Medicare B News

Jurisdiction F
April 2026

NORIDIAN HEALTHCARE SOLUTIONS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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News

2026 Medicare Participating Provider Directory Now Available

The Medicare Participating Physicians and Suppliers Directory (MEDPARD) is a comprehensive listing of providers and suppliers who have agreed to accept assignments on all Medicare covered services. Beneficiaries, their families, and caregivers may use the online directory to locate participating providers, including their names, addresses, phone numbers, and specialties.

MEDPARD Directory - The Noridian MEDPARD Provider Search tool offers convenient access to the directory. The MEDPARD listing is updated annually following the Medicare Open Enrollment period to ensure beneficiaries have access to the most current participation information.

Participating Agreement and Open Enrollment - Each year, Medicare offers providers the opportunity to become "Medicare participating providers" or to discontinue their participation. View Open Enrollment details including the announcement and agreement.

Participation for Providers Reassigning Benefits - Providers who reassign their benefits to an organization are not required to complete the CMS-460 Participating form. Instead, the individual provider automatically assumes the participation (PAR) status of the group, unless their specialty requires mandatory assignment.

Medicare Physician Compare - CMS also maintains the Physician Compare website, which allows beneficiaries to search for both participating and non-participating providers. Physician Compare sources of information from the Provider Enrollment, Chain and Ownership System (PECOS) and validates prover details using Medicare claims data.

ACM B Questions And Answers - December 3, 2025

The following questions and answers (Q&As) are cumulative from the Part B Ask the Contractor Meeting (ACM). Some questions have been edited for clarity and answers may have been expanded to provide further details. Related questions were combined to eliminate redundancies. If a question was specific just for that office, Noridian addressed this directly with the provider. This session included pre-submitted questions and verbal questions posed during the event. Please note our disclaimer stated that these are accurate as of this publishing and may have future updates.

Updates and Reminders:

1. For coding advice, seek external sources such as the AMA, AAPC, or specialty societies

2. Watch our Noridian website for CMS Telehealth updates after January 30, 2026

Pre-Submitted Questions

Q1. Regarding neurobehavioral status exam (CPT code 96116), when a patient is developmentally delayed, nonverbal, or potentially disruptive, is a face-to-face patient evaluation required as part of the clinical assessment?
A1. Yes. The patient's medical record must indicate the presence or symptoms of mental illness and specific psychological tests performed. Also include testing, scoring, and interpretation of test results with the number of hours. This can include Wechsler Memory Scales, Halstead-Reitan Neuro Battery, or Wisconsin Card Sorting.

Q2. When infusion is administered by a nurse in a multi-provider oncology office, and the primary oncologist, is out of the office, can the claim be submitted under the name and National Provider Identifier (NPI) of the supervising physician providing coverage?
A2. Yes. Since this is a group, any physician group member may be present in the office to provide direct supervision. Documentation should clarify the nurse's name and direct supervising physician's name.

Q3. If a patient has Qualified Medicare Beneficiary (QMB) status under Medicare and also has Medi-Cal with a share of monthly cost, are we allowed to collect from the patient?
A3. Medicare providers cannot bill QMB patients for Medicare cost-sharing. This includes deductibles, coinsurance, and copayments. In some cases, a patient may owe a small Medicaid copayment. Medicare and Medicaid payments (if any), and any applicable Medicaid QMB copayment, are considered payment in full.

Providers are subject to sanctions if you bill a QMB above the total Medicare and Medicaid payments (even when Medicaid pays nothing).

- CMS Dual Eligible-Qualified Medicare Beneficiaries-QMB

Q4. Does CMS require the physician signature on the patient's copy of the Chronic Care Management (CCM) plan?
A4. CMS does not require a physician signature on the CCM care plan for CPT 99490 and add-on CPT 99439.

- Care team staff may develop and update the care plan while keeping the billing provider involved.
- Complex CCM care plans never created by clinical staff.

Note: 99491 and add-on 99437 only billed if physician or qualify health practitioner (QHP) are performing the CCM work and NOT clinical staff.

- CMS Chronic Care Management Services MLN909188

Q5. Does Medicare Part B allow HCPCS J0248 Veklury (remdesivir), and do we need a signed Standard Written Order (SWO) for billing?
A5. Yes. If this antiviral medication is administered in an outpatient setting, it can be billed separately. Document the COVID-19 symptoms, infection severity, and diagnosis.

Q6. If we have a nurse practitioner supervising a licensed acupuncturist for the acupuncture treatment, what documentation and restrictions apply?
A6. The acupuncture restrictions include:

- Following Medicare rules, state scope of license, accreditation, etc. Documentation and coverage would follow CMS National Coverage Determination (NCD) 30.3.3 - Acupuncture for Chronic Low Back Pain.

The supervising NP must also meet their "direct supervision“ rules, applicable state requirements, and document accordingly.

Q7. Can CPT code 93750 (Left Ventricle Assist Device [LVAD] interrogation) be submitted for interrogation of percutaneous LVADs (Impella), or is the code limited to implanted devices?
A7. CPT code 93750 is limited to implanted devices.

Q8. We’re receiving recoupments from Health Maintenance Organization (HMO) and Medicaid plans citing Medicare as primary, but these occur after Medicare’s timely filing window (two to three years later) closed. What recourse do we have to file these claims to Noridian Medicare?
A8. If a claim is denied for timely filing, as the result of an administrative error, due to a government agency, such as Medicaid or an HMO recouping money, then due to Medicare entitlement by the patient at the time of the service or an error with the patient's Social Security Administration (SSA) entitlement, the claim(s) may be resubmitted with a comment in Item 19 of the CMS-1500 claim form (or electronic equivalent) that indicates there was an administrative error. Comments in Item 19 for Medicaid recoupments should state, "Medicare Buy Back”, “RETRO”, or “Took Payment Back”.

- Noridian Medicare website > Browse by Topic > Claims > Timely Filing

Q9. How can we submit a clean claim when an unlisted CPT code is billed in an Ambulatory Surgical Center (ASC) setting? Due to risk factor assessment, the procedure performed does not fully match the CPT expected prior to surgery and no CPT matches the ASC fees. Even appeals are denied.
A9. ASCs cannot bill unlisted codes. For an ASC code to be payable, it must be listed as payable on the ASC addenda files.

Reference CMS Internet Only Manual, Claims Processing Manual, Publication 100-04, Chapter 14, Section 20.2: “, covered surgical procedures do not include those surgical procedures that: (1) generally result in extensive blood loss; (2) require major or

prolonged invasion of body cavities; (3) directly involve major blood vessels; (4) are generally emergent or life threatening in nature; (5) commonly require systemic thrombolytic therapy; (6) are designated as requiring inpatient care under § 419.22(n); (7) can only be reported using a CPT unlisted surgical procedure code; or (8) are otherwise excluded under § 411.15."

Q10. Two scenarios include full E/M documentation and separate x-ray interpretation and report:

- **Example A: Patient presents to orthopedic surgeon in office place of service (11). An x-ray is performed using office equipment and read by the orthopedic surgeon. Will both an office visit and global billing of x-ray be covered?**
- **Example B: Same situation, with place of service in a hospital outpatient clinic (19 or 22). Will both the office visit and professional component of x-ray be covered?**

A10. Medicare will cover medically necessary E/M services and x-rays performed in the locations indicated. In the office setting, the global of an x-ray would be billed. In the outpatient setting, the equipment belongs to the hospital and only the professional component can be billed. When separately billing for x-rays, the data reviewed should not be included when choosing the E/M code.

Q11. Can the required Transitional Care Management (TCM) face-to-face visit be done via telephone if the patient prefers to have a phone visit instead of video or in-person?
A11. TCM CPT codes 99495 and 99496 are allowed through telehealth. CMS has not indicated if an audio only visit would or would not be allowed as the face-to-face visit. If the patient was hospitalized with a condition where it may be necessary to see the patient, the audio-only call should be avoided.

Q12. Can TCM codes 99495 or 99496 be billed on same day as an unrelated E/M service?
A12. Yes, report reasonable and necessary E/M services (except the required face-to-face visit) to manage the patient's clinical issues separately. Check for any National Correct Coding Initiative (NCCI) edits.

Q13. Can critical care be billed for a patient that is being ruled out for stroke? Does the final diagnosis determine critical care?
A13. CMS includes the definition of critical care in Internet Only Manual, Medicare Claims Processing Manual, Publication 100-04, Chapter 12, Section 30.6.12.1. Critical care is direct delivery of medical care for a critically ill or injured patient in which there is acute impairment of one or more vital organ systems, probability of imminent or life-threatening deterioration of the patient's condition.

Suspected stroke as a diagnosis does not meet the full requirement of the definition. The patient would need vital organ or life-saving care. Documentation would support billing of critical care, not the diagnosis.

Q14. Could you provide guidance on the correct Place of Service (POS) and whether a telehealth modifier is required when our physicians perform a post-operative telehealth visit using CPT 99024? If the patient is at home, should we report POS 11 or POS 10, since we've received conflicting instructions? Additionally, if POS 11 is used, should we append modifier 93 or 95?
A14. 99024 is post-op care CPT, which is included in the surgical payment and cannot be billed separately. It is not on the telehealth list of covered services and should not be billed at all.

Please refer to the Medicare Physician Fee Schedule Indicator page for more information. When 99024 is entered, it shows status B; meaning it will always bundle.

- Noridian Medicare website > Fees and News > Fee Schedules > Medicare Physician Fee Schedules (MPFS) > 2025 MPFS Indicator List and Descriptors

Q15. If a provider documents a discharge note and the patient ends up staying an inpatient, can we code an inpatient E/M visit based on time? Is it acceptable to update the discharge note the following day when the patient is discharged with minimal changes to code 99238 or 99239?
A15. Yes, the documentation could be billed as an inpatient visit based on time if total time is included for the visit. Query the provider to amend the discharge note to an inpatient note.

The discharge documentation needs to support the visit performed on the date the patient is discharged. If a visit was not performed, the discharge could not be billed.

Q16. Regarding the CMS Wasteful and Inappropriate Service Reduction (WISeR) program with skin substitutes, Noridian states (AZ and WA) currently do not have an active Local Coverage Determination (LCD) policy for skin substitutes. How can these states have prior auth without any active LCD policy?
A16. The Local Coverage Determination (LCD) L39760 and Billing and Coding Article A59626 titled "Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers" has been removed from the WISeR program as of 12/31/2025.

Q17. We seek clarification on whether Medicare considers hospital-owned clinics (POS 22 or 19) as facility or office visits for split/shared billing. Guidance appears conflicting on whether split/shared services can be billed for office visits in these settings when reviewing MM13592 and MLN006764.
A17. The CMS Internet Only Manual, Medicare Claims Processing, Publication 100-04, Chapter 12, Section 30.6.18.D provides the clarification. Only visits furnished in hospital and skilled nursing facility settings are billable as split or shared visits. Office visits would not qualify for split or shared visits.

Q18. If the physician performs the initiating Annual Wellness Visit (AWV) HCPCS G0438, can s/he additionally bill for the Advance Primary Care Management (APCM) G0556 on the same day for the same provider?
A18. Yes. Remember that APCM can only be furnished once during a calendar month and must meet Medicare requirements.

Q19. Several Electronic Medical Record systems allow or even suggest the inclusion of CPT codes in operative reports or notes. Is this an acceptable practice?
A19. Neither CMS nor Noridian have a policy in place for reflecting actual CPT codes or even ICD-10 diagnoses in the medical record. Remember that it's NOT appropriate to use the CPT in place of a written and clinical description of the procedure performed.

Q20. Is it allowable for the hospital to bill CPT 86078 on a UB-04 claim form with a technical-only modifier TC?
A20. No. CPT 86078 is a physician-only service. Always check the Noridian Medicare Physician Fee Schedule page under "MPFS Indicator List and Descriptors" to check codes. Under professional/technical (P/T), zero (0) is listed which means "This indicator identifies codes that describe physician services. Examples include visits, consultations, and surgical procedures.

The concept of PC/TC does not apply since physician services cannot be split into professional and technical components. Modifiers -26 and TC cannot be used with these codes."

Q21. Where can we find date of service billing guidance with CPTs 93279 - 93298 for the technical (TC) portion?
A21. This excerpt from Special Edition (SE) 17023 applies to CPT 93279 (in-person programming of a single-lead pacemaker) and 93298 (remote monitoring, etc.):

> … the date of service for the technical component would be the date the patient received the service and the date of service for the professional component would be the date the review and interpretation is completed.

Verbal Questions Asked During ACM

Q22. What documentation is needed to support split injection billing for drugs, such as Faslodex or XOLAIR, where the FDA recommends to split these injections into multiple sites for patient safety?
A22. Documentation should include the different sites and times that the injections were administered. Bill Faslodex (J9395) with administration CPT 96402. Bill XOLAIR (J2357) with administration of CPT 96372 (therapeutic, prophylactic, or diagnostic injection).

Q23. If documentation does not support an annual wellness visit (AWV) (e.g., components are missing), can we change coding to an E/M?
A23. If the patient is coming in expecting the AWV with no expenses, changing to an E/M

would put the patient responsible for possible unmet deductible and 20% copay. Also, if it doesn't meet the criteria for AWV or an E/M, it cannot be billed. To bill the E/M, illness needs to be addressed as well.

Q24. We are receiving RTP claims stating the code A9616 (Gozellix) is not payable; however, it became effective October 1, 2025. Is the MAC updating the policy since the manufacturer and CMS recently approved?
A24. Noridian shows Fee Schedule pricing under Radiopharmaceutical, HCPCS A9616 (Gallium Ga-68 Gozetotide-Gozellix, diagnostic, 1 millicurie) for men with suspected prostate cancer. Medicare denies claims if no PET scan is billed same day, tracer code is not billed, and/or modifiers are missing.

- Modifier PI: Positron Emission Tomography (PET) or PET/Computed Tomography (CT) initial tumor treatment that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing.
- Modifier PS: Same as above for subsequent anti-tumor strategy

Q25. Regarding time-based codes, if the practitioner forgot to add the time during the visit, what is the timeframe that a provider can go back to add the time to their documentation?
A25. CMS has indicated that addendums can be made, but must be made as quickly as possible; however, there is no definitive timeframe.

Q26. Regarding callus removal (routine footcare with no systemic diseases), if a service is not payable per the LCD, instead of billing for that procedure, can an E/M be billed?
A26. No. Without the E/M components being met, that cannot be billed. Providers may obtain an Advance Beneficiary Notice of Noncoverage (ABN), letting the beneficiary know this is not going to be covered and it will be patient liability. Append the GA modifier.

Q27. Being a pain management office, when billing E/M services, if medical cannabis is discussed and noted in the chart, could that result in a denied claim? It is not the cause or reason for the visit, but it is discussed and noted.
A27. The cannabis discussion would not deny an E/M visit if other elements were met.

Q28. We collaborate with dentists who provide medical services, such as oral facial pain services which fall under Part B, and suppliers for sleep apnea devices under DME. Some of our providers are enrolled in Part B, some in DME, some in both. For DME suppliers, if they delivered a sleep apnea device to the patient, but they also want to treat them for pain, such as trigger point injection which falls under Part B, can they charge cash because they are not enrolled in Part B?
A28. If the service or procedure can be covered by Medicare and they are seeing a Medicare patient, it must be billed to Medicare due to Mandatory Claim Filing of 1992

under the Social Security Act, Section 1848(g)(4). There is also information found on Noridian's Enrollment icon on either the JE or JF home page.

Q29. I have two vascular surgeons who perform procedures together. Can we use modifier 62 even if they are the same specialty?
A29. This is based on the surgery being performed and if it is allowed. However, there must be a need for both surgeons and documentation showing they performed different services.

- Internet Only Manual, Medicare Claims Processing Manual, Publication 100-04, Chapter 12, Section 40.8. - Claims for Co-Surgeons and Team Surgeons

Q30. There are new radiation oncology changes for 2026. They are no longer allowing G-codes to be billed and we need to redo our billing system due to this change. Is education to be provided?
A30. Noridian is updating their JE and JF pages under Browse by Specialty, Radiation Oncology with the new codes added for 2026 including CPTs that may be billed global, technical, or professional:

- 77436 - surface radiation therapy planning for superficial or orthovoltage treatments, including simulation-aided field setting for cutaneous targets (global, TC or 26)
- 77437 - superficial radiation treatment delivery up to 150 kV per fraction (only global)
- 77438 - orthovoltage radiation treatment delivery greater than 150 kV and up to 500 kV per fraction (only global)
- +77439 - add-on code for ultrasound image guidance used to place superficial or orthovoltage treatment fields for cutaneous tumors (global, TC, or 26) and report only once per course with 77437 or 77438
- Deleted HCPCS G6001-G6017 and CPTs 77014, 77385, 77386, and 77417 as of 12/31/2025
- Revised radiation treatment delivery CPTs 77402, 77407, and 77412 to levels 1, 2, and 3

Q31. When coding for morbid or class III obesity, does the provider have to explicitly state "due to excess calories", when billed with E66.01? Does documentation support the diagnosis if it states, "continuing with calorie restrictions, increasing exercise weekly, and limiting high fat foods"?
A31. Yes. Since morbid obesity includes class 3, severe and extreme obesity, other diagnoses may be considered as well.

Q32. If a dentist submits Medicare claims for mandibular advancement devices used to treat obstructive sleep apnea, can that same dentist provide non tooth related services, such as treatments related to orofacial pain? Can they choose not to submit those

claims to Medicare and billing the patient directly instead?
A32. No. Dentists cannot choose electively which services they submit to Medicare for payment. Under the claim submission requirements in Section 1848(g)(4) of the Social Security Act, providers must submit claims for all services that could potentially be covered by Medicare. This means that if a provider charges or attempts to charge a Medicare beneficiary for any service that could fall under Medicare coverage, the provider is obligated to file a claim, even when the provider believes Medicare will not pay for the service. Additionally, if the service provided is potentially non-covered, the beneficiary should be provided with an Advance Beneficiary Notice (ABN), indicating that Medicare may not pay. Prior to providing the service or procedure and submitting the claim with modifier GA, this allows the patient to accept financial responsibility.

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.

Clinical Lab Claims Denied in Error - Resolved 01/08/26

Provider/Supplier Type(s) Impacted: Labs

Reason Codes: Not applicable.

Claim Coding Impact: Not applicable.

Description of Issue: Certain claims for clinical laboratory (CLIA) tests were incorrectly denied for dates of service on or after October 1 - December 1, 2025. These claims denied with CARC B7 and RARC N95.

Noridian Action Required: Claims will be reprocessed. No further action is required from providers at this time.

01/08/26 - Noridian initiated mass adjustments to reprocess the claims.

Provider/Supplier Action Required: Not applicable.

01/08/26 - No provider action is needed to correct the claims. Providers should follow the regular process for paying any overpayments on the claims that denied in error.

Proposed Resolution/Solution: Claims will be reprocessed via mass adjustments.

01/08/26 - Noridian initiated mass adjustments to reprocess the claims.

Date Reported: 12/16/25

Date Resolved: 01/08/26

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.

Complexity Add-on Code G2211

HCPCS code G2211 recognizes the inherent complexity of an office or outpatient Evaluation and Management (E/M) visit that stems from the ongoing practitioner-patient relationship. This complexity is not based on the severity of the patient's clinical condition. Instead, it reflects the cognitive load and continued responsibility associated with serving as the focal point for coordinating and managing all of the patient's needed healthcare services.

Add on code G2211 must be reported in conjunction with an eligible E/M visit. It may be billed with office or outpatient E/M services (CPT codes 99202-99215). Beginning in calendar year (CY) 2026, G2211 is also eligible to be reported with home or residence E/M visits (CPT codes 99341-99350), when all applicable requirements are met.

G2211 is not payable when the associated E/M service is reported with modifier 25 on the same day as another separately payable procedure. However, when a medically necessary E/M service is reported with modifier 25 on the same day as certain preventive services, G2211 may be considered if documentation supports the complexity of the practitioner's ongoing role as the focal point for the patient's care.

Documentation Tip

To support reporting HCPCS code G2211, documentation should clearly demonstrate why the visit was complex due to the practitioner's ongoing, longitudinal role in the patient's care. The medical record should reflect:

- Medically reasonable and necessary E/M visit
- Practitioner's assessment and plan for managing the ongoing patient's care
- Evidence that the practitioner serves as the continuing focal point for the patient's healthcare needs
- Cognitive effort and clinical judgment involved in coordinating or managing care beyond a routine or episodic service

Generic or templated statements (for example, "patient is complex") are not sufficient. Documentation must be patient specific and support the practitioner's continued responsibility and accountability for the patient's overall care.

CMS Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 30.6.7

CMS MLN006764 - Evaluation and Management Services

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
- 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.

DMEPOS Fee Schedules and Labor Payment - 2026 update

Updates to the DMEPOS Jurisdiction listing for 2026 have been published. This resource, updated quarterly, shows which Medicare Administrative Contractors (MACs) have jurisdiction over which Healthcare Common Procedural Coding System (HCPCS) codes.

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.

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.

Laboratory Travel Allowance Mileage Calculation

Effective for dates of service April 1, 2026, and later, to accurately report certain travel distances, HCPCS code P9603 will be billed by calculating mileage to the 10th of a mile.

The per-mile travel allowance applies in 2 situations:

- The round-trip travel to 1 location is greater than 20 eligible miles for specimen collection from 1 or more patients (payment for the per-mile travel allowance amount, prorated by the number of patients for whom we pay a specimen collection fee)
- When travel is to more than 1 location, regardless of the number of miles traveled

For trips totaling up to 100 eligible miles, round mileage up to the nearest 10th of a mile. Use the decimal in the appropriate place (99.9).

For trips totaling 100 eligible miles or more, round mile up to the next whole number mile without using the decimal (report 998.5 miles as 999).

For trips totaling less than a mile, enter a 0 before the decimal (0.9).

Refer to MLN Matters Number MM14130.

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 can find the materials in the Educational Resources section of the Ambulance homepage.

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

Resources

- Noridian Medicare Portal User Manual

News

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

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.

News

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.

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

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.

News

Top Denials and Solutions - Q4 2025

October, November and December of 2025

This article highlights the top five quarterly claim denials and their key solutions for Part B Jurisdiction F, along with the most common front end rejections and how to prevent them. It also summarizes frequent call center inquiries and recurring Medical Review errors to help identify patterns that lead to avoidable denials. These resources and best practices can be utilized to support accurate claim submission and reduce future denials.

Duplicate Claim or Service (CO-97 and CO-B20, N111):
Allow 30 days from first submission before resubmitting.

Check claim status in Noridian Medicare Portal (NMP)

Invalid Credentials (CO-B7, N570):
Confirm provider enrolled on date of service.

Verify correct Clinical Laboratory Improvement Amendment (CLIA) number submitted on claim

Medically Unlikely Edit (MUE) (CO-151):
Review CMS MUE spreadsheet and Noridian MUE Lookup Tool

Medicare Advantage (CO-24):
Verify patient's eligibility in NMP and bill that managed care insurance

Missing/Incorrect Required Claim Information (CO-16, M51/N56):
Submit new claim with corrected and/or complete information

Top Electronic Data Interchange (EDI) Front-End Rejections and Possible Solutions

National Provider Identifier (NPI) and/or Billing Provider's Tax ID:
Check Provider Enrollment, Chain, and Ownership System (PECOS) Rendering NPI number, and ensure NPI matches Tax ID

Diagnosis error for service(s) rendered:
Review ICD-10 codes. If related to a policy, check coverage

Invalid HCPCS or CPT codes:
Check current HCPCS or CPT book for valid codes and descriptions. Check Medicare fee schedule to verify validity

Invalid subscriber's contract or member number:
Verify EDI submitter ID

Top Provider Call Center Inquiries and Solutions

Duplicate claims:
Utilize NMP and Review CMS Medically Unlikely Edits (MUE) spreadsheet

News

Terminated Medicare Beneficiary Identifier (MBI) or Part B effective date:
Utilize NMP

Medicare Secondary Payer (MSP):
Review NMP Eligibility for primary payer and utilize MSP webpage

National Correct Coding Initiative (NCCI) Procedure to Procedure Edits (PTP):
Utilize Noridian's NCCI PTP Lookup Tool

Health Maintenance Organization (HMO):
Review NMP Eligibility before billing

Resources

- Medical Record Review Results
- Noridian Medicare Portal (NMP)
- Denial Code Resolution Tool

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 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 ≥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.

Washington Severe Storms Public Health Emergency: CMS Response

A public health emergency (PHE) was declared for the state of Washington on December 23, 2025, effective date retroactive to December 9, 2025, or when no longer needed, due to Washington Severe Storms. This declaration allows flexibility for Medicare providers, suppliers and beneficiaries affected by the disaster.

CMS authorized waivers under §1812(f) of the Social Security Act for Washington residents who are evacuated, transferred, or displaced as a result of the effect of the disaster. The waivers are valid for 90 days from the effective date, unless extended.

Waivers apply for:

- Telehealth
- Hospitals, Psychiatric Hospitals, including Cancer Centers and Long-Term Care Hospitals (LTCHs)
- Skilled Nursing Facilities (SNF)
- Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

For details, visit the Washington Available Waivers webpage.

Providers and suppliers must resume compliance with normal Medicare Fee-for-Service rules and regulations as soon as they are able to do so, or after the emergency period ends.

Mandatory Use of CR Modifier and DR Condition Code

Providers must use the "CR" modifier (CMS-1500) or "DR" condition code (UB-04) on claims for items and services covered by formal waivers, as required by CMS Interned Only Manual (IOM) Publication100-04, Chapter 38 Section 38.10.

Resources

CMS has announced additional resources and flexibilities to support beneficiaries during the Washington PHE. For more information, review:

News

- Waivers and Flexibilities: CMS has issued waivers to ensure continued access to care, including the use of the "CR" modifier and "DR" condition code on claims.
- CMS Announces Resources and Flexibilities to Assist with Public Health Emergency in the State of Washington
- Washington Severe Storms Waiver List

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

Date Posted: January 22, 2026

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

Effective Date: January 1, 2026

Summary of Changes: The following MolDX 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: MolDX: Proteomics Testing	0601U, 0609U	0550U	0365U
A57332	Billing and Coding: MolDX: Repeat Germline Testing	0605U, 81354	0033U, 0131U, 0132U, 0135U	NA
A58170	Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft	NA	0508U, 0509U, 0544U	NA

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

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: January 1, 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: 02102 (AK), 03102 (AZ), 02202 (ID), 03202 (MT), 03302 (ND), 02302 (OR), 03402 (SD), 03502 (UT), 02402 (WA), and 03602 (WY).

Medicare Coverage Database (MCD) Number: 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.

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: January 1, 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.

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: January 1, 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: January 1, 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)

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: January 1, 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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).

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: January 1, 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: Multiple Dates

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,

C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.1A, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.2A, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.3A, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.4A, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79, C81.7A, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C81.9A, C82.00, C82.01, C82.02, C82.03, C82.04, C82.05, C82.06, C82.07, C82.08, C82.09, C82.0A, C82.10, C82.11, C82.12, C82.13, C82.14, C82.15, C82.16, C82.17, C82.18, C82.19, C82.1A, C82.20, C82.21, C82.22, C82.23, C82.24, C82.25, C82.26, C82.27, C82.28, C82.29, C82.2A, C82.30, C82.31, C82.32, C82.33, C82.34, C82.35, C82.36, C82.37, C82.38, C82.39, C82.3A, C82.40, C82.41, C82.42, C82.43, C82.44, C82.45, C82.46, C82.47, C82.48, C82.49, C82.4A, C82.50, C82.51, C82.52, C82.53, C82.54, C82.55, C82.56, C82.57, C82.58, C82.59, C82.5A, C82.60, C82.61, C82.62, C82.63, C82.64, C82.65, C82.66, C82.67, C82.68, C82.69, C82.6A, C82.80, C82.81, C82.82, C82.83, C82.84, C82.85, C82.86, C82.87, C82.88, C82.89, C82.8A, C82.90, C82.91, C82.92, C82.93, C82.94, C82.95, C82.96, C82.97, C82.98, C82.99, C82.9A, C83.00, C83.01, C83.02, C83.03, C83.04, C83.05, C83.06, C83.07, C83.08, C83.09, C83.0A, C83.10, C83.11, C83.12, C83.13, C83.14, C83.15, C83.16, C83.17, C83.18, C83.19, C83.1A, C83.30, C83.31, C83.32, C83.33, C83.34, C83.35, C83.36, C83.37, C83.38, C83.390, C83.398, C83.3A, C83.50, C83.51, C83.52, C83.53, C83.54, C83.55, C83.56, C83.57, C83.58, C83.59, C83.5A, C83.70, C83.71, C83.72, C83.73, C83.74, C83.75, C83.76, C83.77, C83.78, C83.79, C83.7A, C83.80, C83.81, C83.82, C83.83, C83.84, C83.85, C83.86, C83.87, C83.88, C83.89, C83.8A, C83.90, C83.91, C83.92, C83.93, C83.94, C83.95, C83.96, C83.97, C83.98, C83.99, C83.9A, C84.00, C84.01, C84.02, C84.03, C84.04, C84.05, C84.06, C84.07, C84.08, C84.09, C84.0A, C84.10, C84.11, C84.12, C84.13, C84.14, C84.15, C84.16, C84.17, C84.18, C84.19, C84.1A, C84.40, C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49, C84.4A, C84.60, C84.61, C84.62, C84.63, C84.64, C84.65, C84.66, C84.67, C84.68, C84.69, C84.6A, C84.70, C84.71, C84.72, C84.73, C84.74, C84.75, C84.76, C84.77, C84.78, C84.79, C84.7A, C84.7B, C84.90, C84.91, C84.92, C84.93, C84.94, C84.95, C84.96, C84.97, C84.98, C84.99, C84.9A, C84.A0, C84.A1, C84.A2, C84.A3, C84.A4, C84.A5, C84.A6, C84.A7, C84.A8, C84.A9, C84.AA, C84.Z0, C84.Z1, C84.Z2, C84.Z3, C84.Z4, C84.Z5, C84.Z6, C84.Z7, C84.Z8, C84.Z9, C84.ZA, C85.10, C85.11, C85.12, C85.13, C85.14, C85.15, C85.16, C85.17, C85.18, C85.19, C85.1A, C85.20, C85.21, C85.22, C85.23, C85.24, C85.25, C85.26, C85.27, C85.28, C85.29, C85.2A, C85.80, C85.81, C85.82, C85.83, C85.84, C85.85, C85.86, C85.87, C85.88, C85.89, C85.8A, C85.90, C85.91, C85.92, C85.93, C85.94, C85.95, C85.96, C85.97, C85.98, C85.99, C85.9A, C86.00, C86.01, C86.1, C86.10, C86.11, C86.20, C86.21, C86.30, C86.31, C86.40, C86.41, C86.50, C86.51, C86.60, C86.61, C88.00, C88.01, C88.20, C88.21, C88.30, C88.31, C88.40, C88.41, C88.80, C88.81, C88.90, C88.91, C90.00, C90.01, C90.02, C90.10, C90.11, C90.12, C90.20, C90.21, C90.22, C90.30, C90.31, C90.32, C91.00, C91.01, C91.02, C91.10, C91.11, C91.12, C91.30, C91.31, C91.32, C91.40, C91.41, C91.42, C91.50, C91.51, C91.52, C91.60, C91.61, C91.62, C91.90, C91.91, C91.92, C91.A0, C91.A1, C91.A2, C91.Z0, C91.Z1, C91.Z2, C92.00,

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,

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 MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: Multiple Dates

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-

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 MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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 MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: Multiple Dates

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 MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: Multiple dates

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.

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

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

Date Posted: March 19, 2026

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

Effective Date: 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 MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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

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 MolDX LCDs or access it via the CMS MCD.

Billing and Coding: MolDX: 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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 MolDX LCDs or access it via the CMS MCD.

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

Date Posted: February 5, 2026

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

Effective Date: July 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 MolDX LCDs or access it via the CMS MCD.

Medical Policies and Coverage

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: January 1, 2026

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: January 2, 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: March 1, 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

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: January 1, 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: January 1, 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).

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: October 1, 2025

Summary of Changes:

Under **ICD-10-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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: October 1, 2025

Summary of Changes:

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

Medical Policies and Coverage

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY). Responses to comments received may be found as a link at the bottom of the final LCD.

Medicare Coverage Database (MCD) Number/Contractor Determination Number: 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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.

Medical Policies and Coverage

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

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

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
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

Medical Policies and Coverage

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
A57194	Billing and Coding: Immune Globulin Intravenous (IVIg)	A57187

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
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 MolDX 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Medical Policies and Coverage

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

Medical Policies and Coverage

Medicare Coverage Database Number	LCD Title	New Medicare Coverage Database Number
L36192	MolDX: MGMT Promoter Methylation Analysis	L36188
L39375	MolDX: Molecular Assays for the Diagnosis of Cutaneous Melanoma	L39373
L39594	MolDX: Molecular Biomarker Testing for Risk Stratification of Cutaneous Squamous Cell Carcinoma	L39589
L39469	MolDX: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis	L39467
L39680	MolDX: Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy	L39678
L39007	MolDX: Molecular Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer	L39005
L39264	MolDX: 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: MolDX: Biomarkers in Cardiovascular Risk Assessment	A57037
A57376	Billing and Coding: MolDX: Blood Product Molecular Antigen Typing	A57124

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

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A57433	Billing and Coding: MolDX: MGMT Promoter Methylation Analysis	A57432
A59181	Billing and Coding: MolDX: Molecular Assays for the Diagnosis of Cutaneous Melanoma	A59179
A59401	Billing and Coding: MolDX: Molecular Biomarker Testing for Risk Stratification of Cutaneous Squamous Cell Carcinoma	A59386
A59522	Billing and Coding: MolDX: Molecular Biomarker Testing to Guide Targeted Therapy Selection in Rheumatoid Arthritis	A59521
A59507	Billing and Coding: MolDX: Molecular Biomarkers for Risk Stratification of Indeterminate Pulmonary Nodules Following Bronchoscopy	A59505
A58724	Billing and Coding: MolDX: Molecular Biomarkers to Risk-Stratify Patients at Increased Risk for Prostate Cancer	A58718
A59034	Billing and Coding: MolDX: 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.

Multiple MolDX 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

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

Medical Policies and Coverage

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

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

Medical Policies and Coverage

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A58997	Billing and Coding: MolDX: Minimal Residual Disease Testing for Hematologic Cancers	A58996
A57527	Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	A57526
A58726	Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing	A58720
A59874	Billing and Coding: MolDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis	A59872
A59511	Billing and Coding: MolDX: Molecular Testing for Risk Stratification of Thyroid Nodules	A59509
A57905	Billing and Coding: MolDX: Next-Generation Sequencing for Solid Tumors	A57901
A57892	Billing and Coding: MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies	A57891
A59837	Billing and Coding: MolDX: Non-Next Generation Sequencing Tests for the Diagnosis of BCR-ABL Negative Myeloproliferative Neoplasms	A59835
A57487	Billing and Coding: MolDX: NRAS Genetic Testing	A57486
A57620	Billing and Coding: MolDX: Oncotype DX® Breast Cancer for DCIS (Genomic Health™)	A57619

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A58185	Billing and Coding: MolDX: Phenotypic Biomarker Detection from Circulating Tumor Cells	A58183
A58053	Billing and Coding: MolDX: Pigmented Lesion Assay	A58052
A58975	Billing and Coding: MolDX: Plasma-Based Genomic Profiling in Solid Tumors	A58973
A57330	Billing and Coding: MolDX: Predictive Classifiers for Early Stage Non-Small Cell Lung Cancer	A57329
A58187	Billing and Coding: MolDX: Prognostic and Predictive Molecular Classifiers for Bladder Cancer	A58181
A57517	Billing and Coding: MolDX: Prometheus® IBD sgi Diagnostic® Policy	A57516
A57236	Billing and Coding: MolDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease	A57372
A57332	Billing and Coding: MolDX: 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 MolDX 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

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

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A57385	Billing and Coding: MolDX: 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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.

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Noridian Healthcare Solutions will be hosting an Open Public Meeting on 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 MolDX 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A55712	Billing and Coding: MolDX: Abbott RealTime IDH1 and IDH2 testing for Acute Myeloid Leukemia (AML)	A55711
A54976	Billing and Coding: MolDX: Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) Testing	A54975

Medical Policies and Coverage

Medicare Coverage Database Number	Billing and Coding Article Title	New Medicare Coverage Database Number
A55600	Billing and Coding: MolDX: BCR-ABL	A55595
A54388	Billing and Coding: MolDX: bioTheranostics Cancer TYPE ID® Update	A54386
A55116	Billing and Coding: MolDX: BluePrint® Test	A55115
A54420	Billing and Coding: MolDX: FDA-Approved BRAF Tests	A54418
A54424	Billing and Coding: MolDX: FDA-Approved EGFR Tests	A54422
A59642	Billing and Coding: MolDX: Proteomics Testing	A59641
A54500	Billing and Coding: MolDX: FDA-Approved KRAS Tests	A54498
A55295	Billing and Coding: MolDX: Germline testing for use of PARP inhibitors	A54422
A57972	Billing and Coding: MolDX: HLA Testing for Transplant Histocompatibility	A57970
A55265	Billing and Coding: MolDX: HTTLPR Gene Testing	A55264
A54447	Billing and Coding: MolDX: MammaPrint	A54445
A56104	Billing and Coding: MolDX: Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR) Biomarker for Patients with Unresectable or Metastatic Solid Tumors	A56103
A54482	Billing and Coding: MolDX: Oncotype DX® Breast Cancer Assay	A54480

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

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (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 "cryoanelgesia" 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: January 1, 2026

Summary of Changes:

EXCLUDED CPT/HCPCS CODES:

Deleted: J2940 Somatrem, 1 mg (Protropin); 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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY). Responses to comments received may be found as a link at the bottom of the final LCD.

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

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

Effective Date: March 1, 2026

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: 02102 (AK), 02202 (ID), 02302 (OR), 02402 (WA), 03102 (AZ), 03202 (MT), 03302 (ND), 03402 (SD), 03502 (UT), and 03602 (WY).

Effective Date: March 1, 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 OPPS 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: OPPS 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

Ambulatory Surgical Center Payment: January 2026 Update

Related CR Release Date: January 28, 2026

MLN Matters Number: MM14359

Effective Date: January 1, 2026

Related Change Request (CR) Number: CR 14359

Implementation Date: January 5, 2026

Related CR Transmittal Number: R13578CP

CR 14359 tells you about:

- New device categories, CPT codes, and HCPCS codes
- Drugs and biologicals
- Skin substitutes
- Non-opioid treatments for pain relief

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

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14359.

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.

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

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.

MLN Matters

HCPCS Codes & CLIA Edits: April 2026

Number: 14372

Release Date: February 20, 2026

Effective Date: April 1, 2026

Implementation Date: April 6, 2026

Transmittal Number: R13619CP

CR 14372 tells you about:

- Discontinued codes
- New codes
- Codes subject to and excluded from Clinical Laboratory Improvement Amendments (CLIA) edits

Make sure your billing staff know about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14372.

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

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.

MLN Matters

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

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.

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.

Contacts, Resources, and Reminders

Noridian Part B Customer Service Contact

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

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

Fax Numbers - View fax numbers and submission guidelines.

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

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

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

Medicare Learning Network Matters Disclaimer Statement

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

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

Contacts, Resources, and Reminders

Sources for "Medicare B News" Articles

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

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

Unsolicited or Voluntary Refunds Reminder

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

Background

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

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

Additional Information

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

Effective Date: January 1, 2005

Implementation Date: January 4, 2005

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

Do Not Forward Initiative Reminder

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

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

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

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

Noridian encourages providers to enroll or make changes using Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for faster processing time. Applications and changes completed online currently have an average processing time of 10 days. All Medicare providers may use the new enrollment process on the CMS Medicare Enrollment website. To log into this internet-based PECOS, providers will use their NPI Userid and password.

Policy

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

Implementation Process

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

IRS-1099 Reporting

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

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

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

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

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

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

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

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

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

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

We look forward to your participation in these important calls.

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

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

- Jurisdiction F Part A ACMs
- Jurisdiction D DME ACMs
- Jurisdiction A DME ACMs