-Cell Therapy Billing Instructions: Medicare Claims Processing Manual Update

Related CR Release Date: December 23, 2025

MLN Matters Number: MM14247

Effective Date: October 1, 2025

Related Change Request (CR) Number: CR 14247

Implementation Date: January 26, 2026

Related CR Transmittal Number: R13460CP

CR 14247 acknowledges:

- CMS adjusted the payment for claims that group to Medicare Severity Diagnosis-Related Group (MS-DRG) 018 when:
 - The case involves a clinical trial for Chimeric Antigen Receptor (CAR) T-cell therapy
 - There's expanded access use of CAR T-cell therapy or another immunotherapy product
 - You don't purchase the CAR T-cell therapy product in the usual manner, such as obtaining it at no cost
- CMA won't apply a payment adjustment to claims that group to MS-DRG 018 when the case involves a clinical trial of a different product

Make sure your billing staff knows about the billing instruction updates and payment requirement scenarios in the [Medicare Claims Processing Manual, Chapter 32](#), section 400.3.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14247](#).

CLFS & Laboratory Services Subject to Reasonable Charge Payment: April 2026 Update

Number: 14371

Release Date: February 20, 2026

Effective Date: April 1, 2026

Implementation Date: April 6, 2026

Transmittal Number: R13639CP

MLN Matters

CR 14371 tells you about:

- The next data reporting period for clinical diagnostic laboratory tests (CDLTs)
- New CPT codes, effective April 1, 2026

Make sure your billing staff knows about Clinical Laboratory Fee Schedule (CLFS) updates

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14371](#).

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](#).

ESRD & AKI Dialysis: CY 2026 Update

Related CR Release Date: December 31, 2025

MLN Matters Number: MM14313

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14313

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13516BP

CR 14313 tells you about:

- Base rate, labor-related share, and wage index
- Outlier and rural adjustment transition policies

MLN Matters

- Transitional drug add-on payment adjustment (TDAPA) and post-TDAPA add-on payment adjustment amounts

Make sure your billing staff knows about updates to the ESRD Prospective Payment System (PPS) and Acute Kidney Injury (AKI) dialysis payment, effective January 1, 2026.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14313](#).

Hospital Outpatient Prospective Payment System: January 2026 Update

Related CR Release Date: January 28, 2026

MLN Matters Number: MM14361

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14361

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13573CP

CR 14361 tells you about:

- Coding
- Device pass-through status
- Comprehensive ambulatory payment classification (APC)
- Drugs, biologicals, and pharmaceuticals
- OPSS Pricer logic

Make sure your billing staff knows about these Hospital Outpatient Prospective Payment System (OPPS) updates, effective January 1, 2026.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14361](#).

ICD-10 & Other Coding Revisions to National Coverage Determinations: July 2026 Update

Related CR Release Date: February 5, 2026

MLN Matters Number: MM14356

Effective Date: July 1, 2026

Related Change Request (CR) Number: CR 14356

Implementation Date: July 6, 2026

Related CR Transmittal Number: R13623OTN

MLN Matters

CR 14356 tells you about updates to National Coverage Determinations (NCDs) with new or deleted ICD-10 diagnosis codes, effective July 1, 2026.

Make sure your billing staff know about these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14356](#).

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

Numbers: 14263 Revised & 14394

Release Dates: December 5, 2025 & March 5, 2026

Effective Date: April 1, 2026

Implementation Date: April 6, 2026

Transmittal Numbers: R13455OTN & R13665CP

What's Changed? CMS added a link to the Medicare Claims Processing Manual update. CMS also added the CR 14394 release date, transmittal number, and transmittal link. Substantive content changes are in dark red (page 2).

CR 14263 provides a quarterly maintenance update of ICD-10 coding conversions and other coding updates specific to NCDs. No policy is being changed because of these updates.

Make sure your billing staff knows about the CPT additions to National Coverage Determination (NCD): Sacral Nerve Stimulation for Urinary Incontinence (230.18), effective June 17, 2025.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14263](#).

Laboratory National Coverage Determination Edit Software: January 2026 Update

Related CR Release Date: December 17, 2025

MLN Matters Number: MM14226

Effective Date: January 1, 2026, unless noted otherwise in requirements

Related Change Request (CR) Number: CR 14226

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13404CP

MLN Matters

CR 14226 announces the changes that will be included in the January 2026 quarterly release of the edit module for clinical diagnostic laboratory services. This Recurring Update Notification applies to Chapter 16, Section 120.2, Publication 100-04.

Make sure your billing staff knows about National Coverage Determinations (NCDs) with added ICD-10-CM codes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14226](#).

Method II CAH: Professional Billing Requirements for Emergency Department Services

Number: 14342

Release Date: January 23, 2026

Effective Date: April 24, 2026

Implementation Date: April 24, 2026

Transmittal Number: R13592CP

CR 14342 provides clarification for Method II Critical Access Hospital (CAH) physicians that have reassigned their benefits for services rendered in an emergency department.

Make sure your billing staff knows about the correct billing requirements for Method II CAH providers performing professional emergency department (ED) procedures.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14342](#).

Payment for Medicare Part B Preventive Vaccines & Their Administration for RHCs & FQHCs - Revised

Related CR Release Dates: January 16, 2025 & December 18, 2025

MLN Matters Number: MM13923 Revised

Effective Date: July 1, 2025

Related Change Request (CR) Numbers: CR 13923 & CR 14254

Implementation Date: July 7, 2025

Related CR Transmittal Numbers: R13055CP, R13547BP & R13547CP

What's Changed? CMS added links to the additional manual updates from CR 14254; clarified reimbursement after cost reporting; and updated the CR release dates, transmittal numbers, and transmittal links.

CR 13923 tells you about:

MLN Matters

- Hepatitis B vaccines are paid like other Medicare Part B preventive vaccines starting January 1, 2025
- New claim-based payments for Part B preventive vaccines and their administration are starting July 1, 2025
- Updates to the Medicare Claims Processing and Benefit Policy manuals

Make sure your billing staff knows about the vaccine payment policies for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)13923](#).

Travel Allowance Fees for Specimen Collection: CY 2026 Updates

Number: 14345

Release Date: January 8, 2026

Effective Date: January 1, 2026

Implementation Date: January 5, 2026

Transmittal Number: R13576CP

CR 14345 tells you about:

- Revised payment allowances for HCPCS code P9603
- Updated general specimen collection fee and travel allowance rate
- HCPCS and CPT codes that describe specimen collection

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

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14345](#).

Vaccine Administration National Fee Schedule: April 2026 Update

Number: 14390

Release Date: February 20, 2026

Effective Date: April 1, 2026

Implementation Date: April 6, 2026

Transmittal Number: R13636CP

CR 14390 provides instructions for the Medicare contractors to download, test, and implement the National Fee Schedule for Vaccine Administration Quarterly Update (VAXA) for April 2026. The rates from the VAXA file will be applied to preventive service and monoclonal antibody claims beginning April 1, 2026.

MLN Matters

Make sure your billing staff knows about coding updates for TYENNE® (tocilizumab-aazg) for intravenous administration in hospitalized adults with COVID-19.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)14390](#).

Contacts, Resources, and Reminders

Noridian Part A Customer Service Contact

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

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

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

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

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

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

Medicare Learning Network Matters Disclaimer Statement

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

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

Contacts, Resources, and Reminders

Sources for “Medicare A News” Articles

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

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

Unsolicited or Voluntary Refunds Reminder

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

Background

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

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

Contacts, Resources, and Reminders

Additional Information

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

Effective Date: January 1, 2005

Implementation Date: January 4, 2005

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

Do Not Forward Initiative Reminder

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

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

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

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

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

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

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Policy

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

Implementation Process

1. “Return service requested” envelopes are used for all hardcopy remittance advices starting October 1, 2002. These envelopes will be used for all providers.
2. “Return service requested” envelopes will not be used for beneficiary correspondence, such as Medicare Summary Notices (MSNs) or for overpayment demand letters.
3. When the post office returns a remittance advice due to an incorrect address, A/B MACs/carriers will follow the same procedures as followed for returned checks, that is:
 - Flag the provider’s file DNF.
 - A/B MAC/carrier staff will notify provider enrollment team.
 - A/B MAC/carriers will cease generating any further payments or remittance advice to that provider or supplier until furnished with a new, verified address.
4. When the provider establishes a new, verified address, A/B MACs/carriers will remove the DNF flag and pay the provider any funds which are still being held due to a DNF flag. A/B MAC/carriers must also reissue any remittance advices, which have been held.
5. Previously, CMS only required corrections to the “pay to” address. However, with the implementation of this initiative, CMS requires corrections to all addresses before the contractor can remove the DNF flag and begin paying the provider or supplier again. Therefore, A/B MAC/carriers cannot release any payments to DNF providers until the provider enrollment department has verified and updated all addresses for that provider's location.

IRS-1099 Reporting

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

Monies withheld because a DNF flag exists on a provider or supplier record are not reported on IRS-1099s until the calendar year in which payment is made (i.e., the point

Contacts, Resources, and Reminders

at which the A/B MAC/carrier pays the provider once the DNF flag is removed.) If DNF amounts are erroneously included on IRS-1099 forms, A/B MACs/carriers will issue corrected IRS Form 1099s to affected providers.

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

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

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

Noridian representatives from various Part A departments are available to address your Medicare questions and concerns. All questions are entertained and the Q&As are posted on our website for provider convenience.

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

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

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

We look forward to your participation in these important calls.

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

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

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