

# Communiqué

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## Items of Importance

### **DOLLAR AMOUNT IN CONTROVERSY REQUIRED TO SUSTAIN APPEAL RIGHTS**

CMS has announced the dollar amount that must remain in controversy to sustain appeal rights beginning January 1, 2021. The amount that must remain in controversy for Administrative Law Judge (ALJ) hearing requests filed on or before December 31, 2020, is \$170. **This amount will increase to \$180 for ALJ hearing requests filed on or after January 1, 2021.** The amount that must remain in controversy for reviews in Federal District Court requested on or before December 31, 2020, is \$1,670. **This amount will increase to \$1,760 for appeals to Federal District Court filed on or after January 1, 2021.**

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- *Communiqué* (quarterly newsletter)
- Specialty- and service-specific educational articles
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(<https://visitor.r20.constantcontact.com/d.jsp?llr=juvkd8kab&p=oi&m=juvkd8kab&sit=kmo8duihb&f=f27ee561-0cff-4605-94e7-fc5e67ac1312>).

### **MEDICARE BENEFICIARIES IN STATE OR LOCAL CUSTODY**

Effective April 1, 2003, Medicare denies claims for items and services provided to a beneficiary in the custody of a State or local government under the authority of a penal statute. Medicare identifies and rejects these claims using Social Security's records.

Under Sections 1862(a)(2) and (3) of the Social Security Act (the Act), the Medicare program does not pay for services if the beneficiary has no legal obligation to pay for the services, and if a governmental entity pays for the services directly or indirectly. These provisions are implemented by regulations 42 CFR 411.4, 411.6, and 411.8 (<https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol2/pdf/CFR-2019-title42-vol2-part411-subpartA.pdf>).

#### **Exclusion from Coverage When a Beneficiary is in State or Local Custody**

Medicare excludes from coverage items and services furnished to beneficiaries in State or local government custody under a penal statute, unless—

- The State or local government requires all prisoners/patients to repay the cost of all healthcare items and services rendered while in such custody, and
- The State or local government also pursues collection efforts against such individuals in the same way, and with the same vigor, as it pursues other debts.

CMS presumes that a state or local government has a financial obligation to pay the cost of healthcare services provided to Medicare beneficiaries in custody under a penal statute. Medicare denies payment for items and services furnished to such beneficiaries.

#### **Claims Processing Procedures When a Beneficiary Is in Custody under a Penal Authority**

When a provider/supplier provides an item or service meeting the coverage exception above, the provider should append the QJ modifier (“Services/items provided to a prisoner or patient in state or local custody, however, the State or local government, as applicable, meets the requirements in 42 CFR 411.4(b)”) to the claim for payment. This modifier indicates the state or local government agency has notified the provider that the beneficiary is responsible for paying for his or her own medical care while in custody.

Medicare Administrative Contractors will deny claims submitted without the QJ modifier for services provided to beneficiaries in custody with the following messages:

- Claim Adjustment Reason Code (CARC) 96: Non-covered charge(s)
- Remittance Advice Remark Code (RARC) N103: Records indicate this patient was a prisoner or in custody of a Federal, State, or local authority when the service was rendered. This payer does not cover items and services furnished to an individual while he or she is in custody under a penal statute or rule, unless under State or local law, the individual is personally liable for the cost of his or her health care while in custody and the State or local government pursues the collection of such debt in the same way and with the same vigor as the collection of its other debts. The provider can collect from the Federal/State/Local Authority as appropriate.

For inpatient claims in which the incarceration period spans only a portion of the stay, hospitals should identify the incarceration period by billing as “non-covered” all days, services, and charges that overlap the incarceration period.

### **Appeals When a Beneficiary Is Not in Custody or Must Pay for Their Own Care**

If the beneficiary or provider disagrees with Medicare’s denial based on this policy, they may appeal the initial claim determination. They may appeal on the basis that either:

- The conditions of 42 CFR 411.4(b) were met, or
- The beneficiary was not, in fact, in the custody of a State or local government under authority of a penal statute.

### **Additional Resources**

CMS MLN Fact Sheet, “Beneficiaries in Custody under a Penal Authority”  
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Items-Services-Furnished-to-Beneficiaries-in-Custody-Under-Penal-Authority-Fact-Sheet-ICN908084.pdf>

Modifier QJ Fact Sheet

<https://www.wpsgha.com/wps/portal/mac/site/claims/guides-and-resources/modifier-qj>

## 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>

#### October 2020

| Contract | LCD/Article Title                                                                    | MCD # of LCD | MCD # of Billing and Coding Article | Effective Date |
|----------|--------------------------------------------------------------------------------------|--------------|-------------------------------------|----------------|
| J5/J8    | MolDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts | L38439       | A57096                              | 11/15/2020     |

#### November 2020

| Contract | LCD/Article Title                                                                                          | MCD # of LCD | MCD # of Billing and Coding Article | Effective Date |
|----------|------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------|----------------|
| J5/J8    | Transurethral Waterjet Ablation of the Prostate                                                            | L38682       | A58209                              | 12/27/2020     |
|          | The drafts of this LCD and Billing and Coding article were titled Fluid Jet System Treatment for LUTS/BPH. |              |                                     |                |

December 2020

| Contract | LCD/Article Title                                      | MCD #  | Effective Date |
|----------|--------------------------------------------------------|--------|----------------|
| J5/J8    | Billing and Coding: Complex Drug Administration Coding | A58544 | 01/10/2021     |

## 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:

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

October 2020

| Contract | LCD/Article Title                                                                                                              | MCD #  | Effective Date |
|----------|--------------------------------------------------------------------------------------------------------------------------------|--------|----------------|
| J5/J8    | Billing and Coding: MoIDX: Oncotype DX AR-V7 Nucleus Detect for Men with Metastatic Castrate Resistant Prostate Cancer (MCRPC) | A57582 | 10/31/2020     |

| Contract | LCD/Article Title                                                                                                                                                                                                                                            | MCD # of LCD   | MCD # of Billing and Coding Article | Effective Date    |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------|-------------------|
| J5/J8    | <b>MoIDX: AlloSure Donor-Derived Cell-Free DNA Test</b>                                                                                                                                                                                                      | <b>L37665</b>  | <b>A57557</b>                       | <b>11/14/2020</b> |
|          | We retired this LCD and Billing and Coding Article because the information has been incorporated into new LCD L38439, <i>MoIDX: AlloSure® or Equivalent Cell-Free DNA Testing for Kidney and Heart Allografts</i> and the Billing and Coding Article A57096. |                |                                     |                   |
| J5/J8    | <b>MoIDX: HLA-B*15:02 Genetic Testing</b>                                                                                                                                                                                                                    | <b>L36801</b>  | <b>A57574</b>                       | <b>08/17/2020</b> |
|          | We retired this LCD and Billing and Coding Article because the information in this policy has been incorporated into LCD L38435, <i>MoIDX: Pharmacogenomics Testing</i> and Billing and Coding Article A58395.                                               |                |                                     |                   |
| J5/J8    | <b>MoIDX: Molecular RBC Phenotyping</b>                                                                                                                                                                                                                      | <b>L36795</b>  | <b>A57578</b>                       | <b>10/24/2020</b> |
|          | We retired this LCD and Article and will replace them with LCD L38441 <i>Blood Product Molecular Antigen Testing</i> and the related Billing and Coding Article A57110. L38441 and A57110 are effective 10/25/2020.                                          |                |                                     |                   |
| J5/J8    | <b>Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)</b>                                                                                                                                                       | <b>DL38213</b> | <b>DA57630</b>                      | <b>10/01/2020</b> |
|          | We retired DL38213 and DA57630 due to the multiple comments received during                                                                                                                                                                                  |                |                                     |                   |

| <b>Contract</b> | <b>LCD/Article Title</b>                                                                                                                                                                                                                                                                                                                       | <b>MCD # of LCD</b> | <b>MCD # of Billing and Coding Article</b> | <b>Effective Date</b> |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------|-----------------------|
|                 | the open comment period related to denial of claims for medically necessary procedures for other conditions not included in the LCD/Billing and Coding Article.<br><br>Please refer to the 10/01/2020 revision of L38213 and A57630 Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) with expanded coverage. |                     |                                            |                       |
| <b>J5/J8</b>    | <b>MoIDX: Molecular Microscope® Diagnostic System for the Heart</b>                                                                                                                                                                                                                                                                            | <b>DL38427</b>      | <b>DA57098</b>                             | <b>08/14/2020</b>     |
| <b>J5/J8</b>    | <b>MoIDX: Tests on allograft kidney biopsy tissue to assess for graft rejection</b>                                                                                                                                                                                                                                                            | <b>DL38425</b>      | <b>DA57087</b>                             | <b>08/14/2020</b>     |

We retired the following LCDs and Billing and Coding articles because the information has been incorporated into new LCD L38433, MoIDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease and the Billing and Coding Article A57106.

| <b>Contract</b> | <b>LCD/Article Title</b>                                                                                   | <b>MCD # of LCD</b> | <b>MCD # of Billing and Coding Article</b> | <b>Effective Date</b> |
|-----------------|------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------|-----------------------|
| <b>J5/J8</b>    | <b>MoIDX: Decipher® Biopsy Prostate Cancer Classifier Assay for Men with Intermediate Risk Disease</b>     | <b>L38166</b>       | <b>A57798</b>                              | <b>11/07/2020</b>     |
| <b>J5/J8</b>    | <b>MoIDX: Decipher® Biopsy Prostate Cancer Classifier Assay for Men with Very Low and Low Risk Disease</b> | <b>L37911</b>       | <b>A57564</b>                              | <b>11/07/2020</b>     |
| <b>J5/J8</b>    | <b>MoIDX: Decipher® Prostate Cancer Classifier Assay</b>                                                   | <b>L36791</b>       | <b>A57565</b>                              | <b>11/07/2020</b>     |

#### **November 2020**

We retired no Policies/Articles for November 2020.

#### **December 2020**

| <b>Contract</b> | <b>LCD/Article Title</b>                                                                                                                                             | <b>MCD #</b>  | <b>Effective Date</b> |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|
| <b>J5/J8</b>    | <b>Billing and Coding: Drug Administration</b>                                                                                                                       | <b>A54176</b> | <b>01/09/2021</b>     |
|                 | This Billing and Coding Article is being retired on 01/09/2021 and replaced with A58544 Billing and Coding: Complex Drug Administration Coding effective 01/10/2021. |               |                       |

| Contract | LCD/Article Title                                                                                                                                               | MCD #         | Effective Date    |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|
| J5/J8    | <b>Billing and Coding: MoIDX: CYP2B6 Test</b>                                                                                                                   | <b>A55234</b> | <b>11/04/2020</b> |
|          | This article retired 11/04/2020 because coverage guidance is described in L38435 MoIDX: Pharmacogenomics Testing and related billing and coding article A58395. |               |                   |
| J5/J8    | <b>Billing and Coding: MoIDX: SLCO1B1 Genotype</b>                                                                                                              | <b>A55207</b> | <b>11/04/2020</b> |
|          | This article retired 11/04/2020 because coverage guidance is described in L38435 MoIDX: Pharmacogenomics Testing and related billing and coding article A58395. |               |                   |

## 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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### October 2020

| Contract | LCD/Article Title                                                                                                                                                                                                                                                                                       | MCD #                                                                                                                                                                                                                                                       | Effective Date    |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| J5/J8    | <b>2021 ICD-10-CM code updates</b>                                                                                                                                                                                                                                                                      | <b>NA</b>                                                                                                                                                                                                                                                   | <b>10/01/2020</b> |
|          | <a href="https://www.wpsgha.com/wps/wcm/connect/mac/8b38c8e0-3487-470b-8559-4046af942443/2021-icd-10-cm-code-updates.pdf?MOD=AJPERES&amp;CVID=njl19WY">https://www.wpsgha.com/wps/wcm/connect/mac/8b38c8e0-3487-470b-8559-4046af942443/2021-icd-10-cm-code-updates.pdf?MOD=AJPERES&amp;CVID=njl19WY</a> |                                                                                                                                                                                                                                                             |                   |
| J5/J8    | <b>Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</b>                                                                                                                                                                                                   | <b>A57579</b>                                                                                                                                                                                                                                               | <b>10/01/2020</b> |
|          | In CPT/HCPCS Codes Group 1: Added place of service "81" - "Independent laboratory" to the group 1 paragraph. Covered under limited circumstances. May only be billed in places of service 20, 21, 23, or 81 (Urgent care, Inpatient hospital, Emergency room, or Independent Laboratory respectively).  |                                                                                                                                                                                                                                                             |                   |
|          | The following codes were effective 07/01/2020. They were inadvertently added to this article. They are being removed since they are not multiplex respiratory panels.                                                                                                                                   |                                                                                                                                                                                                                                                             |                   |
|          | U0003                                                                                                                                                                                                                                                                                                   | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), AMPLIFIED PROBE TECHNIQUE, MAKING USE OF HIGH THROUGHPUT TECHNOLOGIES AS DESCRIBED BY CMS-2020-01-R |                   |
|          | U0004                                                                                                                                                                                                                                                                                                   | 2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE TYPES OR SUBTYPES (INCLUDES ALL TARGETS), NON-CDC, MAKING USE OF HIGH                                                                                                       |                   |



| Contract     | LCD/Article Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MCD #         | Effective Date    |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|
|              | <p style="text-align: center;">THROUGHPUT TECHNOLOGIES AS DESCRIBED BY CMS-2020-01-R</p> <p>In CPT/HCPCS Codes Group 2: We added the following code. This code is non-covered. This revision is retroactive effective for dates of service on or after 07/30/2020.</p> <p>0151U            INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION),PATHOGEN SPECIFIC NUCLEIC ACID (DNA OR RNA), 33 TARGETS, REAL-TIME SEMI-QUANTITATIVE PCR, BRONCHOALVEOLAR LAVAGE, SPUTUM, OR ENDOTRACHEAL ASPIRATE, DETECTION OF 33 ORGANISMAL AND ANTIBIOTIC RESISTANCE GENES WITH LIMITED SEMI-QUANTITATIVE RESULTS</p> <p>ICD-10 Codes that Support Medical Necessity Group 1: Paragraph removed CPT code 87631 and replaced it with “CPT/HCPCS Codes Group 1: Codes.”</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                   |
| <b>J5/J8</b> | <b>Billing and Coding: MoIDX: Pharmacogenomics Testing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>A58395</b> | <b>07/26/2020</b> |
|              | <p>Added the following information to this article:</p> <p><b>Article Text</b><br/> Relevant National Coverage Determinations (NCDs):</p> <ul style="list-style-type: none"> <li>• NCD 90:1: Testing for CYP2C9 and VKORC1 for Warfarin dosage must adhere to the requirements set forth in this NCD.</li> </ul> <p><b>Billing Instructions</b><br/> To report a pharmacogenomics testing service, please submit the following claim information:</p> <ul style="list-style-type: none"> <li>• Select the appropriate CPT code</li> <li>• Enter 1 unit of service (UOS)</li> <li>• Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT code in the comment/narrative field for the following Part B claim field/types: <ul style="list-style-type: none"> <li>○ Loop 2400 or SV101-7 for the 5010A1 837P</li> <li>○ Box 19 for paper claim</li> </ul> </li> <li>• Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT code in the comment/narrative field for the following Part A claim field/types: <ul style="list-style-type: none"> <li>○ Line SV202-7 for 837I electronic claim</li> <li>○ Block 80 for the UB04 claim form</li> </ul> </li> <li>• Select the appropriate ICD-10-CM code</li> </ul> <p>For part B claims, the drug or drugs in consideration for use that require the use of the pharmacogenomics (PGx) test must be submitted in the applicable detail line 2400 loop.</p> |               |                   |

| Contract     | LCD/Article Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MCD #         | Effective Date    |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|
|              | <p><b>CPT/HCPCS Codes</b><br/> <b>Group 1 Paragraph: The following CPT codes were added:</b><br/> <b>Group 1 Codes:</b></p> <p>81247 G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; COMMON VARIANT(S) (EG, A, A-)</p> <p>81328 SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVERSE DRUG REACTION), GENE ANALYSIS, COMMON VARIANT(S) (EG, *5)</p> <p>81374 HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT (EG, B*27), EACH</p> <p>81377 HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT, EACH</p> <p>81381 HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, B*57:01P), EACH</p> <p>81383 HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, HLA-DQB1*06:02P), EACH</p> <p><b>The following CPT codes were removed</b></p> <p>81371 HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, AND -DRB1 (EG, VERIFICATION TYPING)</p> <p>81373 HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH</p> <p>81379 HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE, HLA-A, -B, AND -C)</p> <p>A column has been added listing the brand name of the medications to tables 1 and 2.</p> |               |                   |
| <b>J5/J8</b> | <p><b>Billing and Coding: Psychological and Neuropsychological Testing</b></p> <p>The following revisions were made to this article:</p> <p>CMS National Coverage Policy section: removed "Italicized font represents CMS national language/wording copied directly from CMS Manuals or CMS Transmittals. Contractors are prohibited from changing national language/wording" since it is no longer applicable.</p> <p>Coding Guidelines: Removed coding guidelines for psychological/neuropsychological testing evaluations since these are separate services from psychological/neuropsychological test administration and scoring.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>A57481</b> | <b>10/01/2020</b> |

| <b>Contract</b> | <b>LCD/Article Title</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>MCD #</b> | <b>Effective Date</b> |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|
|                 | <p>CPT/HCPCS Codes, Group 1 Codes: removed the CPT codes related to evaluation services:</p> <p>96130 Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour</p> <p>96131 Psychological testing evaluation services, each additional hour</p> <p>96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour</p> <p>96133 Neuropsychological testing evaluation services, each additional hour</p> |              |                       |

| <b>Contract</b> | <b>LCD/Article Title</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>MCD # of LCD</b> | <b>MCD # of Billing and Coding Article</b> | <b>Effective Date</b> |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------|-----------------------|
|                 | <b>MoIDX: Melanoma Risk Stratification Molecular Testing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>L38018</b>       | <b>A56636</b>                              | <b>11/22/2020</b>     |
| <b>J5/J8</b>    | <p>The title of the draft LCD was MoIDX: DecisionDX-Melanoma. We revised the LCD to include for coverage of molecular diagnostic tests used to assist in risk stratification of melanoma patients.</p> <p>Molecular diagnostic tests used to assist in risk stratification of melanoma patients are covered when:</p> <ol style="list-style-type: none"> <li>1. The patient has a personal history of melanoma AND: <ol style="list-style-type: none"> <li>a. Either: <ol style="list-style-type: none"> <li>i. Has Stage T1b and above OR</li> <li>ii. Has T1a with documented concern about adequacy of microstaging</li> </ol> </li> <li>b. Is undergoing workup or being evaluated for treatment, AND</li> <li>c. Does not have metastatic disease AND</li> <li>d. Presumed risk for a positive Sentinel Lymph Node Biopsy (SLNB) based on clinical, histological, or other information is &gt;5% AND</li> <li>e. Has a disease stage, grade, and Breslow thickness (or other qualifying conditions) within the intended use of the test</li> </ol> </li> <li>2. The TEST has demonstrated, as part of a Technical Assessment: <ol style="list-style-type: none"> <li>a. Clinical validity of analytes tested in predicting metastatic disease in peer-reviewed scientific literature</li> <li>b. Utility beyond clinical, histological, and radiographical factors in the ability to accurately stratify patients into risk groups to manage patient care</li> <li>c. Appropriate analytical validity</li> </ol> </li> </ol> |                     |                                            |                       |

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|          | <p>d. Performance characteristics equivalent to other covered, similar tests</p> <p>Summary of Evidence<br/>We remove the analytical and clinical performance, utility and summary of survival outcomes for DecisionDx Melanoma from this section.</p> <p>We added the following information:<br/>Molecular diagnostic tests have been proposed to help managing clinicians risk stratify patients for selecting their most appropriate management based on their probability of developing metastatic disease; these tests may score patients' probabilities of resultant metastatic disease by measuring tumor biomarkers such as relevant gene expression.<sup>21-24</sup> One gene expression profile (GEP) test (DecisionDx Melanoma, Castle Biosciences) was evaluated in a retrospective cohort (n=782) to evaluate its ability to predict metastasis and ability to predict SLNB status with tumors with a Breslow thickness &lt;2.0 mm (AJCC T1 T2).<sup>25</sup></p> <p>The ability of the test to identify a low risk group was assessed and compared to SLNB in two contemporary, multi-center, prospective study cohorts: a 584 patient cohort from two published prospective studies (overall 14% SLN positive rate)<sup>23,26</sup> and a 837 patient cohort from prospectively tested patients at 5 large academic institutions (overall 12% SLN positive rate).<sup>25</sup> The rate of SLN positivity in both prospective study cohorts aligns with the SLN positivity rate in the general population of melanoma patients who have undergone SLNB. The results show that in patients from the Medicare-eligible population (65 years old and over) who were determined to be low risk by this test, the concordance of a negative SLNB was 98.4%. These studies showed improved performance in other patient groups as well.</p> <p>SLNB positivity rates for T3 tumors with a low risk score for this test is 8.7% Importantly, the 5-year melanoma specific survival (MSS) rate for T1/T2 low risk group remains favorable; with 99% MSS, comparable to that observed in T1a tumors and for which current guidelines do not recommend SLNB.<sup>2,27</sup> Furthermore, T1/T2 low risk patients show 5-year overall survival (OS) of 97% and distant metastasis free survival (DMFS) of 93%.<sup>28</sup> The MSLT-II study demonstrated that a delay in lymph node dissection does not adversely affect survival, thus clinical follow up of low-risk patients and lymphadenectomy for those few who develop clinically detectable nodal disease should achieve similar outcomes to those who currently undergo a planned SLNB.<sup>5</sup> Thus, the test identifies a patient population with &lt;5% likelihood of a positive SLN and high survival rates and therefore has utility in guiding SLNB decisions in patients 65 years-old and over with T1-T2 CM tumors. In this population, the test could potentially reduce the rate of SLNB by up to 78% while still maintaining an MSS survival rate of 99% in those patients with low-risk tumor biology who can safely avoid the procedure.</p> |              |                                     |                |

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| J5/J8    | <b>Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L38213       | A57630                              | 10/01/2020     |
|          | <p><b>L38213</b></p> <p>Title change: Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF). Revised the title to reflect expanded coverage and removed Osteoporotic.</p> <p>Expanded and revised Osteoporotic coverage under Coverage Indications, Limitations, and/or Medical Necessity, Summary of Evidence and Analysis of Evidence to include:</p> <p><b>Osteoporotic Conditions</b></p> <p>Painful, debilitating, osteoporotic vertebral collapse/compression fractures, that have not responded to non-surgical management (e.g. narcotic and/or non-narcotic medication, physical therapy modalities) with or without methods of immobility (e.g. bed rest, bracing).</p> <p>Both PVP and PVA will be considered reasonable and necessary for osteoporotic conditions when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> <li>• Acute (&lt; 6 weeks) or subacute (6-12 weeks) osteoporotic VCF (T5 – L5) based on symptom onset, and documented by recent (within 30 days) advanced imaging (bone marrow edema on MRI or bone-scan/SPECT/CT uptake) <sup>(1-3, 10,25,27)</sup> and</li> <li>• The beneficiary is symptomatic and is hospitalized with severe pain (Numeric Rating Scale [NRS] or visual Analog Scale [VAS] pain score <math>\geq 8</math>) <sup>4-7</sup> <u>or</u> is non-hospitalized with moderate to severe pain (NRS or VAS <math>\geq 5</math>) despite optimal non-surgical management (NSM) 8 with one of the following: <ul style="list-style-type: none"> <li>○ Worsening pain or</li> <li>○ Stable to improved pain (but NRS or VAS <math>\geq 5</math>) when 2 or more of the following are present: <ul style="list-style-type: none"> <li>▪ Progression of vertebral body height loss</li> <li>▪ &gt;25% vertebral body height reduction</li> <li>▪ Kyphotic deformity</li> <li>▪ Severe impact of VCF on daily functioning (Roland Morris Disability Questionnaire (RDQ) &gt; 17)</li> <li>▪ Steroid-induced fractures</li> <li>▪ Reinforcement or stabilization of vertebral body prior to surgery</li> </ul> </li> </ul> </li> </ul> |              |                                     |                |

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|          | <ul style="list-style-type: none"> <li>• Continuum of Care</li> </ul> <p>All patients presenting with vertebral compression fractures (VCF) should be referred for evaluation of bone mineral density and osteoporosis education for subsequent treatment as indicated and instructed to take part in an osteoporosis prevention/treatment program.<sup>8</sup></p> <p><b>Malignant Vertebral Fractures</b></p> <p>Osteolytic vertebral metastasis or myeloma with severe back pain related to a destruction of the vertebral body, not involving the major part of the cortical bone.</p> <ol style="list-style-type: none"> <li>1. Painful osteolytic metastasis</li> <li>2. Multiple myeloma with painful vertebral body involvement</li> </ol> <p><b>Traumatic Compression Fractures</b></p> <p>Trauma, even minor falls, can produce a spine fracture. Many of these injuries will never require surgery, but major fractures can result in serious long-term problems unless treated promptly and properly. These severe injuries frequently result in spinal instability, with a high risk of spinal cord injury and pain, which can produce a spine fracture. WPS is reinstating coverage of PVA as reasonable and necessary for the following traumatic conditions.</p> <ol style="list-style-type: none"> <li>1. Stable and/or unstable burst fractures</li> <li>2. Wedge compression fractures</li> <li>3. Fracture-dislocations that occur following auto accidents or falls from height</li> </ol> <p><b>Limitations</b></p> <p>Exclusion criteria for any patient considered for percutaneous vertebroplasty or vertebral augmentation <sup>(2,5,8-10)</sup> (Can have NONE of the following):</p> <ol style="list-style-type: none"> <li>1. Absolute contraindication <ul style="list-style-type: none"> <li>• Current back pain is not primarily due to the identified acute VCF(s).</li> <li>• Osteomyelitis, discitis or active systemic infection</li> </ul> </li> <li>2. Relative contraindication <ul style="list-style-type: none"> <li>• Greater than three vertebral fractures per procedure</li> <li>• Allergy to bone cement or opacification agents</li> <li>• Uncorrected coagulopathy</li> <li>• Spinal instability</li> <li>• Myelopathy from the fracture</li> <li>• Neurologic deficit</li> </ul> </li> </ol> |              |                                     |                |

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|          | <ul style="list-style-type: none"> <li>• Neural impingement</li> <li>• Fracture retropulsion/canal compromise</li> <li>• Pregnancy</li> </ul> <p>Updated bibliography</p> <p><b>A57630</b></p> <p>Title change: Billing and Coding: Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF). Revised the title to reflect expanded coverage and removed Osteoporotic.</p> <p>Removed outdated NCD language from CMS National Coverage Policy.</p> <p>Reformatted Coding Guidelines:</p> <ol style="list-style-type: none"> <li>1. Percutaneous vertebral augmentation including cavity creation using mechanical device of one vertebral body must be reported with CPT codes 22513 (thoracic), 22514 (lumbar) and 22515 (each additional thoracic or lumbar vertebral body [list separately in addition to code for the primary procedure]).</li> <li>2. Modifiers 50, LT/RT are not required for CPT codes 22510, 22511, 22512, 22513, 22514, and 22515. The CPT descriptor is per vertebral body, unilateral or bilateral.</li> <li>3. Standard payment adjustment rules for multiple procedures will apply if performed at more than one level on the same date of service.</li> <li>4. Bone biopsy (CPT code 20225, 20250, or 20251) is considered integral to both percutaneous vertebroplasty and percutaneous vertebral augmentation procedures and should not be billed separately unless the biopsy is at a different site or performed during a different session.</li> <li>5. If bone biopsy is performed on a separate site, modifier 59 or modifier XS – Separate Structure, must be reported with the CPT code submitted and documentation must clearly support a separate and distinct procedure from the procedure performed. Identify the site (example: L1) in the item 19 of the CMS 1500 form or its electronic equivalent.</li> <li>6. Payment of vertebroplasty and vertebral augmentation will be all-inclusive for the entire procedure (i.e. injection, intraosseous venography, etc.).</li> <li>7. No separate payment for venography performed during the operative session may be allowed and it should not be separately billed.</li> <li>8. The “assistant at surgery” Medicare Physician Fee Schedule Database indicator for percutaneous vertebroplasty and percutaneous vertebral augmentation (kyphoplasty) procedures is "1." Therefore, a statutory payment restriction for</li> </ol> |              |                                     |                |

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|          | <p>assistants at surgery applies to this procedure and an assistant at surgery may not be paid.</p> <p>9. The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in the associate LCD.</p> <p>10. For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim.</p> <p>11. A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act.</p> <p>12. It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.</p> <p>13. All services/procedures performed on the same day for the same beneficiary by the physician/provider should be billed on the same claim.</p> <p>14. Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare.</p> <p>15. An Advance Beneficiary Notice of Non-coverage (ABN) may be used for services which are likely to be non-covered, whether for medical necessity or for other reasons. Refer to CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 30, for complete instructions.</p> <p><b>Documentation Requirements:</b></p> <p>The patient's medical record must contain documentation that fully supports the medical necessity for services included within the related LCD L38213. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, specific signs, symptoms of diagnosis, other non-invasive corrective medical treatment previously provided/failed, results of pertinent diagnostic tests or procedures and support the use of x-ray guidance, either fluoroscopy or CT scan in all settings, including an office setting. This information must be available to the contractor upon request.</p> <p>Updated CPT/HCPCS Modifier Group 1 codes to include Modifiers</p> <p>59 Distinct Procedural Service identifies procedures/services not normally reported together, but appropriately billable under the circumstances and</p> <p>XS Separate structure, a service that is distinct because it was performed on a separate organ/structure.</p> <p>ICD-10 Codes that Support Medical Necessity modified to include:</p> |              |                                     |                |



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|          | <p><b>Group 1 Paragraph: Osteoporotic Vertebral Fractures</b> and</p> <p>Group 1 Codes:</p> <p>M80.08XA Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture</p> <p>M80.08XS Age-related osteoporosis with current pathological fracture, vertebra(e), sequela</p> <p>M80.88XA Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture</p> <p>M80.88XS Other osteoporosis with current pathological fracture, vertebra(e), sequela</p> <p><b>Group 2 Paragraph: Malignant Fractures</b></p> <p><b>*A dual diagnosis is required. Requires one of the following:</b></p> <p>Group 2 Codes</p> <p>C41.2* Malignant neoplasm of vertebral column</p> <p>C79.51* Secondary malignant neoplasm of bone</p> <p>C79.52* Secondary malignant neoplasm of bone marrow</p> <p>C90.00* Multiple myeloma not having achieved remission</p> <p>C90.01* Multiple myeloma in remission</p> <p>C90.02* Multiple myeloma in relapse</p> <p>C96.5 Multifocal and unisystemic Langerhans-cell histiocytosis</p> <p>C96.6 Unifocal Langerhans-cell histiocytosis</p> <p>C96.A Histiocytic sarcoma</p> <p>D16.6 Benign neoplasm of vertebral column</p> <p>D47.1 Chronic myeloproliferative disease</p> <p>E24.0 Pituitary-dependent Cushing's disease</p> <p>E24.1 Nelson's syndrome</p> <p>E24.2 Drug-induced Cushing's syndrome</p> <p>E24.3 Ectopic ACTH syndrome</p> <p>E24.4 Alcohol-induced pseudo-Cushing's syndrome</p> <p>E24.8 Other Cushing's syndrome</p> |              |                                     |                |

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|          | <p>E24.9 Cushing's syndrome, unspecified</p> <p>M81.6 Localized osteoporosis [Lequesne]</p> <p>T38.0X5A Adverse effect of glucocorticoids and synthetic analogues, initial encounter</p> <p>T38.0X5D Adverse effect of glucocorticoids and synthetic analogues, subsequent encounter</p> <p>T38.0X5S Adverse effect of glucocorticoids and synthetic analogues, sequela</p> <p><b>Group 3 Paragraph *AND one of the following codes:</b></p> <p>Group 3 Codes</p> <p>M84.58XA Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture</p> <p>M84.58XD Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with routine healing</p> <p>M84.58XG Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with delayed healing</p> <p>M84.58XK Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with nonunion</p> <p>M84.58XP Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with malunion</p> <p>M84.58XS Pathological fracture in neoplastic disease, other specified site, sequela</p> <p><b>Group 4 Paragraph: Trauma Vertebral Fractures</b></p> <p>Please note: For codes in the table below that may require a 7<sup>th</sup> character, letters A, D, G, K, and S may be used as appropriate for the code.</p> <p>Group 4 Codes</p> <p>M48.33 Traumatic spondylopathy, cervicothoracic region</p> <p>M48.34 Traumatic spondylopathy, thoracic region</p> <p>M48.35 Traumatic spondylopathy, thoracolumbar region</p> <p>M48.36 Traumatic spondylopathy, lumbar region</p> <p>M48.37 Traumatic spondylopathy, lumbosacral region</p> <p>S12.690A Other displaced fracture of seventh cervical vertebra, initial encounter for</p> |              |                                     |                |

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|          | <p>closed fracture</p> <p>S12.691A Other nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture</p> <p>S22.010A Wedge compression fracture of first thoracic vertebra, initial encounter for closed fracture</p> <p>S22.011A Stable burst fracture of first thoracic vertebra, initial encounter for closed fracture</p> <p>S22.012A Unstable burst fracture of first thoracic vertebra, initial encounter for closed fracture</p> <p>S22.018A Other fracture of first thoracic vertebra, initial encounter for closed fracture</p> <p>S22.020A Wedge compression fracture of second thoracic vertebra, initial encounter for closed fracture</p> <p>S22.021A Stable burst fracture of second thoracic vertebra, initial encounter for closed fracture</p> <p>S22.022A Unstable burst fracture of second thoracic vertebra, initial encounter for closed fracture</p> <p>S22.028A Other fracture of second thoracic vertebra, initial encounter for closed fracture</p> <p>S22.030A Wedge compression fracture of third thoracic vertebra, initial encounter for closed fracture</p> <p>S22.031A Stable burst fracture of third thoracic vertebra, initial encounter for closed fracture</p> <p>S22.032A Unstable burst fracture of third thoracic vertebra, initial encounter for closed fracture</p> <p>S22.038A Other fracture of third thoracic vertebra, initial encounter for closed fracture</p> <p>S22.040A Wedge compression fracture of fourth thoracic vertebra, initial encounter for closed fracture</p> <p>S22.041A Stable burst fracture of fourth thoracic vertebra, initial encounter for closed fracture</p> <p>S22.042A Unstable burst fracture of fourth thoracic vertebra, initial encounter for closed fracture</p> <p>S22.048A Other fracture of fourth thoracic vertebra, initial encounter for closed fracture</p> <p>S22.050A Wedge compression fracture of T5-T6 vertebra, initial encounter for</p> |              |                                     |                |

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|          | closed fracture                                                                                     |              |                                     |                |
|          | S22.051A Stable burst fracture of T5-T6 vertebra, initial encounter for closed fracture             |              |                                     |                |
|          | S22.052A Unstable burst fracture of T5-T6 vertebra, initial encounter for closed fracture           |              |                                     |                |
|          | S22.058A Other fracture of T5-T6 vertebra, initial encounter for closed fracture                    |              |                                     |                |
|          | S22.060A Wedge compression fracture of T7-T8 vertebra, initial encounter for closed fracture        |              |                                     |                |
|          | S22.061A Stable burst fracture of T7-T8 vertebra, initial encounter for closed fracture             |              |                                     |                |
|          | S22.062A Unstable burst fracture of T7-T8 vertebra, initial encounter for closed fracture           |              |                                     |                |
|          | S22.068A Other fracture of T7-T8 thoracic vertebra, initial encounter for closed fracture           |              |                                     |                |
|          | S22.070A Wedge compression fracture of T9-T10 vertebra, initial encounter for closed fracture       |              |                                     |                |
|          | S22.071A Stable burst fracture of T9-T10 vertebra, initial encounter for closed fracture            |              |                                     |                |
|          | S22.072A Unstable burst fracture of T9-T10 vertebra, initial encounter for closed fracture          |              |                                     |                |
|          | S22.078A Other fracture of T9-T10 vertebra, initial encounter for closed fracture                   |              |                                     |                |
|          | S22.080A Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture      |              |                                     |                |
|          | S22.081A Stable burst fracture of T11-T12 vertebra, initial encounter for closed fracture           |              |                                     |                |
|          | S22.082A Unstable burst fracture of T11-T12 vertebra, initial encounter for closed fracture         |              |                                     |                |
|          | S22.088A Other fracture of T11-T12 vertebra, initial encounter for closed fracture                  |              |                                     |                |
|          | S32.010A Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture |              |                                     |                |
|          | S32.011A Stable burst fracture of first lumbar vertebra, initial encounter for closed fracture      |              |                                     |                |
|          | S32.012A Unstable burst fracture of first lumbar vertebra, initial encounter for closed fracture    |              |                                     |                |
|          | S32.018A Other fracture of first lumbar vertebra, initial encounter for closed                      |              |                                     |                |

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|          | fracture<br>S32.020A Wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture<br>S32.021A Stable burst fracture of second lumbar vertebra, initial encounter for closed fracture<br>S32.022A Unstable burst fracture of second lumbar vertebra, initial encounter for closed fracture<br>S32.028A Other fracture of second lumbar vertebra, initial encounter for closed fracture<br>S32.030A Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture<br>S32.031A Stable burst fracture of third lumbar vertebra, initial encounter for closed fracture<br>S32.032A Unstable burst fracture of third lumbar vertebra, initial encounter for closed fracture<br>S32.038A Other fracture of third lumbar vertebra, initial encounter for closed fracture<br>S32.040A Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture<br>S32.041A Stable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture<br>S32.042A Unstable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture<br>S32.048A Other fracture of fourth lumbar vertebra, initial encounter for closed fracture<br>S32.050A Wedge compression fracture of fifth lumbar vertebra, initial encounter for closed fracture<br>S32.051A Stable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture<br>S32.052A Unstable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture<br>S32.058A Other fracture of fifth lumbar vertebra, initial encounter for closed fracture |              |                                     |                |

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| J5/J8    | <b>Billing and Coding: Endoscopic Treatment of GERD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>A56395</b> | <b>10/01/2020</b> |
|          | <p>Added ICD-10 Codes that Support Medical Necessity<br/>           Group 1 Paragraph:<br/>           The ICD-10-CM diagnosis codes in Group 1 below support the medical necessity of CPT code 43210</p> <p>Group 1 Codes:<br/>           K21.00 Gastro-esophageal reflux disease with esophagitis, without bleeding<br/>           K21.01 Gastro-esophageal reflux disease with esophagitis, with bleeding<br/>           K21.9 Gastro-esophageal reflux disease without esophagitis</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                   |
| J5/J8    | <b>Billing and Coding: MoIDX: Blood Product Molecular Antigen Testing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>A57110</b> | <b>10/25/2020</b> |
|          | <p>Corrected the following statement under Article Text to read:<br/>           The individual codes 0180U-0201U, and codes 81105-81112 are also germline tests. These will be non-covered as multiple antigens must be utilized as part of a comprehensive antigen evaluation and will be considered only as part of a panel.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                   |
| J5/J8    | <b>Billing and Coding: MoIDX: CYSTATIN C Measurement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>A57563</b> | <b>10/29/2020</b> |
|          | <p>Consistent with the MoIDX contractor, under <b>CMS National Coverage Policy</b> added regulation CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, §80.1.1 Certification Changes, §80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories</p> <p>Under <b>Article Text</b> added <b>Documentation Requirements</b> section and corresponding verbiage.<br/>           All documentation must be maintained in the patient's medical record and made available to the contractor upon request.</p> <ol style="list-style-type: none"> <li>1. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.</li> <li>2. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.</li> <li>3. The medical record documentation must support the medical necessity of the services as directed in this policy.</li> <li>4. The laboratory or billing provider must have on file the physician requisition which sets forth the diagnosis or condition (ICD-10-CM code) that warrants the test(s).</li> <li>5. Examples of documentation requirements of the ordering physician/non-physician</li> </ol> |               |                   |

| Contract     | LCD/Article Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MCD #         | Effective Date    |
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|              | <p>practitioner (NPP) include, but are not limited to, history and physical or exam findings that support the decision making, problems/diagnoses, relevant data (e.g., lab testing).</p> <p>6. Medical record documentation must support cystatin C test was performed on an adult patient with creatinine based eGFR 45–59 ml/min/1.73 m2 who does not have markers of kidney damage.</p> <p>7. Medical record documentation must clearly indicate the rationale which supports the medical necessity for performing eGFR by measurement of cystatin C (i.e. support GFR estimates based on serum creatinine are thought to be inaccurate and what decisions depend on more accurate knowledge of the GFR) and must reflect how the test result were used in the patient’s plan of care.</p> <p>Minor formatting changes.</p> |               |                   |
| <b>J5/J8</b> | <p><b>Billing and Coding: MoIDX: Prostate Cancer Genomic Classifier Assay for Men with Localized Disease</b></p> <p>Under Article Text second paragraph removed Decipher®, Cancer, and Assay so sentence now reads “To report a Prostate Genomic Classifier service.” In the first bullet point removed “Select CPT® code 81542” and replaced it with “Select applicable CPT® code.”</p> <p>In CPT/HCPCS Codes Group 1: the following code was added:</p> <p>81541 ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE</p>                                                                                                                   | <b>A57106</b> | <b>11/08/2020</b> |

| <b>Contract</b> | <b>LCD/Article Title</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>MCD #</b>  | <b>Effective Date</b> |
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| <b>J5/J8</b>    | <b>Billing and Coding: Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>A57630</b> | <b>10/01/2020</b>     |
|                 | <p>Updated:<br/>Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:<br/>*A dual diagnosis is required. Requires one of the above and one ICD-10 diagnosis code from Group 3 Codes.</p> <p>Group 3 Paragraph: One of the following ICD-10 diagnosis codes is required as a dual diagnosis. See Group 2 Medical Necessity ICD-10 Codes Asterisk.</p>                                                                                                                                                                                                                                                                                                                                                                                                |               |                       |
| <b>J5/J8</b>    | <b>Billing and Coding: Radiopharmaceutical Agents</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>A55052</b> | <b>10/29/2020</b>     |
|                 | <p>In Pet Scan radiopharmaceuticals added: 12. A9597 Copper Cu 64 dotatate injection (Detectnet™) until a true code is assigned.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                       |
| <b>J5/J8</b>    | <b>Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>A56916</b> | <b>10/29/2020</b>     |
|                 | <p>To Group 3 ICD-10 Codes added:<br/>H44.2B1 Degenerative myopia with macular hole, right eye<br/>H44.2B2 Degenerative myopia with macular hole, left eye<br/>H44.2B3 Degenerative myopia with macular hole, bilateral eye</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                       |
| <b>J5/J8</b>    | <b>Billing and Coding: Wound Care</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>A55909</b> | <b>10/29/2020</b>     |
|                 | <p>In Coding Guidelines: In sentence Number 3, removed 11043 and 11046 to read: "CPT codes 11044 and 11047 may only be billed in place of service inpatient hospital, outpatient hospital or ambulatory surgical center (ASC)." In sentence Number 4, added "/or" to read: "CPT codes 11043, 11046 and 11044, 11047 are codes that describe deep debridement of the muscle and/or bone."</p> <p>In Reasons of Denial: Sentence Number 1, removed the word "deep" and added "bony" to read: "Performing bony debridement in POS other than inpatient hospital, outpatient hospital or ASC."</p>                                                                                                                                                             |               |                       |
| <b>J5/J8</b>    | <b>Psychological and Neuropsychological Testing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>L34646</b> | <b>10/01/2020</b>     |
|                 | <p>The following changes were made to this LCD.<br/>Removed references to components of psychological and neuropsychological testing evaluation services (including interpretation/integration of data, report preparation and feedback to the patient, etc.) throughout the policy since this LCD only addresses coverage for psychological and neuropsychological testing and scoring services.</p> <p>Under the CMS National Coverage Policy section:<br/>Removed this statement,<br/>"Italicized font represents CMS national language/wording copied directly from CMS Manuals or CMS Transmittals. Contractors are prohibited from changing national language/wording."</p> <p>Under Coverage Indications, Limitations and/or Medical Necessity:</p> |               |                       |



| Contract | LCD/Article Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MCD # | Effective Date |
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|          | <p>Removed this subsection,<br/> "Psychological Assessment<br/> Psychological assessment is similar to psychological testing but usually involves a more comprehensive assessment of the individual. Psychological assessment is a process that involves the integration of information from multiple sources, such as tests of normal and abnormal personality, tests of ability or intelligence, tests of interests or attitudes, as well as information from personal interviews. Collateral information is also collected about personal, occupational, or medical history, such as from records or from interviews with parents, spouses, teachers, or previous therapists or physicians. A psychological test is one of the sources of data used within the process of assessment; usually more than one test is used. Many psychologists do some level of assessment when providing services to clients or patients, and may use for example, simple check lists to assess some traits or symptoms. Psychological assessment is a complex, detailed, in-depth process. Typical types of focus for psychological assessment provide a diagnosis for treatment settings; and assess a particular area of functioning or disability often for school settings; help select type of treatment or assess treatment outcomes; help courts decide issues such as child custody or competency to stand trial; or to help assess job applicants or employees and provide career development counseling or training."</p> <p>And added this language previously in the Components of Neuropsychological Testing subsection,<br/> "Neurobehavioral Status Examination<br/> (Note, this sentence was removed because it was redundant: "The face-to-face evaluation encounter begins with a neurobehavioral status exam conducted by the provider. ")</p> <p>A neurobehavioral status exam is completed prior to the administration of neuropsychological testing. The status exam involves clinical assessment of the patient, collateral interviews as appropriate, and review of prior records. The interview includes clinical assessment of several domains including but not limited to; thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities. The clinical assessment would determine the types of tests and how those tests should be administered (AMA CPT Assistant, November 2006).</p> <p>A neurobehavioral status examination, in the absence of neuropsychological testing, is insufficient to diagnose mild cognitive impairment."</p> <p>Under Neuropsychological Testing section:<br/> Removed this statement,<br/> "The evaluations include a history of medical or neurological disorders compromising cognitive or behavioral functioning; congenital, genetic, or metabolic disorders known to be associated with impairments in cognitive or brain development; reported impairments in cognitive functioning; and evaluations of cognitive function as a part of the standard of care for treatment selection and treatment outcome evaluations."</p> |       |                |

| Contract | LCD/Article Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MCD # | Effective Date |
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|          | <p>Under Components of Neuropsychological Testing section:<br/> Removed these statements,<br/> "Record Review<br/> The provider reviews the medical records and referral question, and determines whether an evaluation is appropriate."<br/> "Feedback session<br/> A post-evaluation feedback session with the patient and family members is a customary part of the neuropsychological evaluation (American Psychological Association, 2010). The feedback session emphasizes the following:</p> <ol style="list-style-type: none"> <li>a. Discussion of the relationship between neuropsychological test results and information about diagnosis and prognosis.</li> <li>b. Explanation of treatment recommendations. In addition to those recommendations that are directly managed by the patient's medical provider (e.g. changes in medication or treatment), patients are provided with evidence-based treatment recommendations that are not typically managed by medical providers, and which are best elaborated on by providers with expertise in neuropsychological assessment, including tailored behavioral strategies to maximize functioning, referrals to other specialty providers (e.g. psychiatry, rehabilitative therapists), recommendations for nonpharmacological interventions, and community resources.</li> <li>c. Communication of results to family members in order to enhance treatment outcome for the patient."</li> </ol> <p>Under Documentation Requirements:<br/> Removed this statement,<br/> "The time spent with the interpretation and the preparation of the report, and explanation of the report to the patient and/family are billed with the code used to perform the test."</p> <p>Under Utilization Guidelines, the third statement now reads: "Patients with psychiatric disorders where the needed information can be obtained through the clinical interview alone (e.g., response to medication) would not require psychological testing and such testing would not be considered medically necessary."</p> <p>Also removed these 3 statements,<br/> "One initial testing evaluation followed by one additional re-testing evaluation within a 12-month period by the same provider or group may be performed without prepay review."<br/> "More than 8 hours per patient per evaluation is considered excessive and supporting documentation in the medical record must be present to justify greater than 8 hours per patient per evaluation."<br/> "The billed amount may include time spent with the patient explaining the results of the test."</p> |       |                |

| Contract     | LCD/Article Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MCD # of LCD  | MCD # of Billing and Coding Article | Effective Date    |
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| <b>J5/J8</b> | <b>Category III Codes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>L35490</b> | <b>A56902</b>                       | <b>10/29/2020</b> |
|              | <p><b>L35490</b><br/> Reformatted CMS National Coverage Policy.<br/> Coverage Indications, Limitations and/or Medical Necessity updated: removed sentence #1 and #2 referencing Category III codes and removed last paragraph related to reconsideration process, as the information is outdated.</p> <p>Relocated medical necessity from utilization guidelines to Summary of Evidence for: CPT code 0042T<br/> Computed Tomographic Perfusion (CTP) (using automated post-processing software algorithmic analysis) is medically reasonable and necessary in patients with acute ischemic stroke (AIS) caused by unilateral large vessel occlusion (LVO) in the proximal anterior circulation evaluated at stroke centers, to aid in selection for endovascular mechanical thrombectomy (EVT) if all of the following conditions are fulfilled:</p> <ol style="list-style-type: none"> <li>1. Intracranial internal carotid artery (ICA) OR middle cerebral artery (MCA) occlusion</li> <li>2. The medical record documents the patient is being considered for endovascular mechanical thrombectomy (EVT) and does not have contraindications to the EVT (based on DAWN or DEFUSE3 trial criteria)</li> <li>3. Treatment (femoral puncture) can be started within 6-24 hours of the last time known to be at neurologic baseline</li> </ol> <p>CPT code 0398T<br/> Magnetic resonance image guided high intensity focused ultrasound (MRgFUS) is for the treatment of idiopathic essential tremor patients with medication-refractory tremor.</p> <p>Criteria for Medical Necessity:</p> <ol style="list-style-type: none"> <li>1. Essential tremor refractory to medical therapy, i.e., tremor refractory to at least two trials of medical therapy, which has included at least one first-line agent.</li> <li>2. Moderate to severe postural or intention tremor of the dominant hand [defined by a score greater than or equal to 2 on the Clinical Rating Scale for Tremor (CRST)].</li> <li>3. Disabling essential tremor, i.e., a score of 2 or more on any of the eight items in the disability subsection of the CRST.</li> <li>4. Not a surgical candidate for deep brain stimulation.</li> </ol> <p>Exclusion from Coverage:</p> <ol style="list-style-type: none"> <li>1. Treatment of head or voice tremor</li> <li>2. Bilateral thalamotomy</li> <li>3. Following conditions: <ol style="list-style-type: none"> <li>a. A neurodegenerative condition</li> <li>b. Unstable cardiac disease</li> <li>c. Coagulopathy</li> <li>d. Risk factors for deep-vein thrombosis</li> </ol> </li> </ol> |               |                                     |                   |

| Contract | LCD/Article Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MCD # of LCD | MCD # of Billing and Coding Article | Effective Date |
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|          | <p>e. Severe depression, i.e., a score greater than or equal to 20 on the Patient Health Questionnaire 9 (PHQ-9)</p> <p>f. Cognitive impairment defined by a score of less than 24 on the Mini-Mental Status Examination.</p> <p>g. Previous brain procedure (transcranial magnetic stimulation, deep brain stimulation, stereotactic lesioning, or electroconvulsive therapy)</p> <p>h. A skull density ratio (the ratio of cortical to cancellous bone) less than 0.45</p> <p>i. Contraindications for MRI.</p> <p>CPT codes 0501T-0504T</p> <p>Fractional Flow Reserve computed tomography (FFRct) is a non-invasive method of using fluid dynamics physiologic stimulation software analysis to assess the severity of coronary artery disease. It is reimbursable with documentation of medical necessity.</p> <p>Utilization Guideline statement updated and reformatted.</p> <p>Coverage Determinations according to IOM 100-04 Medicare Program Integrity Manual prior to 01/08/2019.</p> <p>Utilization Guidelines: updated 0548T-0051T: relocated billing and coding guidance of CPT code 0551T to A56902 and Change Request 11293 reference included.</p> <p><b>A56902</b></p> <p>Article Text:</p> <p>The billing and coding information in this article is dependent on the coverage indications, limitations and/or medical necessity described in the associated LCD L35490 Category III Codes with the exception of the following CPT codes:</p> <p>Added</p> <ul style="list-style-type: none"> <li>• CPT Codes 0446T- Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training, 0447T- Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision, and 0448T- Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation. Please refer to L38686 Implantable Continuous Glucose Monitors (I-CGM) and A58213 Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM). The physician (MD/DO) performing the service must meet all criteria in this LCD and Billing and Coding Article. Effective 10/11/2020.</li> </ul> <p>Coding Information CPT/HCPCS Codes Group 1 Paragraph: updated statement For services addressed in a separate LCD and associated Billing and Coding Article, all criteria addressed in that LCD and associated Billing and Coding Article must be met.</p> <p>Removed medical necessity information and relocated to LCD L35490 to Summary</p> |              |                                     |                |

| Contract     | LCD/Article Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MCD # of LCD  | MCD # of Billing and Coding Article | Effective Date    |
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|              | <p>of Evidence in<br/>Group 2 Paragraph 0042T,<br/>Group 7 Paragraph 0398T, and<br/>Group 9 Paragraph: 0501T, 0502T, 0503T, 0504T.<br/>Please refer to LCD information above.</p> <p>Group 3 Paragraph 0075T and 0076T. Removed reference CMS publication 100-03, <i>Medicare National Coverage Determinations (NCD) Manual</i> as it is located in the LCD Utilization Guidelines.</p> <p>Group 4 Paragraph removed medical description of CPT code 0191T, located in Utilization Guidelines.</p> <p>Group 6 Paragraph 0308T reformatted billing guidance.</p> <p>Group 8 Paragraph 0449T, 0450T removed medical description of CPT codes, located in Utilization Guidelines.</p> <p>Group 10 Paragraph 0548T, 0549T, 0550T, 0551T removed medical descriptions, located in Utilization Guidelines.</p>                                                                                                                                                                                                                                                                                           |               |                                     |                   |
| <b>J5/J8</b> | <p><b>Immune Globulins</b></p> <p>In L34771:Under CMS National Coverage Policy, removed "Italicized font represents CMS national NCD language/wording copied directly from CMS Manuals or CMS Transmittals. Contractors are prohibited from changing national NCD language/wording."</p> <p>Under Coverage Indications, Limitations, and/or Medical Necessity Section A. 2. i., added additional FDA indications. Statement now reads: "CroFab is indicated for the management of patients with minimal or moderate envenomation from North American rattlesnakes, copperheads and cottonmouths/water moccasins."</p> <p>In A57554, ICD-10 Codes that Support Medical Necessity, Group 11 Table, added:<br/>T63.061A Toxic effect of venom of other North and South American snake, accidental (unintentional)<br/>T63.062A Toxic effect of venom of other North and South American snake, intentional self -harm<br/>T63.063A Toxic effect of venom of other North and South American snake, assault<br/>T63.064A Toxic effect of venom of other North and South American snake, undetermined</p> | <b>L34771</b> | <b>A57554</b>                       | <b>10/01/2020</b> |

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| Contract | LCD/Article Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MCD #         | Effective Date    |
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| J5/J8    | <b>Billing and Coding: Category III Codes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>A56902</b> | <b>11/26/2020</b> |
|          | <p>Updated Group 3 Paragraph: 0075T and 0076T: Please refer to the CPT Professional code book: use 0076T in conjunction with 0075T.</p> <p>Corrected Group 10 Paragraph: CPT code corrected from 0450T to CPT code 0550T. Included: Please refer to the CPT Professional code book: do not report 0551T in conjunction with 0548T, 0549T, 0550T.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                   |
| J5/J8    | <b>Billing and Coding: Foot Care</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>A56232</b> | <b>11/26/2020</b> |
|          | <p>In Group 1 Paragraph: ICD-10 N18.3 will be deleted and replaced with N18.30, N18.31, and N18.32.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                   |
| J5/J8    | <b>Billing and Coding: MoIDX: Blood Product Molecular Antigen Typing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>A57110</b> | <b>10/25/2020</b> |
|          | <p>Under CPT/HCPCS Codes Group 2: Codes added 0221U and 0222U. This revision is due to the Q4 CPT ®/HCPCS Code Update</p> <p>0221U RED CELL ANTIGEN (ABO BLOOD GROUP) GENOTYPING (ABO), GENE ANALYSIS, NEXTGENERATION SEQUENCING, ABO (ABO, ALPHA 1-3-NACETYLGALACTOSAMINYLTRANSFERASE AND ALPHA 1-3-GALACTOSYLTRANSFERASE) GENE</p> <p>0222U RED CELL ANTIGEN (RH BLOOD GROUP) GENOTYPING (RHD AND RHCE), GENE ANALYSIS, NEXT-GENERATION SEQUENCING, RH PROXIMAL PROMOTER, EXONS 1-10, PORTIONS OF INTRONS 2-3</p> <p>Under Article Text, the third paragraph now reads: "The individual codes 0180U-0201U, 0221U, 0222U and codes 81105-81112 are also germline tests. These will be non-covered as multiple antigens must be utilized as part of a comprehensive antigen evaluation and will be considered only as part of a panel."</p> |               |                   |
| J5/J8    | <b>Billing and Coding: MoIDX: Immunohistochemistry (IHC) Indications for Breast Pathology</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>A55136</b> | <b>11/26/2020</b> |
|          | <p>Under Article Text the following statement was removed: "Effective 01/01/2014 thru 06/11/2015, CPT® code 88342 and 88343 were not active for Medicare submission. Effective 6/12/2015, 88342 was reactivated by CMS for Medicare submission. CPT® 88343 was deleted 01/01/2015. HCPCS codes G0461 and G0462 were deleted 1/1/2015."</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                   |
| J5/J8    | <b>Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>A57579</b> | <b>10/01/2020</b> |
|          | <p>Under CPT/HCPCS Group 2 non-covered codes 0225U was added effective 08/10/2020 due to Q4 2020 CPT/HCPCS Code Updates.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                   |
| J5/J8    | <b>Psychological and Neuropsychological Testing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>L34646</b> | <b>10/01/2020</b> |
|          | <p>Corrected typographical error in third sentence under Utilization Guidelines to read:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                   |

| <b>Contract</b> | <b>LCD/Article Title</b>                                                                                                                                                                                                                                     | <b>MCD #</b> | <b>Effective Date</b> |
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|                 | "Patients with psychiatric disorders where the needed information can be obtained through the clinical interview alone (e.g., response to medication) would not require psychological testing and such testing would not be considered medically necessary." |              |                       |

| <b>Contract</b> | <b>LCD/Article Title</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>MCD # of LCD</b> | <b>MCD # of Billing and Coding Article</b> | <b>Effective Date</b> |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------|-----------------------|
| <b>J5/J8</b>    | <b>Botulinum Toxin Type A &amp; Type B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>L34635</b>       | <b>A57474</b>                              | <b>11/26/2020</b>     |
|                 | <p>The following sentences have been removed because current literature does not support the statements.</p> <p>L34635 Documentation Requirement Number 8, Removed "Botulinum toxin type A incobotulinumtoxinA for blepharospasm ONLY if there is a history of the beneficiary having previous history of receiving onabotulinumtoxinA."</p> <p>A57474 Reasons for Denial Sentence 6, Removed "Use of HCPCS Code J0588 incobotulinumtoxinA for treatment of blepharospasm without prior history of treatment with onabotulinumtoxinA."</p> <p>A57474 Group 7 ICD-10 Code Table(64612)<br/> Added: R25.8 Other abnormal involuntary movements<br/> H02.59 Other disorders affecting eyelid function</p> <p>Documentation Requirements relocated to A57474 Billing and Coding: Botulinum Toxin Type A &amp; Type B</p> |                     |                                            |                       |

## General Information

### **CMS NO LONGER ACCEPTING COVID-19 ACCELERATED/ADVANCE PAYMENT APPLICATIONS**

On October 8, 2020, the Centers for Medicare and Medicaid Services (CMS) announced that the agency would no longer accept applications for the Accelerated and Advance Payment Programs that are related to the COVID-19 Public Health Emergency. Based on this, we will decline all COVID-19 accelerated and advance payment requests received on or after October 8, 2020.

### **COVID ACCELERATED/ADVANCE PAYMENT REVISED REPAYMENT TERMS**

The Continuing Appropriations Act, 2021 and Other Extensions Act amended the repayment terms for the COVID accelerated/advance payments. The changes to the repayment terms are listed below.

- The repayment period has been extended, and the automatic recoupment will begin one year after the date the accelerated or advance payment was issued.
- During the first 11 months after repayment begins, the recoupment rate will be 25% and repayment will occur through an automatic recoupment of the provider/supplier Medicare payments.
- At the end of the 11-month period, the recoupment rate will increase from 25% to 50%. The automatic recovery at the 50% recoupment rate will continue for 6 months.
- If the total amount of the accelerated/advance payment is not recovered within 29 months from the date the payment was made, a demand letter for the outstanding balance will be issued. The demanded amount will be subject to a 4% interest rate.



## Provider Education

### 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/UCscLmqYJDEJ8Zh2\\_r\\_SivUw](https://www.youtube.com/channel/UCscLmqYJDEJ8Zh2_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>.

## **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](https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_460).

## Reimbursement

### **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
- Press releases
- Upcoming educational event registration and reminders
- Claim, pricer, and code information
- 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](https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_7819)

#### **MLN Connects® for Thursday, August 27, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-08-27-mlnc>

#### **MLN Connects Special Edition – Friday, August 28, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-08-28-mlnc-se>

#### **MLN Connects Special Edition – Wednesday, September 2, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-09-02-mlnc-se>

#### **MLN Connects® for Thursday, September 3, 2020**

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

#### **MLN Connects® for Thursday, September 10, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-09-10-mlnc>

#### **MLN Connects Special Edition – Friday, September 11, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-09-11-mlnc-se>

#### **MLN Connects® for Thursday, September 17, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-09-17-mlnc>

**MLN Connects Special Edition – Thursday, September 17, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-09-17-mlnc-se>

**MLN Connects Special Edition – Friday, September 18, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-09-18-mlnc-se>

**MLN Connects® for Thursday, September 24, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-09-24-mlnc>

**MLN Connects® for Thursday, October 1, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-10-01-mlnc>

**MLN Connects® for Thursday, October 8, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-10-08-mlnc>

**MLN Connects Special Edition – Thursday, October 8, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-10-08-mlnc-se>

**MLN Connects® for Thursday, October 15, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-10-15-mlnc>

**MLN Connects Special Edition – Thursday, October 15, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-10-15-mlnc-se>

**MLN Connect Special Edition – Friday, October 16, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-10-16-mlnc-se>

**MLN Connects® for Thursday, October 22, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-10-22-mlnc>

**MLN Connects Special Edition – Tuesday, October 27, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-10-27-mlnc-se>

**MLN Connects Special Edition – Wednesday, October 28, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-10-28-mlnc-se>

**MLN Connects® for Thursday, October 29, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-10-29-mlnc>

**MLN Connects Special Edition – Tuesday, November 3, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-11-03-mlnc-se>

**MLN Connects® for Thursday, November 5, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-11-05-mlnc>

**MLN Connects Special Edition – Tuesday, November 10, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-11-10-mlnc-se>

**MLN Connects® for Thursday, November 12, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-11-12-mlnc>

**MLN Connects Special Edition – Thursday, November 12, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-11-12-mlnc-se>

**MLN Connects® for Thursday, November 19, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-11-19-mlnc>

**MLN Connects® for Wednesday, November 25, 2020**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-11-25-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

| <b>J5 MAC PART A (IA, KS, MO, NE)</b>                                                           |                                                                                                |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Iowa</b>                                                                                     | <b>Kansas</b>                                                                                  |
| WPS GHA<br>General Correspondence<br>P.O. Box 7665<br>Madison, WI 53707-7665<br>(866) 518-3285  | WPS GHA<br>General Correspondence<br>P.O. Box 7576<br>Madison, WI 53707-7576<br>(866) 518-3285 |
| <b>Missouri</b>                                                                                 | <b>Nebraska</b>                                                                                |
| WPS GHA<br>General Correspondence<br>P.O. Box 8890<br>Madison, WI 53708-8890<br>(866) 518-3285  | WPS GHA<br>General Correspondence<br>P.O. 8799<br>Madison, WI 53708-8799<br>(866) 518-3285     |
| <b>J5 National</b>                                                                              |                                                                                                |
| WPS GHA<br>General Correspondence<br>P.O. Box 7861<br>Madison, WI 53707-7861<br>(866) 518-3285  |                                                                                                |
| <b>J5 MAC PART B (IA, KS, MO, NE)</b>                                                           |                                                                                                |
| <b>Iowa</b>                                                                                     | <b>Kansas</b>                                                                                  |
| WPS GHA<br>General Correspondence<br>P.O. Box 8550<br>Madison, WI 53708-8550<br>(866) 518-3285  | WPS GHA<br>General Correspondence<br>P.O. Box 7238<br>Madison, WI 53707-7238<br>(866) 518-3285 |
| <b>Missouri</b>                                                                                 | <b>Nebraska</b>                                                                                |
| WPS GHA<br>General Correspondence<br>P.O. Box 14260<br>Madison, WI 53708-0260<br>(866) 518-3285 | WPS GHA<br>General Correspondence<br>P.O. 8667<br>Madison, WI 53708-8667<br>(866) 518-3285     |
| <b>J8 MAC PART A (IN, MI)</b>                                                                   |                                                                                                |
| <b>Indiana</b>                                                                                  | <b>Michigan</b>                                                                                |
| WPS GHA<br>General Correspondence<br>P.O. Box 8602<br>Madison, WI 53708-8602<br>(866) 234-7331  | WPS GHA<br>General Correspondence<br>P.O. Box 8604<br>Madison, WI 53708-8604<br>(866) 234-7331 |
| <b>J8 MAC PART B (IN, MI)</b>                                                                   |                                                                                                |
| <b>Indiana</b>                                                                                  | <b>Michigan</b>                                                                                |
| WPS GHA<br>General Correspondence<br>P.O. Box 8580<br>Madison, WI 53708-8580<br>(866) 234-7331  | WPS GHA<br>General Correspondence<br>P.O. Box 8939<br>Madison, WI 53708-8939<br>(866) 234-7331 |

## **VISIT THE WPS GHA WEBSITE FOR ALL YOUR MEDICARE NEEDS**

Remember, the *Communiqué* does not include all the information needed by Medicare providers. While this publication does include general information, articles, and updates, our website (<http://www.wpsgha.com/>) is the most comprehensive source of information. Visit us today!

## **WPS GHA MEDICARE eNEWS MESSAGES**

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