

Communiqué

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Items of Importance

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Coverage – Local Coverage Determinations and Billing and Coding/Policy Articles

INFORMATION ON WEBSITE

WPS GHA publishes Local Coverage Determinations (LCDs) and Billing and Coding/Policy Articles on its website: <https://www.wpsgha.com/wps/portal/mac/site/policies/guides-and-resources>

You can also find our LCDs and Billing and Coding/Policy Articles within the CMS Medicare Coverage Database (MCD): <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>

Having trouble getting access to the Internet? Many establishments offer free internet access for the price of a cup of coffee. You can request a hard copy of a retired LCD by writing to our Freedom of Information (FOI) Unit:

<https://www.wpsgha.com/wps/portal/mac/site/training/guides-and-resources/freedom-of-information>

NEW POLICIES/ARTICLES

Below we list new policies/articles. Please note the effective date of the new policy/article. The policy/article will not appear as active until the effective date.

Visit our website at the link below for more information:

<https://www.wpsgha.com/wps/portal/mac/site/policies/news-and-updates>

We created no new policies/articles for April 2020.

May 2020

Contract	LCD/Article Title	MCD # of LCD	MCD # of Billing and Coding Article	Effective Date
J5/J8	Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea	L38528	A57944	06/14/2020
J5/J8	MolDX: Repeat Germline Testing	L38429	A57100	06/14/2020
J5/J8	MolDX: Predictive Classifiers for Early Stage Non-small Cell Lung Cancer	L38443	A54112	06/14/2020

June 2020

Contract	LCD/Article Title	MCD #	Effective Date
J5/J8	MoIDX: Pharmacogenomics Testing	L38435	7/26/2020
	This LCD is scheduled to be viewable on the Medicare Coverage Database (MCD) on June 11, 2020.		

RETIRED POLICIES/ARTICLES

We retired the following policies/articles. Please be sure to note the effective date of the retired policy/article. It will not appear as retired until the effective date.

Visit our website at the link below for more information:

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April 2020

Contract	LCD/Article Title	MCD #	Effective Date
J5/J8	Laboratory: Drug Interaction Testing	DL38162	03/26/2020
J5/J8	MoIDX: Clarification on Primary Cancer Designation in Metastatic, Progressive, or Recurrent Disease for Molecular Diagnostic Testing	A57852	03/26/2020

We retired no policies/articles for May 2020.

June 2020

Contract	LCD/Article Title	MCD #	Effective Date
J5/J8	Billing and Coding: MoIDX: Pharmacogenomics Testing	DA57094	07/25/2020
J5/J8	MoIDX: GeneSight® Assay for Refractory Depression	L36799	07/25/2020
	This LCD is being retired since the language in this policy conflicts with and is superseded by L38435 MoIDX: Pharmacogenomics Testing.		

Contract	LCD/Article Title	MCD # of LCD	MCD # of Billing and Coding Article	Effective Date
J5/J8	MoIDX: Combinatorial Pharmacogenomics Limited Coverage	DL36799	DA57090	07/25/2020

REVISED POLICIES/ARTICLES

We revised the following policies/articles. Please be sure to note the effective date of the revised policy/article. The policy/article will not appear as active until the effective date.

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April 2020

Contract	LCD/Article Title	MCD #	Effective Date																																										
J5/J8	Billing and Coding: Bisphosphonate Drug Therapy	A56907	03/26/2020																																										
	<p>Added M85.80 to ICD-10 Codes That Support Medical Necessity Group Paragraphs 1, 2 and 3 and Tables 1, 2 and 3. The code was also added to the ICD-10 Codes That Are Not Covered Group 1 Paragraph and Table with reference to exceptions.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">M85.80</td> <td>Other specified disorders of bone density and structure, unspecified site</td> </tr> </table>			M85.80	Other specified disorders of bone density and structure, unspecified site																																								
M85.80	Other specified disorders of bone density and structure, unspecified site																																												
J5/J8	Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring)	A57476	03/26/2020																																										
	<p>To support the indication of Transient ischemic episodes in L34636 the following ICD-10 codes were added to the section: ICD-10 Codes that Support Medical Necessity Groups 1, 2, and 3 Codes:</p> <table border="1" style="width: 100%;"> <tr><td>I63.10</td><td>Cerebral infarction due to embolism of unspecified precerebral artery</td></tr> <tr><td>I63.111</td><td>Cerebral infarction due to embolism of right vertebral artery</td></tr> <tr><td>I63.112</td><td>Cerebral infarction due to embolism of left vertebral artery</td></tr> <tr><td>I63.113</td><td>Cerebral infarction due to embolism of bilateral vertebral arteries</td></tr> <tr><td>I63.119</td><td>Cerebral infarction due to embolism of unspecified vertebral artery</td></tr> <tr><td>I63.12</td><td>Cerebral infarction due to embolism of basilar artery</td></tr> <tr><td>I63.131</td><td>Cerebral infarction due to embolism of right carotid artery</td></tr> <tr><td>I63.132</td><td>Cerebral infarction due to embolism of left carotid artery</td></tr> <tr><td>I63.133</td><td>Cerebral infarction due to embolism of bilateral carotid arteries</td></tr> <tr><td>I63.139</td><td>Cerebral infarction due to embolism of unspecified carotid artery</td></tr> <tr><td>I63.19</td><td>Cerebral infarction due to embolism of other precerebral artery</td></tr> <tr><td>I63.40</td><td>Cerebral infarction due to embolism of unspecified cerebral artery</td></tr> <tr><td>I63.411</td><td>Cerebral infarction due to embolism of right middle cerebral artery</td></tr> <tr><td>I63.412</td><td>Cerebral infarction due to embolism of left middle cerebral artery</td></tr> <tr><td>I63.413</td><td>Cerebral infarction due to embolism of bilateral middle cerebral arteries</td></tr> <tr><td>I63.419</td><td>Cerebral infarction due to embolism of unspecified middle cerebral artery</td></tr> <tr><td>I63.421</td><td>Cerebral infarction due to embolism of right anterior cerebral artery</td></tr> <tr><td>I63.422</td><td>Cerebral infarction due to embolism of left anterior cerebral artery</td></tr> <tr><td>I63.423</td><td>Cerebral infarction due to embolism of bilateral anterior cerebral arteries</td></tr> <tr><td>I63.429</td><td>Cerebral infarction due to embolism of unspecified anterior cerebral artery</td></tr> <tr><td>I63.431</td><td>Cerebral infarction due to embolism of right posterior cerebral artery</td></tr> </table>			I63.10	Cerebral infarction due to embolism of unspecified precerebral artery	I63.111	Cerebral infarction due to embolism of right vertebral artery	I63.112	Cerebral infarction due to embolism of left vertebral artery	I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries	I63.119	Cerebral infarction due to embolism of unspecified vertebral artery	I63.12	Cerebral infarction due to embolism of basilar artery	I63.131	Cerebral infarction due to embolism of right carotid artery	I63.132	Cerebral infarction due to embolism of left carotid artery	I63.133	Cerebral infarction due to embolism of bilateral carotid arteries	I63.139	Cerebral infarction due to embolism of unspecified carotid artery	I63.19	Cerebral infarction due to embolism of other precerebral artery	I63.40	Cerebral infarction due to embolism of unspecified cerebral artery	I63.411	Cerebral infarction due to embolism of right middle cerebral artery	I63.412	Cerebral infarction due to embolism of left middle cerebral artery	I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries	I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery	I63.421	Cerebral infarction due to embolism of right anterior cerebral artery	I63.422	Cerebral infarction due to embolism of left anterior cerebral artery	I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries	I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery	I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
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I63.431	Cerebral infarction due to embolism of right posterior cerebral artery																																												

Contract	LCD/Article Title	MCD #	Effective Date
	I63.432 Cerebral infarction due to embolism of left posterior cerebral artery		
	I63.433 Cerebral infarction due to embolism of bilateral posterior cerebral arteries		
	I63.439 Cerebral infarction due to embolism of unspecified posterior cerebral artery		
	I63.441 Cerebral infarction due to embolism of right cerebellar artery		
	I63.442 Cerebral infarction due to embolism of left cerebellar artery		
	I63.443 Cerebral infarction due to embolism of bilateral cerebellar arteries		
	I63.449 Cerebral infarction due to embolism of unspecified cerebellar artery		
	I63.49 Cerebral infarction due to embolism of other cerebral artery		
	Z86.73 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits		
J5/J8	Billing and Coding: Implantable Automatic Defibrillators	A56391	03/26/2020
	Clarification sentence added to Section D indicating no diagnosis code limitations will be applied at this time for the following Removal ICD-10 Procedure Codes: 0JPT0FZ, 0JPT0PZ, 0JPT3FZ, 0JPT3PZ, 02PA0MZ, 02PA3MZ, 02PA4MZ and 02PAXMZ. Revised format to place ICD-10 Procedure codes in proper numeric order in Section D.		
J5/J8 Part B	Independent Diagnostic Testing Facilities-physician supervision and technician requirements	A54953	01/01/2020
	HCPCS code G2066 added short description: Inter devc remote 30d. Supervising Physician Qualification Requirements: Board Certified (ABMS) Cardiologist Technician Qualification: State Licensed: RN or Paramedic, or Credentialed by CCI: CCT; Certified Rhythm Analysis Technician (CRAT) Supported by Federal Registry: Vol 84, No. 221/Friday, November 15, 2019/Rules and Regulations. Effective 01/01/2020		

Contract	LCD/Article Title	MCD # of LCD	MCD # of Billing and Coding Article	Effective Date
J5/J8	Drug Testing	L34645	A56915	05/10/2020
	For L34645: Removed and relocated Documentation Requirements Section to A56915 Billing and Coding: Drug Testing. Removed the following sentence because it is no longer relevant, "Italicized font represents CMS national language/wording copied directly from CMS Manuals or CMS transmittals. Contractors are prohibited from changing national language." For A56915: Added the following under Article Text: L34645 Drug Testing and the sentence: "The documentation should support the medical necessity of the drug			

Contract	LCD/Article Title	MCD # of LCD	MCD # of Billing and Coding Article	Effective Date
	testing ordered and should support the clinical indicators that led to ordering the test.” Added Documentation Requirements Section from L34645 Drug Testing to the Coding Guidelines.			

May 2020

Contract	LCD/Article Title	MCD #	Effective Date
J5/J8	Billing and Coding: Blepharoplasty, Blepharoptosis and Brow Lift	A56908	04/30/2020
	<p>Moved residual coding guidance, formally #2 in Documentation Requirements of related L34528 Blepharoplasty, Blepharoptosis and Brow Lift to the Article Text section of this document:</p> <p>Physicians’ services and diagnostic tests must be submitted with a diagnosis code to support the medical necessity for the service and must be coded to the greatest level of accuracy and highest level of digit completeness. This means the precise diagnosis code that fully explains the narrative description of the diagnosis contained in the medical record or the test interpretation and report including the digit sub-classification for the diagnosis category. The diagnosis code based on the results of the test should be the primary diagnosis. If the diagnostic test results are normal or inconclusive the diagnosis code representing the sign, symptom, illness or injury prompting the ordering of the test should be reported as the primary diagnosis. In the absence of signs, symptoms, illness or injury resulting in a functional anomaly of the upper eyelids a cosmetic diagnosis should be reported, and payment will be denied.</p>		
J5/J8	Billing and Coding: Category III Codes	A56902	04/30/2020
	<p>Article text includes new format “with the exception of the following CPT codes:” Added: CPT Codes 0295T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation 0296T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording) 0297T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report 0298T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation</p> <p>Please refer to A54953 Independent Diagnostic Testing Facilities – physician supervision and technician requirements.</p> <p>Additional guidance provided in LCD L34636 Electrocardiographic (EKG or ECG)</p>		

Contract	LCD/Article Title	MCD #	Effective Date						
	<p>Monitoring (Holter or Real-Time Monitoring) and A57476 Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring). The physician (MD/DO) performing the service must meet all criteria in this LCD and Billing and Coding Article. (Effective 04/30/2020).</p> <p>Added: CPT Codes 0466T Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (list separately in addition to code for primary procedure) *Note: Per AMA CPT, use 0466T in conjunction with 64568 0467T Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator 0468T Removal of chest wall respiratory sensor electrode or electrode array.</p> <p>Please refer to L38528 - Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea and A57944 Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea. The physician (MD/DO) performing the service must meet all criteria in this LCD and Billing and Coding Article. (Future Effective 06/14/2020)</p>								
J5/J8	<p>Billing and Coding: MoIDX: BRCA1 and BRCA2 Genetic Testing</p> <p>The following diagnosis codes were added to this article.</p> <p>ICD-10 Codes that Support Medical Necessity Group 1 Paragraph: N/A Group 1 Codes</p> <table border="1" data-bbox="337 1136 1429 1251"> <tr> <td>Z85.44</td> <td>Personal history of malignant neoplasm of other female genital organs</td> </tr> <tr> <td>Z85.89</td> <td>Personal history of malignant neoplasm of other organs and systems</td> </tr> <tr> <td>Z86.000</td> <td>Personal history of in-situ neoplasm of breast</td> </tr> </table>	Z85.44	Personal history of malignant neoplasm of other female genital organs	Z85.89	Personal history of malignant neoplasm of other organs and systems	Z86.000	Personal history of in-situ neoplasm of breast	A57771	04/02/2020
Z85.44	Personal history of malignant neoplasm of other female genital organs								
Z85.89	Personal history of malignant neoplasm of other organs and systems								
Z86.000	Personal history of in-situ neoplasm of breast								
J5/J8	<p>Billing and Coding: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease Title</p> <p>Under ICD-10 Codes that Support Medical Necessity Group 1: Paragraph added the verbiage, "Group 1 CPT codes and Group 2 CPT codes apply to Group 1 ICD-10 Codes." Relocated CPT code 81479, "Unlisted Molecular Pathology Procedure", from Group 2 CPT code table to Group 1 CPT code table.</p>	A57570	04/30/2020						
J5/J8	<p>Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</p> <p>Under ICD-10 Codes that Support Medical Necessity Group 1: Codes the following were added:</p> <table border="1" data-bbox="337 1724 1429 1873"> <tr> <td>B97.29</td> <td>Other coronavirus as the cause of diseases classified elsewhere</td> </tr> <tr> <td>J09.X1</td> <td>Influenza due to identified novel influenza A virus with pneumonia</td> </tr> <tr> <td>J09.X2</td> <td>Influenza due to identified novel influenza A virus with other respiratory manifestations</td> </tr> </table>	B97.29	Other coronavirus as the cause of diseases classified elsewhere	J09.X1	Influenza due to identified novel influenza A virus with pneumonia	J09.X2	Influenza due to identified novel influenza A virus with other respiratory manifestations	A57579	02/20/2020
B97.29	Other coronavirus as the cause of diseases classified elsewhere								
J09.X1	Influenza due to identified novel influenza A virus with pneumonia								
J09.X2	Influenza due to identified novel influenza A virus with other respiratory manifestations								

Contract	LCD/Article Title	MCD #	Effective Date
	J09.X3	Influenza due to identified novel influenza A virus with gastrointestinal manifestations	
	J09.X9	Influenza due to identified novel influenza A virus with other manifestations	
	J12.0	Adenoviral pneumonia	
	J12.1	Respiratory syncytial virus pneumonia	
	J12.3	Human metapneumovirus pneumonia	
	J12.81	Pneumonia due to SARS-associated coronavirus	
	J12.89	Other viral pneumonia	
	J12.9	Viral pneumonia, unspecified	
	J15.8	Pneumonia due to other specified bacteria	
	J16.8	Pneumonia due to other specified infectious organisms	
	J18.0	Bronchopneumonia, unspecified organism	
	J18.1	Lobar pneumonia, unspecified organism	
	J18.2	Hypostatic pneumonia, unspecified organism	
	J18.8	Other pneumonia, unspecified organism	
	J18.9	Pneumonia, unspecified organism	
	J20.8	Acute bronchitis due to other specified organisms	
	R05	Cough	
	R06.2	Wheezing	
	R50.9	Fever, unspecified	
	Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out	
	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases	
J5/J8	Billing and Coding: MoIDX: PIK3CA Gene Tests	A55200	04/30/2020
	Under ICD-10 Codes that Support Medical Necessity Group 1: Paragraph and Group 1: Codes-		
	Deleted: Z17.1 Estrogen receptor negative status [ER-] Added: Z17.0 Estrogen receptor positive status [ER+] This revision has a retro-effective date of 05/24/2019.		
J5/J8	Billing and Coding: MoIDX: Plasma-Based Genomic Profiling in Solid Tumors	A57936	03/15/2020
	Added the following codes to ICD-10 Codes that Support Medical Necessity – Group 1:		
	C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder	
	C50.619	Malignant neoplasm of axillary tail of unspecified female breast	
	C76.41	Malignant neoplasm of right upper limb	
	C76.42	Malignant neoplasm of left upper limb	

Contract	LCD/Article Title	MCD #	Effective Date												
	<table border="1"> <tr> <td data-bbox="345 264 475 296">C76.50</td> <td data-bbox="492 264 1076 296">Malignant neoplasm of unspecified lower limb</td> </tr> <tr> <td data-bbox="345 306 475 338">C76.51</td> <td data-bbox="492 306 1076 338">Malignant neoplasm of right lower limb</td> </tr> <tr> <td data-bbox="345 348 475 380">C76.52</td> <td data-bbox="492 348 1076 380">Malignant neoplasm of left lower limb</td> </tr> <tr> <td data-bbox="345 390 475 422">C76.8</td> <td data-bbox="492 390 1076 422">Malignant neoplasm of other ill-defined sites</td> </tr> <tr> <td data-bbox="345 432 475 464">C80.0</td> <td data-bbox="492 432 1076 464">Disseminated malignant neoplasm, unspecified</td> </tr> <tr> <td data-bbox="345 474 475 506">C80.1</td> <td data-bbox="492 474 1076 506">Malignant (primary) neoplasm, unspecified</td> </tr> </table>	C76.50	Malignant neoplasm of unspecified lower limb	C76.51	Malignant neoplasm of right lower limb	C76.52	Malignant neoplasm of left lower limb	C76.8	Malignant neoplasm of other ill-defined sites	C80.0	Disseminated malignant neoplasm, unspecified	C80.1	Malignant (primary) neoplasm, unspecified		
C76.50	Malignant neoplasm of unspecified lower limb														
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C76.8	Malignant neoplasm of other ill-defined sites														
C80.0	Disseminated malignant neoplasm, unspecified														
C80.1	Malignant (primary) neoplasm, unspecified														
J5/J8 Part B	Independent Diagnostic Testing Facilities- physician supervision and technician requirements	A54953	04/30/2020												
	<p>Added:</p> <p>0295T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation Supervising Physician Qualification Requirements: Board Certified (ABMS) Cardiologist Technician Qualification: RN, State Licensed Paramedic or Credentialed by CCI: CCT</p> <p>0296T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording) Supervising Physician Qualification Requirements: Board Certified (ABMS) Cardiologist Technician Qualification: RN, State Licensed Paramedic or Credentialed by CCI: CCT</p> <p>0297T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report Supervising Physician Qualification Requirements: Board Certified (ABMS) Cardiologist Technician Qualification: RN, State Licensed Paramedic or Credentialed by CCI: CCT</p> <p>0298T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation Supervising Physician Qualification Requirements: Board Certified (ABMS) Cardiologist/Physician Supervision concept does not apply Technician Qualification: Professional Component Only Code - must be performed by a physician</p> <p>CPT/HCPCS codes 0295T, 0296T 0297T and 0298T: The physician performing the service must also meet all of the criteria addressed in LCD L34636 Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) and A57476 Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring). All of the procedure codes are subject to Medicare rules and regulations, applicable Local Coverage Decisions (LCD's), and medical necessity.</p>														

Contract	LCD/Article Title	MCD #	Effective Date
J5/J8	MolDX: Inivata, InVisionFirst, Liquid Biopsy for Patients with Lung Cancer	L37921	04/30/2020
	<p>Clarification: Changed the word “primary” to cancer and added, “unless there is clinical evidence of tumor evolution requiring additional testing for new genetic content” in sentence below.</p> <p>Analysis of Evidence (Rationale for Coverage Determination) Patients are limited to one test assay per cancer diagnosis unless there is clinical evidence of tumor evolution requiring additional testing for new genetic content.</p> <p>Added to CMS National Coverage Policy section: CMS Internet-Only Manual, Pub, 100-03 Medicare National Coverage Determinations Manual, Chapter 1, Part 2, Section 90.2 Next-Generation Sequencing (NGS) for Patients with Advanced Cancer</p> <p>Link added to the Related National Coverage Documents section: Section 90.2 Next-Generation Sequencing (NGS) for Patients with Advanced Cancer</p>		
J5/J8	MolDX: Next-Generation Sequencing for Solid Tumors	L38158	04/30/2020
	<p>Updated the CMS National Coverage Policy sections: CMS On-Line Manual, Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Sections 80.0, 80.1.1, 80.2.Clinical Laboratory services</p> <p>CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1 Part 2, Section 90.2 Next-Generation Sequencing (NGS) for Patients with Advanced Cancer.</p> <p>Changed “with the same primary diagnosis” to “for the same genetic content” in the section below: Criteria for Coverage o AND has not been previously tested by the same test for the same genetic content</p> <p>Updated the date to February 10th, 2020 in the following sentence: Situations in which Test should not be used or coverage is denied: For tests that are currently covered but a TA submission has not been made, providers must submit complete TA materials by February 10th, 2020 or coverage will be denied.</p>		
J5/J8	MolDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies	L38176	04/30/2020
	<p>No changes in coverage were made, but language was amended to comply with CMS NCD 90.2 Under CMS National Coverage Policy corrected verbiage to reflect the CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, Section 90.2 Next-Generation</p>		

Contract	LCD/Article Title	MCD #	Effective Date
	<p>Sequencing (NGS) for Patients with Advanced Cancer. Also removed citations for Title XVIII of the Social Security Act, Section 1833(e) and CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) consistent with the MoIDX contractor.</p> <p>Under Summary of Evidence – Situations in which Test should not be used or coverage is denied: Changed the date from October 1st, 2019 to February 10th, 2020 in the sentence below:</p> <p>“A Technical Assessment has not been satisfactorily completed by MoIDX. For tests that are currently covered but a TA submission has not been made, providers must submit complete TA materials by February 10th, 2020 or coverage will be denied.”</p> <p>Changed the word “primary tumor” to “genetic content” in the sentence below:</p> <p>“Testing falls within scope of NCD 90.2 and has been tested with the same test for the same genetic content.”</p>		

June 2020

Contract	LCD/Article Title	MCD #	Effective Date						
J5/J8	Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT)	A57772	04/01/2020						
	<p>Under CPT/HCPCS Codes Group 1: The description changed for HCPCS code 0154U and 0155U. This is due to the 2nd quarter CPT®/HCPCS Code Update.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0154U</td> <td>Onc urthl ca rna fgfr3 gene</td> </tr> <tr> <td>0155U</td> <td>Onc brst ca dna pik3ca gene</td> </tr> </tbody> </table>	Code	Description	0154U	Onc urthl ca rna fgfr3 gene	0155U	Onc brst ca dna pik3ca gene		
Code	Description								
0154U	Onc urthl ca rna fgfr3 gene								
0155U	Onc brst ca dna pik3ca gene								
J5/J8	Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels	A57579	04/01/2020						
	<p>Under ICD-10 Codes that Support Medical Necessity Group 1 Codes: added the following code:</p> <p>U07.1: 2019-nCoV acute respiratory disease</p>								
J5/J8	Billing and Coding: MoIDX: PIK3CA Gene Tests	A55200	05/28/2020						
	<p>Under CPT/HCPCS Codes Group 1: The description changed for HCPCS code 0155U. This is due to the 2nd quarter CPT®/HCPCS Code Update and is effective on April 1, 2020.</p> <p>0155U ONCOLOGY (BREAST CANCER), DNA, PIK3CA (PHOSPHATIDYLINOSITOL-4,5-BISPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA) (EG, BREAST CANCER) GENE ANALYSIS (IE, P.C420R,</p>								

Contract	LCD/Article Title	MCD #	Effective Date
	P.E542K, P.E545A, P.E545D [G.1635G>T ONLY], P.E545G, P.E545K, P.Q546E, P.Q546R, P.H1047L, P.H1047R, P.H1047Y), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED BREAST TUMOR TISSUE, REPORTED AS PIK3CA GENE MUTATION STATUS		
J5/J8	MoIDX: Plasma-Based Genomic Profiling in Solid Tumors	L38168	05/28/2020
	<p>No changes in coverage were made with this revision, but language was amended to comply with CMS NCD 90.2.</p> <p>Under CMS National Coverage Policy added “CMS Internet-Only Manual, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §90.2 Next-Generation Sequencing (NGS) for Patients with Advanced Cancer”.</p> <p>Under Coverage Indications, Limitations and/or Medical Necessary: First bullet, added link to FDA package insert for larotrectinib.</p> <p>Second bullet, replaced wording about "primary cancer" with "genetic content" and clarified language about subsequent testing so that it reads, "Patient has not previously been tested with the Guardant360® test for the same genetic content. For a patient who has been tested previously using Guardant360® for cancer, that patient may not be tested again unless there is clinical evidence that the cancer has evolved wherein testing would be performed for a different genetic content. Specifically, in patients with previously tested cancer, who have has evidence of new malignant growth, that growth may be considered to be sufficiently genetically different to require additional genetic testing, and"</p> <p>Third bullet, removed the word "primary" before the word cancer.</p> <p>Under Related National Coverage Documents: added link to NCD 90.2 Next-Generation Sequencing (NGS) for Patients with Advanced Cancer.</p>		

EDUCATIONAL OPPORTUNITIES

WPS GHA Learning Center

WPS GHA Provider Outreach & Education (POE) offers numerous educational opportunities in our Learning Center: <http://wpsghalearningcenter.com/store-catalog>. We offer on-demand learning, allowing you to access the education at your convenience. We also offer live events via seminar, teleconference, and webinar on many subjects. You can browse through and register for these events in the Learning Center. Our education offers Certificates of Achievement identifying the length of time of the education. You can use these certificates (without an index number) to receive Continuing Education Units (CEUs) from most accrediting organizations.

We provide all educational materials in an electronic format. Please access and print the materials prior to the session. To locate materials, choose the Additional References tab within the individual course in our Learning Center.

Visit the WPS GHA Learning Center and look for the upcoming live events or a complete list of the on-demands.

WPS GHA YouTube

The WPS GHA YouTube channel contains training videos. Most videos are under 15 minutes. Our goal is to provide fast and current education for you. Access our YouTube channel at: https://www.youtube.com/channel/UCscLmgYJDEJ8Zh2_r_SivUw.

YouTube videos do not offer certificate of achievements. The videos are informational only in nature.

MEDICARE LEARNING NETWORK (MLN)

We encourage you to visit the [Medicare Learning Network](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index), the place for official CMS Medicare fee-for-service provider educational information. There you can find one of our most popular products, MLN Matters national provider education articles. These articles help you understand new or changed Medicare policy and how those changes affect you. You can access a full array of other educational products (including Web-based training courses, hard copy and downloadable publications, and CD-ROMs) at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index>. You can also find other important Web sites by visiting the Physician Center Web page at: <https://www.cms.gov/Center/Provider-Type/Physician-Center>, and the All Fee-For-Service Providers Web page at: <https://www.cms.gov/Center/Provider-Type/All-Fee-For-Service-Providers-Center>.

In addition to educational products, the MLN also offers providers and suppliers opportunities to learn more about the Medicare program through MLN National Provider Calls. These national conference calls, held by CMS for the Medicare Fee-For-Service provider and supplier

community, educate and inform participants about new policies and/or changes to the Medicare program. Offered free of charge, you can receive continuing education credits for participation in certain National Provider Calls. To learn more about MLN National Provider Calls including upcoming calls, registration information, and links to previous call materials, visit <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events>.

PAYMENT FOR HEALTH BEHAVIOR ASSESSMENT AND INTERVENTION SERVICES

WPS GHA has received inquiries from providers regarding payment of the new 2020 Current Procedural Terminology (CPT) codes for Health Behavior Assessment and Intervention (HBAI), 96156-96171, to clinical social workers.

Per the 2020 CPT manual, the use of HBAI codes is appropriate when, “The patient’s primary diagnosis is physical in nature and the focus of the assessment and intervention is on factors complicating medical conditions and treatment.”

Section 1861(hh)(2) (https://www.ssa.gov/OP_Home/ssact/title18/1861.htm) of the Social Security Act defines the terms “clinical social worker” and “clinical social worker services.” In that section, it specifies the services performed by a clinical social worker as being for the diagnosis and treatment of mental illnesses.

Since the HBAI codes should not be reported when treating mental illness, WPS GHA will not reimburse these codes when billed by clinical social workers. Medicare Administrative Contractors have received direction from CMS supporting this position. We will continue to reimburse clinical social workers for CPT codes related to treating psychiatric conditions when legally allowed to treat such conditions under state law.

Clinical social workers who may have received payment for the HBAI codes should initiate voluntary refunds.

QUARTERLY PROVIDER UPDATE

The Centers for Medicare & Medicaid Services (CMS) publishes the Quarterly Provider Update on the first business day of each quarter. CMS publishes this comprehensive resource to make it easier for providers, suppliers, and the general public to understand proposed and implemented changes.

CMS publishes this update to inform the public about the following:

- Regulations and major policies completed or cancelled
- New/Revised manual instructions

You can access the Quarterly Provider Update on the CMS website at: <https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/index>.

We encourage you to bookmark this web page and visit it often for this valuable information. To receive notification when CMS adds regulations and program instructions throughout the quarter, sign up for the Quarterly Provider Update Listserv at:
https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_460.

UNSOLICITED/VOLUNTARY REFUNDS

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.

Please see MLN Matters Article (MM) 3274 for more information:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM3274.pdf>

MLN CONNECTS® NEWSLETTERS

CMS compiles news from across the Agency into your single source for:

- CMS program and policy details
- Updates and announcements
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- Updates on new and revised MLN Publications

WPS GHA includes MLN Connects articles published during the previous quarter in the *Communiqué*. The information included in these articles is current at the time we publish the *Communiqué*. Changes may occur subsequent to publication.

To receive MLN Connects articles directly from CMS, sign up for email updates:

https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_7819

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<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-02-27>

MLN Connects Special Edition – Wednesday, March 4, 2020

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-03-04>

MLN Connects® for Thursday, March 5, 2020

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-03-05>

MLN Connects Special Edition – Friday, March 6, 2020

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-03-06-mlnconnects-se>

MLN Connects Special Edition – Monday, March 9, 2020

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-03-09-mlnconnects-se>

MLN Connects® for Thursday, March 12, 2020

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-03-12-mlnc>

MLN Connects Special Edition – Friday, March 13, 2020

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-03-13-mlnc-se>

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<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-03-16-mlnc-se>

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<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-03-19-mlnc>

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<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-30-mlnc>

MLN Connects Special Edition – Thursday, April 30, 2020

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-30-mlnc-se>

MLN Connects® for Thursday, May 7, 2020

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MLN Connects Special Edition – Friday, May 8, 2020

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-05-08-mlnc-se>

MLN Connects Special Edition – Tuesday, May 12, 2020

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-05-12-mlnc-se>

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<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-05-15-mlnc-se>

MLN Connects Special Edition – Tuesday, May 19, 2020

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-05-19-mlnc-se>

MLN Connects® for Thursday, May 21, 2020

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MLN Connects® for Thursday, May 28, 2020

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-05-28-mlnc>

WPS GHA PROVIDER SERVICES

Please contact a customer service representative at the telephone numbers/addresses listed below for:

- Additional information on the content of this newsletter
- Changes in policy or procedures
- How to obtain a hardcopy of a Local Coverage Determination (LCD)/Coverage Article
- If you experience difficulties obtaining a policy/coverage article on our website

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Iowa	Kansas
WPS GHA General Correspondence P.O. Box 7665 Madison, WI 53707-7665 (866) 518-3285	WPS GHA General Correspondence P.O. Box 7576 Madison, WI 53707-7576 (866) 518-3285
Missouri	Nebraska
WPS GHA General Correspondence P.O. Box 8890 Madison, WI 53708-8890 (866) 518-3285	WPS GHA General Correspondence P.O. 8799 Madison, WI 53708-8799 (866) 518-3285
J5 National	
WPS GHA General Correspondence P.O. Box 7861 Madison, WI 53707-7861 (866) 518-3285	
J5 MAC PART B (IA, KS, MO, NE)	
Iowa	Kansas
WPS GHA General Correspondence P.O. Box 8550 Madison, WI 53708-8550 (866) 518-3285	WPS GHA General Correspondence P.O. Box 7238 Madison, WI 53707-7238 (866) 518-3285
Missouri	Nebraska
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J8 MAC PART B (IN, MI)	
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