Medicare B News

Jurisdiction F
October 2026

NORIDIAN HEALTHCARE SOLUTIONS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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In this Issue

News 6

Avoid Common Therapy Documentation Errors 6

Clinical Diagnostic Laboratories: Act Now Before Reporting Period Ends 6

CMS Announces Public Health Emergency (PHE) Washington Wildfires 7

DMEPOS Fee Schedules and Labor Payment - 3rd Quarter 2026 Update 8

Encelto™ Cell Gene Therapy Drug: Get Billing Guidance 8

ICD-10 Diagnosis Coding Specificity Requirements 8

Prolia® J0897 - Avoid Common Documentation Errors 9

Supporting Diagnoses for Hyperbaric Oxygen Therapy (HBO) 9

Medical Policies and Coverage 11

2026 Quarter 3: MolDX CPT/HCPCS Billing and Coding Article Updates - Effective July 1, 2026 11

Allergy Diagnostic Testing Final LCD - Effective September 27, 2026 12

Billing and Coding: Botulinum Toxin Injections (A57186) - R14 - Effective February 22, 2026 12

Billing and Coding: Electrocardiograms (A57326) - R12 - Effective October 1, 2023 ... 13

Billing and Coding: Facet Joint Interventions for Pain Management (A58403) - R9 - Effective September 17, 2026 13

Billing and Coding: Implantable Continuous Glucose Monitor (I-CGM) (A58133) - R8 - Effective September 10, 2026 14

Billing and Coding: Implantable Infusion Pumps for Chronic Pain (A55239) - R26 - Effective July 1, 2026 14

Billing and Coding: MolDX: BCR-ABL (A55595) - R3 - Effective September 24, 2026 .. 15

Billing and Coding: MolDX: Biomarker Testing in Metabolic Dysfunction-Associated Steatotic Liver Disease and Metabolic Dysfunction-Associated Steatohepatitis (A60217) - R1 - Effective October 1, 2026 15

Billing and Coding: MolDX: Biomarkers in Cardiovascular Risk Assessment (A57037) - R9 - Effective October 1, 2026 16

In this Issue

Billing and Coding: MolDX: Genetic Testing in Heritable Thoracic Aortic Disease (A59868) - R3 - Effective October 1, 2026 16

Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (A58679) - R12 - Effective August 6, 2026 17

Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (A58679) - R13 - Effective August 13, 2026 17

Billing and Coding: MolDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R19 - Effective April 6, 2026 18

Billing and Coding: MolDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R36 - Effective August 6, 2026 18

Billing and Coding: MolDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis (A59872) - R3 - Effective October 1, 2026 ... 19

Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft Rejection (A60155) - R1 - Effective August 30, 2026 19

Billing and Coding: MolDX: Next-Generation Sequencing for Solid Tumors (A57901) - R10 - Effective May 17, 2020 20

Billing and Coding: MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (A57891) - R14 - Effective October 1, 2026 21

Billing and Coding: MolDX: Pharmacogenomics Testing (A57384) - R21 - Effective July 1, 2026 21

Billing and Coding MolDX Testing of Multiple Genes (A58120) - R5 - Effective September 17, 2026 22

Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections (A58788) - R4 - Effective September 11, 2025 22

Billing and Coding: Wound and Ulcer Care (A58565) - R14 - Effective August 13, 2026 22

July 2026 CPT/HCPCS Billing and Coding Article Update - Effective July 1, 2026 23

Local Coverage Determination and Associated Billing and Coding Article Retirement - Effective August 29, 2026 23

MolDX: Genetic Testing for Hypercoagulability/Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR) (L36155) Retirement - Effective October 11, 2026 24

In this Issue

MolDX Local Coverage Determination (LCD) Finalized - Effective October 12, 2026 .. 24

MolDX: Molecular Testing for Solid Organ Allograft Rejection (L40062) - Effective August 30, 2026 25

Multi-Jurisdictional CAC Meeting Announcement - Biomarkers Utilized in the Diagnosis of Synucleinopathies - August 20, 2026, 2-4pm CT 26

Multi-Jurisdictional CAC Meeting Announcement - MolDX: Biomarker Testing for Risk Stratification in DCIS (L40144): October 13, 2026, 2-4pm ET 27

Multiple MolDX Local Coverage Determinations (LCDs) Open Public Meeting - October 6, 2026 27

Multiple MolDX Proposed LCDs - Published for Review and Comments 28

Nerve Blockade for Treatment of Chronic Pain and Neuropathy Retirement - Effective October 31, 2026 29

Notice Regarding MolDX: Biomarker Testing for Risk Stratification in DCIS, DL40144 29

Peripheral Nerve Injections and Procedures for Chronic Pain Final LCD - Effective November 1, 2026 30

Provider Alert: PET Scan Claims Processing Updates 30

Self-Administered Drug Exclusion List (A53033) - R48 - Effective August 29, 2026 31

Temporary Nontherapeutic Ambulatory Cardiac Monitoring Devices (L40255) - R1 - Effective August 13, 2026 31

MLN Connects 32

MLN Connects - July 2, 2026 32

MLN Connects - July 9, 2026 32

MLN Connects - July 16, 2026 33

MLN Connects - July 23, 2026 34

MLN Connects - July 30, 2026 34

MLN Connects Special Edition: 3 Final Payment Rules - August 3, 2026 35

MLN Connects - August 6, 2026 35

MLN Connects - August 13, 2026 36

In this Issue

MLN Connects - August 20, 2026 36

MLN Connects - August 27, 2026 37

MLN Connects - September 3, 2026 38

MLN Connects - September 10, 2026 39

MLN Connects - September 17, 2026 40

MLN Connects - September 24, 2026 41

MLN Matters 43

ASC Payment System: July 2026 Update 43

CLFS & CLIA HCPCS Codes, Waived Tests & Reasonable Charge Payments: October 2026 Quarterly Update 43

DMEPOS Fee Schedule: July 2026 Quarterly Update 44

HCPCS Codes Used for HH CB Enforcement: October 2026 Quarterly Update 44

HCPCS Codes Used for Skilled Nursing Facilities Consolidated Billing Enforcement: October 2026 Quarterly Update 45

ICD-10 & Other Coding Revisions to NCDs January 2027 Update (1 of 2) 45

ICD-10 & Other Coding Revisions to NCDs: January 2027 Update (2 of 2) 46

Laboratory NCD Edit Software: October 2026 Update 46

National Coverage Determination 210.3: Colorectal Cancer Screening Tests - Non-Invasive Biomarker Testing 47

Contacts, Resources, and Reminders 48

Noridian Part B Customer Service Contact 48

Medicare Learning Network Matters Disclaimer Statement 48

Sources for “Medicare B News” Articles 49

Unsolicited or Voluntary Refunds Reminder 49

Do Not Forward Initiative Reminder 50

Jurisdiction F Part B Quarterly Ask the Contractor Meetings (ACM) 52

News

Avoid Common Therapy Documentation Errors

Medical review findings continue to show that many therapy claim denials result from missing documentation. Providers can help prevent denials by ensuring the medical record includes all required therapy documentation.

Top Documentation Errors

Missing Certification/Recertification

- Signed and dated certification or recertification of the therapy plan of care is not included in the medical record.

Missing Plan of Care

- Therapy plan of care is missing or incomplete.
- Required elements such as long-term goals, frequency, duration, or treatment plan are not documented.

Missing Progress Reports

- Required progress reports are not completed at least every 10 treatment days.
- Progress reports do not include objective findings, outcome measures, or the patient's progress toward goals.

Provider Reminder Before submitting a claim or responding to a documentation request, verify that the record includes:

- Signed and dated certification/recertification
- Complete therapy plan of care
- Treatment notes supporting the billed services and units
- Required progress reports with outcome measurements

Thorough documentation helps support medical necessity and reduces the risk of claim denials during medical review.

Clinical Diagnostic Laboratories: Act Now Before Reporting Period Ends

Are you an independent laboratory, physician office laboratory, or hospital outreach laboratory that meets the definition of an applicable laboratory under the Clinical Laboratory Fee Schedule (CLFS)? If so, you must report your data by July 31, 2026, or you may be subject to civil monetary penalties. Report data from January 1 - June 30, 2025, including:

- Applicable HCPCS codes
- Associated private payor rates

- Volume data

How do I report?

1. Review CLFS Data Collection System resources:
    - Identity Management Registration Guide (PDF)
    - Submitter: User manual (PDF) and demo video
    - Certifier: User manual (PDF) and demo video
2. View the applicable HCPCS codes (ZIP)
3. Use the Data Reporting Template (ZIP); see training video

CMS updated section 4 of the FAQs (PDF), including:

- Where can I find the laboratory tests subject to the data collection and data reporting requirements? - Revised
- Should we report each individual payor rate or the total amount of payment collected? - New
- Can I upload multiple files for my TIN? - New

More Information:

- CLFS & PAMA Reporting and Resources webpage
- CLFS: Reporting Private Payor Data (PDF) booklet
- Is My Lab an Applicable Lab? video

Resource: CMS *MLN Connects* dated July 23, 2026

CMS Announces Public Health Emergency (PHE) Washington Wildfires

The U.S. Department of Health and Human Services (HHS) signed a federal Public Health Emergency (PHE) on August 7, 2026, for areas impacted by the Eastern Washington wildfires. The declaration, issued under Section 319 of the Public Health Service Act, enables the Centers for Medicare & Medicaid Services (CMS) to implement temporary waivers and flexibilities to support beneficiaries, providers, and suppliers affected by the disaster.

CMS has made these waivers and flexibilities available retroactively to August 1, 2026, for a period of 90 days, helping to ensure continued access to healthcare services throughout the emergency. During the PHE, CMS authorized waivers under Section 1812(f) of the Social Security Act for providers, suppliers and Medicare beneficiaries who were evacuated, transferred, displaced, or otherwise impacted by the wildfires.

In addition, Section 1135 waiver authority allows CMS to temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure healthcare services remain accessible in affected communities.

These waivers and modifications are currently in effect for areas identified in the federal disaster declaration.

CMS has also provided relief for beneficiaries who have lost Medicare-covered durable medical equipment (DME) or supplies due to the wildfires. When covered equipment is lost, destroyed, irreparably damaged, or rendered unusable as a result of the disaster, suppliers may replace the equipment without obtaining a new face-to-face examination, physician order, or additional medical necessity documentation. Suppliers must retain documentation demonstrating that the item was impacted by the disaster.

Modifier CR needs to be appended when submitting claims utilizing applicable disaster-related waivers. For Part A claims, include condition code DR must be included.

For more information on emergency declarations and available Medicare flexibilities, visit the CMS Current Emergencies webpage.

DMEPOS Fee Schedules and Labor Payment - 3rd Quarter 2026 Update

Additional updates to the DMEPOS Jurisdiction listing for 3rd quarter 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.

Encelto™ Cell Gene Therapy Drug: Get Billing Guidance

CMS has published updated guidance for billing the cell gene therapy drug, Encelto™. The guidance pertains to Ambulatory surgical centers (ASCs) and hospital outpatient departments, effective for claims with dates of service on or after October 1, 2025. In the article, CMS provides modifiers and fractionated units billing guidance.

Read the August 20, 2026 MLN Connects newsletter for complete details.

ICD-10 Diagnosis Coding Specificity Requirements

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:

- ICD-10 Diagnosis Coding Specificity Requirements

News

Visit the Noridian Medical Director Education Articles webpage to view the document.

Prolia® J0897 - Avoid Common Documentation Errors

Recent Medicare claim reviews have identified several recurring documentation issues that can delay processing or result in claim denials for drug injection Prolia® (denosumab) to treat osteoporosis, every six months. The most common findings include missing provider documentation supporting medical necessity, absent DEXA scan reports, lack of T-scores or fracture risk information, and documentation that does not support administration of the drug on the billed date of service.

Providers should ensure medical records clearly support the need for Prolia treatment and include all relevant clinical documentation, such as practitioner notes, DEXA scan results, and other diagnostic information used to establish osteoporosis and fracture risk. When patients continue therapy after improvement in bone density, documentation should explain the rationale for ongoing treatment.

To help reduce additional documentation requests and denials, review records before claim submission to confirm all supporting documentation is included, and that medication administration dates match the billed date of service. Complete and thorough documentation helps demonstrate medical necessity and supports timely claim processing.

Supporting Diagnoses for Hyperbaric Oxygen Therapy (HBO)

Accurate and complete documentation is essential to support coverage for HBO services. One common challenge providers face is determining what records are needed to substantiate a covered diagnosis under National Coverage Determination (NCD) 20.29. While the NCD identifies covered indications, it may not clearly outline all of the supporting documentation necessary to validate a diagnosis.

Providers should ensure that the medical record contains sufficient clinical evidence to support the condition for which HBO therapy is being prescribed. In some cases, this may require documentation beyond the initial diagnosis. For example, a diagnosis of radiation cystitis may need supporting diagnostic testing, such as a cystoscopy, to confirm the condition and demonstrate medical necessity for HBO therapy.

Before submitting documentation, providers should consider whether the medical record includes:

- Clear diagnosis that meets NCD 20.29 coverage requirements
- Physician documentation supporting the patient's condition and treatment plan

- Relevant diagnostic test results that confirm the diagnosis
- Clinical findings that demonstrate the severity and medical necessity of HBO therapy
- Documentation showing the patient's response to previous treatments, when applicable

Taking the time to verify that all supporting records are included can help reduce documentation requests, prevent claim delays, and facilitate a more efficient medical review process.

Providers are encouraged to review NCD 20.29 and ensure that all documentation submitted clearly supports the diagnosis for which HBO therapy is being requested. When the underlying diagnosis requires additional clinical evidence, including those records with the submission can help demonstrate medical necessity and support coverage determinations.

2026 Quarter 3: MolDX CPT/HCPCS Billing and Coding Article Updates - Effective July 1, 2026

Date Posted: July 30, 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: July 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
A57526	Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	0631U, 0632U, 0633U, 0634U, 0635U, 0640U, 0641U, 0642U, 0643U, 0644U, 0645U, 0646U, 0647U, 0648U, 0649U, 0650U, 0651U, 0652U, 0653U, 0657U, 0658U, 0659U	0029U, 0031U, 0423U	0034U
A57331	Billing and Coding: MolDX: Repeat Germline Testing	0650U, 0651U, 0652U, 0653U, 0657U, 0658U, 0659U	0029U, 0031U	0034U
A59641	Billing and Coding: MolDX: Proteomics Testing	NA	0577U	NA

Medical Policies and Coverage

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

Allergy Diagnostic Testing Final LCD - Effective September 27, 2026

Date Posted: August 13, 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: L40324

LCD Title: Allergy Diagnostic Testing

Effective Date: September 27, 2026

Summary of LCD:

This LCD addresses allergy diagnostic testing for both immediate IgE-mediated hypersensitivity reactions and delayed cell-mediated hypersensitivity. It includes guidelines for in vivo testing (such as skin tests), organ challenge tests, serum specific IgE in vitro testing, and details on limitations and provider qualifications. This LCD outlines limited coverage for this service with specific details under Coverage Indications, Limitations and/or Medical Necessity.

Visit the Proposed LCDs webpage to access this LCD.

Billing and Coding: Botulinum Toxin Injections (A57186) - R14 - Effective February 22, 2026

Date Posted: August 20, 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: February 22, 2026

Summary of Changes:

Revision Effective Date: 02/22/2026

Under ICD-10-CM Codes that Support Medical Necessity Group 4, removed ICD-10 code G24.3. This was included in error and is not appropriate for Orofacial dystonia.

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

Billing and Coding: Electrocardiograms (A57326) - R12 - Effective October 1, 2023

Date Posted: August 6, 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, 2023

Summary of Changes:

Revision Effective Date: 10/01/2023

CONTRACTOR INFORMATION:

Under ICD-10 codes that Support Medical Necessity Group 1, added the following:

I47.10, I47.11, and I47.19

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

Billing and Coding: Facet Joint Interventions for Pain Management (A58403) - R9 - Effective September 17, 2026

Date Posted: September 17, 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: September 17, 2026

Summary of Changes:

Under **Article Text, added**: “For neurolytic destruction of the nerves innervating the T12-L1 and L1-L2 paravertebral facet joints, use 64633 and 64636.” **Revised**: “64634 should be used in conjunction with 64633 and 64636 should be used in conjunction with 64635” to “64634 should be used in conjunction with 64633 and 64636 should be used in

conjunction with 64635 or 64633 for neurolytic destruction of two levels involving the nerves innervating the T12-L1 and L1-L2 paravertebral facet joints."

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

Billing and Coding: Implantable Continuous Glucose Monitor (I-CGM) (A58133) - R8 - Effective September 10, 2026

Date Posted: September 10, 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: September 10, 2026

Summary of Changes: Under Coding Guidelines, removed sensor wear durations of 90, 180, or 365-days. No coding changes were made to the article.

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) - R26 - Effective July 1, 2026

Date Posted: July 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: July 1, 2026

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

Effective 07/01/2026 - 09/30/2026

Prialt (Ziconotide) = $10.793

Ropivacaine = $0.039

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.

Medical Policies and Coverage

Billing and Coding: MolDX: BCR-ABL (A55595) - R3 - Effective September 24, 2026

Date Posted: September 24, 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: September 24, 2026

Summary of Article Changes:

Under ***Article Text*** revised hyperlink.

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

Billing and Coding: MolDX: Biomarker Testing in Metabolic Dysfunction-Associated Steatotic Liver Disease and Metabolic Dysfunction-Associated Steatohepatitis (A60217) - R1 - Effective October 1, 2026

Date Posted: September 24, 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: October 1, 2026

Summary of Changes:

Under ICD-10 Codes that Support Medical Necessity Group 1: Codes added K74.0A. This revision is due to the Annual ICD-10-CM Code Update and will become effective 10/1/2026.

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

Medical Policies and Coverage

Billing and Coding: MolDX: Biomarkers in Cardiovascular Risk Assessment (A57037) - R9 - Effective October 1, 2026

Date Posted: September 24, 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: October 1, 2026

Summary of Changes:

Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** deleted I42.0. Added I42.00, I42.01, and I42.09. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2026.

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

Billing and Coding: MolDX: Genetic Testing in Heritable Thoracic Aortic Disease (A59868) - R3 - Effective October 1, 2026

Date Posted: September 24, 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: October 1, 2026

Summary of Changes:

Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** added Q87.A. This revision is due to the Annual ICD-10-CM Code Update and will become effective 10/1/2026.

Under ***Article Text*** added "Specific tests that have been evaluated for compliance with coverage criteria set in policy (and are thus covered or not covered) can be found in the DEX® registry. This revision is effective 10/1/2026.

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

Medical Policies and Coverage

Billing and Coding: MolDX: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (A58679) - R12 - Effective August 6, 2026

Date Posted: August 6, 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 ***Article Text*** added "Specific tests that have been evaluated for compliance with coverage criteria set in policy (and are thus covered or not covered) can be found in the DEX® registry". Under ***CPT/HCPCS Codes Group 1: Paragraph*** added "Single genes and solid tumor panels". Under ***CPT/HCPCS Codes Group 2: Paragraph*** added "Hematologic neoplasm panels". Under ***ICD-10 Codes that Support Medical Necessity Group 1: Paragraph*** added "Solid tumors". Under ***ICD-10 Codes that Support Medical Necessity Group 2: Paragraph*** added "Hematologic neoplasms". This revision is effective 8/6/2026.

Under ***CPT/HCPCS Codes Group 3: Codes*** added 81288 and 0138U. 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: Lab-Developed Tests for Inherited Cancer Syndromes in Patients with Cancer (A58679) - R13 - Effective August 13, 2026

Date Posted: August 13, 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: August 13, 2026

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1***: Codes deleted 0138U and 81288. The addition of these codes in Revision 12 was done in error. This revision is effective 8/13/26.

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

Medical Policies and Coverage

Billing and Coding: MolDX: Minimal Residual Disease Testing for Solid Tumor Cancers (A58454) - R19 - Effective April 6, 2026

Date Posted: August 8, 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: April 6, 2026

Summary of Changes:

Under ***Article Text*** subheading **Additional Test-specific Indications, Limitations and Instructions** revised 1st sentence to read "neoadjuvant breast cancers (Signatera and NeXT Personal)". Formatting was corrected throughout the article. This revision is due to a new covered test that has successfully completed a TA and is effective for 04/06/2026.

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 Syndromic Panels for Infectious Disease Pathogen Identification Testing (A58720) - R36 - Effective August 6, 2026

Date Posted: August 6, 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: August 6, 2026

Summary of Changes:

Under ***Article Text*** subheading ***Additional Information*** revised nineth bullet verbiage to read "The test is ordered as follows (for **any** healthcare POS other than the POS listed in 1(a)". Formatting was corrected throughout the article. This revision is effective 8/6/2026.

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

Medical Policies and Coverage

Billing and Coding: MolDX: Molecular Testing for Identification and Management of Hereditary Transthyretin Amyloidosis (A59872) - R3 - Effective October 1, 2026

Date Posted: September 24, 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 ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** deleted I42.0 and I42.8. Added I42.01, I42.09, I42.81, and I42.89. This revision is due to the Annual ICD-10-CM Update and will become effective on 10/1/2026.

Under ***Article Text*** added "Specific tests that have been evaluated for compliance with coverage criteria set in policy (and are thus covered or not covered) can be found in the DEX® registry" This revision is effective 10/1/2026.

Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** added I42.1 and I42.2. This revision is effective 9/25/2025.

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

Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft Rejection (A60155) - R1 - Effective August 30, 2026

Date Posted: August 6, 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: August 30, 2026

Summary of Changes:

Updated Article Text: Billing information: Second paragraph; replaced word "cannot" with "should not". Added bullets to include sentences "Frequency limits for surveillance testing apply as outlined in the LCD." and "As stated in the LCD, surveillance testing will not be reimbursed if for-cause testing has been performed within the prior month." Removed sentences: "If the service billed is series of assays, use CPT code 81479 and the assigned Z-Code. If the service is billed as a single assay/timepoint, use 81479 or the

appropriate CPT/PLA code and the assigned Z-Code." and "If the service billed is a single assay/timepoint, frequency limits for surveillance testing outlined in the LCD apply. Any tests billed above those frequency limits must be billed with modifier KX and may be subject to medical review and denial." Under **subheading: Solid Organ Allograft Rejection Tests that meet coverage criteria of Policy L40062**; corrected first bullet to read " The tests below have completed a MolDX technical assessment and are deemed compliant with policy only for the specific indications listed; they must be billed in compliance with the policy requirements." Under subheading: **Additional Notes:** Corrected first bullet to read " To-date, NO test has met policy criteria for surveillance testing past 5 years post-transplantation. Such claims will be denied but may be appealed to allow for manual review.

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 for Solid Tumors (A57901) - R10 - Effective May 17, 2020

Date Posted: September 24, 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:

Under ***CPT/HCPCS Codes Group 1: Paragraph*** added “Inclusion does not imply coverage. Note: While 81455 and 81456 are genomic sequencing CPT® codes, they do not adequately define any particular service.”

Under ***CPT/HCPCS Codes Group 1: Codes*** added 81455 and 81456. This revision is effective 05/17/2020.

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

Medical Policies and Coverage

Billing and Coding: MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies (A57891) - R14 - Effective October 1, 2026

Date Posted: September 24, 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 ***ICD-10 Codes that Support Medical Necessity Group 1: Codes***: added M04.3. This revision is due to the Annual ICD-10-CM Code Update and is effective 10/1/2026.

Under ***CPT/HCPCS Codes Group 1: Paragraph*** added "Inclusion does not imply coverage. Note: While 81455 and 81456 are genomic sequencing CPT® codes, they do not adequately define any particular service." Under ***CPT/HCPCS Codes Group 1: Codes*** added 81455 and 81456. This revision is effective 05/17/2020.

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 (A57384) - R21 - Effective July 1, 2026

Date Posted: July 30, 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 1, 2026

Summary of Changes:

Under ***CPT/HCPCS Codes Group 1: Codes*** deleted 0029U and the description was revised for 0034U. This revision is due to the ***2026 Q3 CPT/HCPCS Code Update*** and is effective 7/1/2026.

Under ***Article Text*** subheading ***Billing Instructions*** added "Specific tests that have been evaluated for compliance with coverage criteria set in policy (and are thus covered or not covered) can be found in the DEX® registry". This revision is effective 7/1/2026.

Under ***Article Text revised Table 1*** to delete the IFNL3 row. This revision is due to CPIC guideline retirement and is effective 5/13/2026.

Medical Policies and Coverage

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

Billing and Coding MolDX Testing of Multiple Genes (A58120) - R5 - Effective September 17, 2026

Date Posted: September 17, 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: September 17, 2026

Summary of Article Changes:

Under ***Article Text*** revised hyperlink.

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

Billing and Coding: Platelet Rich Plasma Injections for Non-Wound Injections (A58788) - R4 - Effective September 11, 2025

Date Posted: July 30, 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: September 11, 2025

Summary of Changes: Under CPT/HCPCS codes Group 1 Paragraph was clarified.

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) - R14 - Effective August 13, 2026

Date Posted: August 13, 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).

Medical Policies and Coverage

Effective Date: August 13, 2026

Summary of Changes: Under **ICD-10-CM Codes that Support Medical Necessity, Group 2: Paragraph**, removed invalid hyperlink for Billing & Coding: Routine Foot Care A57954.

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

July 2026 CPT/HCPCS Billing and Coding Article Update - Effective July 1, 2026

Date Posted: July 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: July 1, 2026

Summary of Changes: The following Billing and Coding Article has been updated to include a new CPT/HCPCS code and update a description. For description changes, either the short and/or long code description was changed. Note: Depending on which descriptor was used, there may not be any changes to the code displayed in the article.

MCD Number	Billing and Coding Article Title	New CPT/HCPCS Codes	Deleted CPT/HCPCS Codes	CPT/HCPCS Codes Descriptor changes
A57187	Billing and Coding: Immune Globulin Intravenous (IVIg)	J1577	N/A	J1569

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).

Local Coverage Determination and Associated Billing and Coding Article Retirement - Effective August 29, 2026

Date Posted: July 16, 2026

This Local Coverage Determination (LCD) 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).

Medicare Coverage Database (MCD) Number: L38671

Effective Date: August 29, 2026

Rationale: The MolDX: Molecular Testing for Solid Organ Allograft Rejection LCD (L38671) is being retired on 8/29/2026. This LCD is being retired because the information in this policy has been incorporated within the MolDX: Molecular Testing for Solid Organ Allograft Rejection LCD (L40062).

The Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft Rejection article (A58170) is being retired on 8/29/2026 because the information in this article has been incorporated within the Billing and Coding: MolDX: Molecular Testing for Solid Organ Allograft Rejection article (A60155).

Visit the Retired LCDs webpage to access the Retired LCDs.

MolDX: Genetic Testing for Hypercoagulability/Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR) (L36155) Retirement - Effective October 11, 2026

Date Posted: August 27, 2026

This Local Coverage Determination (LCD) 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).

Medicare Coverage Database (MCD) Number: L36155

Effective Date: October 11, 2026

Rationale:

This LCD is being superseded by MolDX: Genetic Testing for Hereditary Thrombophilia (L40242)

Visit the Retired LCDs webpage to access the retired LCDs.

MolDX Local Coverage Determination (LCD) Finalized - Effective October 12, 2026

Date Posted: August 27, 2026

The MolDX Local Coverage Determination (LCD) have completed the Open Public Meeting comment period and are now finalized under contract 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	MolDX LCD Title
L40242	MolDX: Genetic Testing for Hereditary Thrombophilia
L40222	MolDX: Non-Next Generation Sequencing Targeted Molecular Panel Tests for Targeted Therapy in Cancer

Medicare Coverage Database Number	MolDX Billing and Coding Article Title
A60272	Billing and Coding: MolDX: Genetic Testing for Hereditary Thrombophilia
A60239	Billing and Coding: MolDX: Non-Next Generation Sequencing Targeted Molecular Panel Tests for Targeted Therapy in Cancer

Medicare Coverage Database Number	Response to Comments
A60468	Response to Comments: MolDX: Genetic Testing for Hereditary Thrombophilia
A60509	Response to Comments: MolDX: Non-Next Generation Sequencing Targeted Molecular Panel Tests for Targeted Therapy in Cancer

Effective Date: October 12, 2026

View Active MolDX LCDs on our website or the CMS MCD.

MolDX: Molecular Testing for Solid Organ Allograft Rejection (L40062) - Effective August 30, 2026

Date Posted: July 16, 2026

This Local Coverage Determination (LCD) has completed the Open Public 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: L40062

LCD Title: MolDX: Molecular Testing for Solid Organ Allograft Rejection

Effective Date: August 30, 2026

Summary of LCD:

This Medicare contractor will provide limited coverage for molecular and proteomic diagnostic tests used in the evaluation and management of patients who have undergone solid organ transplantation. These tests can inform decision making along with standard clinical assessments in their evaluation of organ injury for active rejection (AR). These tests may be ordered by qualified physicians or providers operating within their scope of practice considering the diagnosis of AR, helping to rule in or out this condition and when assessing the need for or results of a diagnostic biopsy. They should be considered along with other clinical evaluations and results and may be particularly useful in patients with significant contraindications to invasive procedures.

Visit the Proposed MolDX LCDs webpage to access this LCD.

Multi-Jurisdictional CAC Meeting Announcement - Biomarkers Utilized in the Diagnosis of Synucleinopathies - August 20, 2026, 2-4pm CT

Date Posted: July 9, 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).

Palmetto GBA, Wellpoint Administrators, and Noridian Healthcare Solutions will host a Multi-Jurisdictional Contractor Advisory Committee (CAC) Meeting via Microsoft Teams on August 20, 2026, from 2-4pm CT. Discussions will focus on Biomarkers Utilized in the Diagnosis of Synucleinopathies.

The Centers for Medicare & Medicaid Services (CMS) assigned Medicare Administrative Contractors (MACs) the task of developing Local Coverage Determinations (LCDs). The purpose of the CAC meeting is to provide a formal mechanism for healthcare professionals to be informed of the evidence used in developing an LCD and promote communications between the MACs and the healthcare community. The CAC panel will discuss the clinical literature related to Biomarkers Utilized in the Diagnosis of Synucleinopathies. Discussions will occur between CAC panelists and Contractor

Medical Directors. **The public may attend; however, questions from the public will not be entertained.**

Interested stakeholders are invited to attend via Microsoft Teams; however, advanced registration is required.

Note: Registration deadline to participate by **listen-only mode** will close on August 20, 2026. Once registered you will receive the Microsoft Teams information via email. Lines will remain muted throughout the conference except for the invited CAC panelists and the MAC hosts.

View meeting details and register now from the CAC Meeting webpage.

Multi-Jurisdictional CAC Meeting Announcement - MolDX: Biomarker Testing for Risk Stratification in DCIS (L40144): October 13, 2026, 2-4pm ET

Date Posted: September 3, 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).

Note: Notification to update correct year and time zone of CAC posted on August 28, 2026.

MolDX: Biomarker Testing for Risk Stratification in DCIS (L40144): October 13, 2026- 1pm - 3pm CT

Palmetto GBA, CGS Administrators, Noridian Healthcare Solutions and WPS Government Health Administrators will host a Multi-Jurisdictional Contractor Advisory Committee (CAC) Meeting via Microsoft Teams Webinar on **October 13, 2026, 2-4pm ET**.

Multiple MolDX Local Coverage Determinations (LCDs) Open Public Meeting - October 6, 2026

Date Posted: August 27, 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 a Multiple MolDX Open Public Meeting on October 6, 2026, from 2-4pm CT.

Advance registration is required (link will be added when posted).

- Registration deadline to present comments on a MolDX LCD will close on September 29, 2026, at 11:59 pm CDT.
- General Registration deadline to participate by listen-only mode will close on October 5, 2026, at 11:59 pm CDT.

Proposed MolDX Local Coverage Determinations (LCD) and Billing and Coding Articles:

MolDX: Transcriptional Biomarkers for Therapeutic Decision-Making in Renal Carcinoma (DL40435)

MolDX: Next-Generation Sequencing for Hematologic Malignancies and Suspected Hematologic Malignancies (DL40427)

Billing and Coding: MolDX: Next-Generation Sequencing for Hematologic Malignancies and Suspected Hematologic Malignancies (DA60492)

MolDX: Genome-Wide Molecular Methodologies for the Detection of Copy Number Alterations and Structural Variants in Hematologic Neoplasms (DL40411)

Billing and Coding: MolDX: Genome-Wide Molecular Methodologies for the Detection of Copy Number Alterations and Structural Variants in Hematologic Neoplasms (DA60476)

View meeting details and register now from the MolDX Open Public Meeting webpage.

Multiple MolDX Proposed LCDs - Published for Review and Comments

Date Posted: August 31, 2026

The following proposed Local Coverage Determinations (LCDs) have 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 Number	LCD Title
DL40435	MolDX: Transcriptional Biomarkers for Therapeutic Decision-Making in Renal Carcinoma
DL40427	MolDX: Next-Generation Sequencing for Hematologic Malignancies and Suspected Hematologic Malignancies
DL40411	MolDX: Genome-Wide Molecular Methodologies for the Detection of Copy Number Alterations and Structural Variants in Hematologic Neoplasms

Comment Period: August 27, 2026 - October 11, 2026

Medical Policies and Coverage

View 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 MolDX LCDs webpage for email and mail specifics.

Nerve Blockade for Treatment of Chronic Pain and Neuropathy Retirement - Effective October 31, 2026

Date Posted: September 17, 2026

This Local Coverage Determination (LCD) 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).

Medicare Coverage Database (MCD) Numbers: L35456 and A56034

Effective Date: October 31, 2026

Rationale: This LCD and associated Billing and Coding article are being retired due to material now being addressed in the Peripheral Nerve Injections and Procedures for Chronic Pain LCD (L40265).

Visit the Retired LCDs webpage to access the retired LCDs.

Notice Regarding MolDX: Biomarker Testing for Risk Stratification in DCIS, DL40144

Date Posted: July 13, 2026

The Medicare Administrative Contractors (MACs) have carefully considered all the feedback received from interested parties regarding the proposed Local Coverage Determination (LCD) DL40144, MolDX: Biomarker Testing for Risk Stratification in DCIS. Given the impact of this determination, the MACs will delay finalization of the proposed LCD issued on 7/17/2025. Additional information will be forthcoming in the following months.

Medical Policies and Coverage

Peripheral Nerve Injections and Procedures for Chronic Pain Final LCD - Effective November 1, 2026

Date Posted: September 17, 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: L40265

LCD Title: Peripheral Nerve Injections and Procedures for Chronic Pain

Effective Date: November 1, 2026

Summary of LCD: This LCD outlines limited coverage for this service and was developed to update existing policy to evidence based and incorporate new procedures and literature. Peripheral nerve injections (PNIs) consist of injections of local anesthetics (LA), with or without adjuvant steroids, into the perineural region of peripheral nerves or nerve ganglia. PNIs when used for chronic pain, are for the treatment and management of localized pain syndromes. PNIs provide targeted diagnostic or therapeutic benefits that generate temporary to long-term analgesic relief of chronic neuropathic pain or focal chronic nociceptive pain. Peripheral nerve denervation is the mechanical loss or interruption of nerve supply to muscle, organ or tissue, and can be used therapeutically to destroy nerves as a modality to treat chronic pain.

Visit the Proposed LCDs webpage to access this LCD.

Provider Alert: PET Scan Claims Processing Updates

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).

Noridian is currently implementing updates to claims processing for certain Part A and Part B claims related to Positron Emission Tomography (PET) scans and is aware of questions and potential claims processing issues related to these updates. We are conducting a review of affected claims processing scenarios and, as part of this effort, evaluating whether any claims may be eligible for correction consistent with Medicare requirements and established claims processing procedures.

In the meantime, providers are reminded to review and follow the reporting requirements outlined in the CMS Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 13, Section 60, and monitor future Noridian communications for additional information as it becomes available.

Self-Administered Drug Exclusion List (A53033) - R48 - Effective August 29, 2026

Date Posted: July 16, 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: August 29, 2026

Summary of Changes:

Under Excluded CPT/HCPCS Codes, added Q5164 Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg* and J3490, J3590, C9399 bimekizumab-bkzx (Bimzelx®)

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.

Temporary Nontherapeutic Ambulatory Cardiac Monitoring Devices (L40255) - R1 - Effective August 13, 2026

Date Posted: August 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: August 13, 2026

Summary of Changes:

Under **Bibliography #54**, removed invalid hyperlink for NICE Guideline: Atrial fibrillation: diagnosis and management.

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

MLN Connects

MLN Connects - July 2, 2026

MLN Connects® Newsletter for Thursday, July 2, 2026

Proposed Payment Rules

- CY 2027 Hospital Outpatient Prospective Payment System & Ambulatory Surgical Center Proposed Rule
- CY 2027 Home Health Prospective Payment System Proposed Rule

News

- CMS Launches Medicare GLP-1 Bridge, Expanding Access to GLP-1 Medications
- Hospital Price Transparency: New Resources
- Clinical Diagnostic Laboratory Reporting: Are You an Applicable Lab?

Compliance

- Skilled Nursing Facilities: Accurately Report Your Related Party Costs

Claims, Pricers & Codes

- Non-Invasive Bone Growth Stimulators
- RARCs, CARCs, Medicare Remit Easy Print & PC Print: July Update

MLN Connects - July 9, 2026

MLN Connects® Newsletter for Thursday, July 9, 2026

News

- Long-Term Acute Care Hospitals: Download Your FY 2025 PEPPER
- Clinical Diagnostic Laboratories: Report Your Data Through July 31

Compliance

- Hospital Beds & Accessories: Prevent Claim Denials

Claims, Pricers & Codes

- Cervical Cancer Screening with HPV Testing: Use the Correct Code

MLN Connects

MLN Matters® Articles

- Ambulatory Surgical Center Payment System: July 2026 Update
- DMEPOS Fee Schedule: July 2026 Quarterly Update
- Laboratory National Coverage Determination Edit Software: October 2026 Update

MLN Connects - July 16, 2026

MLN Connects® Newsletter for Thursday, July 16, 2026

Proposed Payment Rule

- CY 2027 Medicare Physician Fee Schedule Proposed Rule

News

- DMEPOS Competitive Bidding Program: Get Licensed & Accredited for Round 2028
- Inpatient Rehabilitation Facility: Download Your FY 2025 PEPPER
- PECOS: Protect Your Application

Compliance

- Optometry Services at Nursing Facilities: Bill Correctly

Claims, Pricers & Codes

- Screening for Hepatitis C Virus in Adults National Coverage Determination: Using HCPCS Code G0567

MLN Matters® Articles

- HCPCS Codes Used for Home Health Consolidated Billing Enforcement: October 2026 Quarterly Update
- Hospice Claims: Reporting a Face-to-Face Encounter for Recertification Using Telecommunications Technology

Publications & Multimedia

- Medicare Fraud & Abuse: 2 Updated Resources

From Our Federal Partners

- Domestically Acquired Cyclosporiasis Cases in Multiple U.S. States
- VA Payments: Enroll in Direct Deposit

MLN Connects

MLN Connects - July 23, 2026

MLN Connects® Newsletter for Thursday, July 23, 2026

News

- CMS Modernizes Nursing Home Oversight with New Risk-Based Survey Approach Designed to Highlight High Performance, Encourage Improvement
- Clinical Diagnostic Laboratories: Act Now Before Reporting Period Ends
- Medicare Providers: Join an Accountable Care Organization for Performance Year 2027
- Clinical Laboratories: Submit Your Comments on CLIA Regulations by September 14
- All Medicare Facility Types: Get Ready for the PEPPER Relaunch
- Medicare Beneficiary Date of Death: Manual Update

Compliance

- Enteral Nutrition: Prevent Claim Denials

Publications & Multimedia

- DMEPOS Payments for Inpatient Stays

MLN Connects - July 30, 2026

MLN Connects® Newsletter for Thursday, July 30, 2026

Final Payment Rules

- FY 2027 Skilled Nursing Facility Prospective Payment System Final Rule
- FY 2027 Inpatient Psychiatric Facility Prospective Payment System Final Rule

News

- CMS Medicaid Fraud War Room Stops More Than $203 Million in Improper Payments During First 88 Days
- Clinical Diagnostic Laboratories: Last Chance to Report Your Data
- Clinical Laboratories: New Diagnostic Tests
- DMEPOS Requirement Updates
- Nursing Homes: Get Health & Fire Safety Deficiency Information

MLN Connects

Claims, Pricers & Codes

- Seasonal Influenza & COVID-19 Vaccine Pricing for 2026-2027 Season

MLN Connects Special Edition: 3 Final Payment Rules - August 3, 2026

Special Edition: 3 Final Payment Rules

- FY 2027 Hospital Inpatient Prospective Payment System & Long-Term Care Hospital Prospective Payment System Final Rule
- FY 2027 Inpatient Rehabilitation Facilities Prospective Payment System Final Rule
- FY 2027 Hospice Wage Index, Payment Rate Update & Quality Reporting Program Requirements Final Rule

MLN Connects - August 6, 2026

MLN Connects® Newsletter for Thursday, August 6, 2026

News

- Readout: CMS Celebrates Delivery of the Health Technology Ecosystem, One Year After Launch
- Skilled Nursing Facility Value-Based Purchasing Program: Download Your August 2026 Performance Score Reports
- Home Health Agencies: Download Your 2025 PEPPER

Compliance

- Global Surgery: Accurately Report Postoperative Visits
- Glucose Monitoring Supplies: Prevent Claim Denials

Claims, Pricers & Codes

- HCPCS Application Summaries & Coding Determinations: Drugs & Biologicals

Events

- PEPPER Updates for Long-Term Acute Care Hospitals, Inpatient Rehabilitation Facilities & Inpatient Psychiatric Facilities - August 25
- CCSQ Quarterly Stakeholder Webinar - August 26

MLN Connects

MLN Connects - August 13, 2026

MLN Connects® Newsletter for Thursday, August 13, 2026

News

- CMS Announces Resources, Flexibilities to Assist with Public Health Emergency in State of Washington
- CMS Proposes New Requirements for Off-Campus Outpatient Departments of a Provider - Submit Comments by August 31
- Regulatory Alignment for Predictable & Immediate Device Coverage Pathway Procedural Notice - Inviting Comment by October 13
- Inpatient Psychiatric Facilities: Download Your 2025 PEPPER

Claims, Pricers & Codes

- Skilled Nursing Facility Prospective Payment System: FY 2027 Pricer Update

MLN Matters® Articles

- Inpatient Rehabilitation Facility Prospective Payment System: FY 2027 Web Pricer Update
- Medicare Part A Cost Report Overpayments: Default Recoupment Date Extension
- Medicare Severity Diagnosis-Related Groups Subject to Inpatient Prospective Payment System Replaced Devices Policy: FY 2027 Update

Publications & Multimedia

- Power Mobility Devices

MLN Connects - August 20, 2026

MLN Connects® Newsletter for Thursday, August 20, 2026

News

- DMEPOS Competitive Bidding Program: Get Ready for Round 2028

Compliance

- Comprehensive Outpatient Rehabilitation Facility Services: Prevent Claim Denials

MLN Connects

Claims, Pricers & Codes

- Encelto™ Cell Gene Therapy Drug: Get Billing Guidance
- HCPCS Application Summaries & Coding Decisions: Non-Drug & Non-Biological Items & Services

Events

- CCSQ Quarterly Stakeholder Webinar - August 26
- CMS National Provider Enrollment Conference - November 18 & 19

MLN Matters® Articles

- ICD-10 & Other Coding Revisions to National Coverage Determinations: January 2027 Update (1 of 2)

Publications & Multimedia

- Understanding Telehealth & Teleradiology Enrollment

From Our Federal Partners

- Risk of Severe Arboviral Disease in Patients Receiving B Cell-Depleting or Modulating Medications

MLN Connects - August 27, 2026

MLN Connects® Newsletter for Thursday, August 27, 2026

News

- Alabama: $144M to Improve Mental Health, Substance Abuse, Emergency, and Maternal Care & Expand the Health Care Workforce
- Alaska: $160M to Bring Cutting-Edge Technology, Drones Prescription Deliveries, Surgical Robotics & More
- North Dakota: Critical Funding to Launch the Coordinating & Connecting Care Initiative
- Ohio: $3.15M to Expand Pharmacy Connectivity Throughout Rural Communities
- Pennsylvania: $35M to Advance Screening Technology, Secure Additional Operating Rooms & Modernize Rural Health Care
- South Dakota: $90M to Modernize & Improve IT and Interoperability
- West Virginia: $4.2M to Expand Medical Transportation & Improve Patient Access to Care

MLN Connects

Compliance

- Dermatologists: Bill Correctly for Evaluation and Management Services & Minor Surgical Procedures

Claims, Pricers & Codes

- Home Health Prospective Payment System Grouper: October Update

MLN Matters® Articles

- Clinical Laboratory Fee Schedule & Clinical Laboratory Improvement Amendments HCPCS Codes, Waived Tests & Reasonable Charge Payments: October 2026 Quarterly Update
- Hospice Payments: FY 2027 Update
- ICD-10 & Other Coding Revisions to National Coverage Determinations: January 2027 Update (2 of 2)

MLN Connects - September 3, 2026

MLN Connects® Newsletter for Thursday, September 3, 2026

News

- Arkansas: $149.3M to Expand Telehealth & Increase Access to Specialty Care and Preventive Screenings
- Georgia: $93.3M to Expand Telehealth Services, Advance Surgical Robotics & Transform Rural Health Care Access
- Hawaii: $58M to Deliver New Ambulances & Upgrade Emergency Communications Systems
- Virginia: $122M to Expand Health Care Access, Workforce & Innovation
- ColoSense™ Colorectal Cancer Screening Test: HETS Update Coming in January
- DMEPOS Benefit Category Determinations

Fraud, Waste & Abuse

- CMS Prevents $1.6B in Fraudulent Medicare Laboratory Payments

Compliance

- Oral Anticancer & Antiemetic Drugs Prevent Claim Denials

MLN Connects

Claims, Pricers & Codes

- Medicare Physician Fee Schedule Database: October Update
- National Correct Coding Initiative: October Update

Events

- PEPPER Updates for Home Health Agencies & Partial Hospitalization Programs Webinar - September 24

MLN Matters® Articles

- HCPCS Codes Used for Skilled Nursing Facilities Consolidated Billing Enforcement: October 2026 Quarterly Update
- National Coverage Determination 210.3: Colorectal Cancer Screening Tests - Non-Invasive Biomarker Testing

Publications & Multimedia

- Original Medicare vs. Medicare Advantage - Revised

MLN Connects - September 10, 2026

MLN Connects® Newsletter for Thursday, September 10, 2026

News

- Indiana: $120M to Expand Maternal and Infant Health Services, Increase Primary Care Access & Grow the Health Care Workforce
- Michigan: $25M to Modernize Health Care Technology, Expand Telehealth & Improve High-Speed Internet Connectivity
- New York: $76M to Strengthen Regional Coordination & Modernize Health Care Technology
- Rhode Island: $5.48M to Strengthen Health Care Workforce Pipeline
- DMEPOS: Probationary Prior Authorization Starts October 15
- Partial Hospitalization Program: Download Your 2025 PEPPER
- Electronic Health Records: Use Assistive Technology Correctly

Fraud, Waste & Abuse

- CMS Cracks Down on Massive $3.4B Medical Equipment Supplier Fraud Scheme

MLN Connects

Compliance

- DMEPOS: Bill Correctly for Continuous Positive Airway Pressure Devices

Claims, Pricers & Codes

- COVID-19 Vaccine: Updated Pricing for 2026-2027 Season
- Rural Health Clinics & Federally Qualified Health Centers: Billing Distant Site Telehealth Services

MLN Matters® Articles

- Medicare Secondary Payer Claim Processing for Certain Claim Adjustment Reason Codes

Publications & Multimedia

- Guidelines for Teaching Physicians, Interns & Residents - Revised

MLN Connects - September 17, 2026

MLN Connects® Newsletter for Thursday, September 17, 2026

News

- CMS Adds Medicare Options to Help People Manage Substance Use Disorder, Heart Failure & Other Common Chronic Conditions
- Kansas: Nearly $17M to Adopt Emerging Health Care Technologies & Improve Patient Transportation Between Facilities
- Mississippi: $104M to Transform Rural Health Care Through Cutting-Edge Technology & Expanded Care Closer to Home
- North Carolina: Expands Preventive & Behavioral Health Care Access for Students
- Vermont: $11.7M to Expand Access, Improve Patient Care Facilities & Strengthen Workforce Capacity in Nursing Homes and Long-Term Care System
- West Virginia: $4.8M to Strengthen Rural Health Care Workforce & Expand Preventive Care
- Mandatory Ambulatory Specialty Model Final Participants
- Skilled Nursing Facilities: Download Your FY 2025 PEPPER
- Care Compare: Get CY 2024 Quality Payment Program Performance Information

Events

- Inpatient Rehabilitation Facility FY 2027 Final Rule Webinar - September 29

MLN Connects

MLN Matters® Articles

- Inpatient & Long-Term Care Hospital Prospective Payment Systems: FY 2027 Changes

Publications & Multimedia

- Free CE Credits: Screen Use Harms in Children & Adolescents

From Our Federal Partners

- Nationwide Increase in Reported Human Rabies Exposures: Rabies Post-Exposure Prophylaxis Administration

MLN Connects - September 24, 2026

MLN Connects® Newsletter for Thursday, September 24, 2026

News

- CMS Announces New Preliminary Medicare Payment Rates for Laboratory Services, Saving Taxpayers an Estimated $1B Annually
- Clinical Laboratory Fee Schedule: Submit Comments & Reconsideration Requests by October 21
- Connecticut: $50M to Optimize Care Delivery & Improve Rural Hospital Infrastructure
- Missouri: More Than $45M to Upgrade Rural Hospitals, Connect Families to Rapid Psychiatric Consultations and Maternal Care & Train More EMS Professionals
- New Mexico: $74M to Expand Specialty, Maternal & Behavioral Health Care
- South Carolina: $167M to Build Rural Care Sites, Upgrade Health Technology & Strengthen Prevention
- CMS Announces Participants in Landmark Medicaid Drug Payment Model to Bring Down Drug Costs for Most Vulnerable Americans

Compliance

- Toileting Aids: Prevent Claim Denials

Claims, Pricers & Codes

- Medicare Part B Drug Pricing Files & Revisions: October Update

MLN Connects

Events

- Inpatient Rehabilitation Facility FY 2027 Final Rule Webinar - September 29

MLN Matters

ASC Payment System: July 2026 Update

Number: 14522

Release Date: June 24, 2026

Effective Date: July 1, 2026

Implementation Date: July 6, 2026

Transmittal Number: R13836CP

CR 14522 tells you about:

- New Hospital Outpatient Prospective Payment System (OPPS) device pass-through category payable in Ambulatory Surgical Centers (ASCs)
- New HCPCS codes, revised code descriptors, and ASC payment indicator (PI) changes for:
    - ASC surgical procedures
    - Drugs, biologicals, and radiopharmaceuticals
    - Skin substitute products
    - Non-opioid treatments for pain relief

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

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14522.

CLFS & CLIA HCPCS Codes, Waived Tests & Reasonable Charge Payments: October 2026 Quarterly Update

Number: 14569

Release Date: August 24, 2026

Effective Date: October 1, 2026

Implementation Date: October 5, 2026

Transmittal Number: R13884CP

CR 14529 tells you about:

- Annual and quarterly Clinical Laboratory Improvement Amendments (CLIA) edits and new waived test updates
- New and deleted CPT codes

Make sure your billing staff knows about Clinical Laboratory Fee Schedule (CLFS) updates, effective October 1, 2026.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14569.

MLN Matters

DMEPOS Fee Schedule: July 2026 Quarterly Update

Number: 14513

Release Date: July 1, 2026

Effective Date: July 1, 2026

Implementation Date: July 6, 2026

Transmittal Number: R13846CP

CR 14513 updates the DMEPOS fee schedule on a quarterly basis, when necessary, to implement fee schedule amounts for new and existing codes, as applicable, and apply changes in payment policies.

Make sure your billing staff knows about guidance on continuing to use the KF modifier on claims for HCPCS codes E0747, E0748, and E0760 for dates of service on or after May 18, 2026.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14513.

HCPCS Codes Used for HH CB Enforcement: October 2026 Quarterly Update

Number: 14510

Release Date: July 8, 2026

Effective Date: October 1, 2026

Implementation Date: October 5, 2026

Transmittal Number: R13794CP

CR 14510 updates the lists of HCPCS codes CMS subjects to the Consolidated Billing (CB) provision of the Home Health (HH) Prospective Payment System (PPS).

Make sure your billing staff knows about the 19 new HCPCS codes CMS is adding to the home health (HH) consolidated billing (CB) non-routine supply code list, effective October 1, 2026.

Make sure your billing staff know about these changes.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14510.

MLN Matters

HCPCS Codes Used for Skilled Nursing Facilities Consolidated Billing Enforcement: October 2026 Quarterly Update

Number: CR14561 Revised

Release Date: September 1, 2026

Effective Date: October 1, 2026

Implementation Date: January 4, 2027

Transmittal Numbers: R13881CP & R13943CP

CR 14561 updates the lists of HCPCS codes CMS subjects to the consolidated billing (CB) provision of the SNF Prospective Payment System (PPS). We'll use changes to CPT and HCPCS codes and Physician Fee Schedule designations to revise Common Working File edits, allowing MACs to make appropriate payments per SNF CB policy in the Medicare Claims Processing Manual, Chapter 6, section 20.6.

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

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14561.

ICD-10 & Other Coding Revisions to NCDs January 2027 Update (1 of 2)

Number: 14537

Release Date: August 7, 2026

Effective Date: January 1, 2027

Implementation Date: January 4, 2027

Transmittal Number: R13906OTN

CR 14537 provides a quarterly maintenance update of ICD-10 coding conversions and other coding updates specific to National Coverage Determinations (NCDs). No policy is being changed because of these updates.

Make sure your billing staff knows about updates to NCDs, effective January 1, 2027.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14537.

MLN Matters

ICD-10 & Other Coding Revisions to NCDs: January 2027 Update (2 of 2)

Number: CR14570

Release Date: August 14, 2026

Effective Date: January 1, 2027

Implementation Date: January 4, 2027

Transmittal Numbers: R13903OTN & R13923OTN

CR 14570 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 updates to National Coverage Determinations (NCDs) effective January 1, 2027.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14570.

Laboratory NCD Edit Software: October 2026 Update

Number: 14536

Release Date: July 2, 2026

Effective Date: October 1, 2026

Implementation Date: October 5, 2026

Transmittal Number: R13849CP

CR 14536 announces the changes that will be included in the October 2026 quarterly release of the edit module for clinical diagnostic laboratory services.

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

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14536.

MLN Matters

National Coverage Determination 210.3: Colorectal Cancer Screening Tests - Non-Invasive Biomarker Testing

Number: 14581

Release Date: August 27, 2026

Effective Date: June 8, 2026

Implementation Date: January 4, 2027

Transmittal Numbers: R13921CP & R13921

Non-invasive biomarker CRC screening tests detect molecular markers from CRC and pre-malignant colorectal epithelial neoplasia in blood, bodily secretions, or the intestinal lumen. The tests use amplification and enrichment techniques to detect small marker amounts that may identify CRC or pre-malignant colorectal neoplasia.

Make sure your billing staff knows about these updates effective June 8, 2026.

View the complete CMS Medicare Learning Network (MLN) Matters (MM)14581.

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.

Contacts, Resources, and Reminders

Additional Information

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

Effective Date: January 1, 2005

Implementation Date: January 4, 2005

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

Do Not Forward Initiative Reminder

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

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

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

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

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

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