

Communiqué

<http://www.wpsgha.com>

ITEMS OF IMPORTANCE

Dollar Amount in Controversy Required to Sustain Appeal Rights in 2020.....	2
Subscribe to WPS GHA Medicare eNews to Stay Up to Date - Sign Up Today!.....	2

COVERAGE – GENERAL

Medicare Beneficiaries in State or Local Custody	3
--	---

COVERAGE – LOCAL COVERAGE DETERMINATIONS AND COVERAGE ARTICLES

Information on Website.....	5
New Policies	5
Retired Policies.....	6
Revised Policies	7

PROVIDER EDUCATION

Educational Opportunities.....	20
Medicare Learning Network (MLN).....	20
Quarterly Provider Update.....	21

REIMBURSEMENT

Unsolicited/Voluntary Refunds.....	22
------------------------------------	----

MLN CONNECTS

MLN Connects® Newsletters	23
---------------------------------	----

Share this bulletin with all health care practitioners and managerial members of the provider staff. Our website makes bulletins available at no cost:

<https://www.wpsgha.com/wps/portal/mac/site/home/footer-resources/communiqué>

Current Procedural Terminology (CPT) is copyright 2018 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Current Dental Terminology copyright © 2002, 2005 American Dental Association. All rights reserved.

Items of Importance

DOLLAR AMOUNT IN CONTROVERSY REQUIRED TO SUSTAIN APPEAL RIGHTS IN 2020

CMS has announced the dollar amount that must remain in controversy to sustain appeal rights beginning January 1, 2020. The amount that must remain in controversy for Administrative Law Judge (ALJ) hearing requests filed on or before December 31, 2019, is \$160. **This amount will increase to \$170 for ALJ hearing requests filed on or after January 1, 2020.** The amount that must remain in controversy for reviews in Federal District Court requested on or before December 31, 2019, is \$1,630. **This amount will increase to \$1,670 for appeals to Federal District Court filed on or after January 1, 2020.**

SUBSCRIBE TO WPS GHA MEDICARE ENEWS TO STAY UP TO DATE - SIGN UP TODAY!

WPS GHA offers the convenience of eNews (an electronic newsletter sent to you via email) to all providers in our jurisdiction. When you subscribe to WPS GHA Medicare eNews, you will receive the latest Medicare news in your email box. You may unsubscribe at any time, and we will never disclose, give, sell, or transfer your personally identifiable information to third parties.

WPS GHA Medicare eNews announces publication of the following:

- Time-sensitive national and local Medicare news
- Medicare program changes
- Policy updates, including new, retired, and revised policies
- Training events (including seminars, teleconferences, webinars, and on-demand trainings)
- *Communiqué* (quarterly newsletter)
- Specialty- and service-specific educational articles
- Much, much more

CMS and WPS GHA encourage all individuals to subscribe. We don't restrict subscriptions. Sign up today! Visit our website to subscribe (<https://corp-ws.wpsic.com/apps/commercial/unauth/medicareListservUserWelcomeLoadAction.do>).

Coverage – General

MEDICARE BENEFICIARIES IN STATE OR LOCAL CUSTODY

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(a) and 411.4 (b) (<https://www.govinfo.gov/content/pkg/CFR-2012-title42-vol2/pdf/CFR-2012-title42-vol2-sec411-4.pdf>), respectively.

Exclusion from Coverage

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 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. Additional information about the QJ modifier is available at: <https://www.wpsgha.com/wps/portal/mac/site/claims/guides-and-resources/modifier-qj>.

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.

Appeals

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

For more information, see 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>)

Coverage – Local Coverage Determinations and Coverage Articles

INFORMATION ON WEBSITE

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

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. Prior to the effective date, you can find the policy/article by selecting the link "Display Future Effective Documents" within the CMS Medicare Coverage Database (MCD):

<http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>

Visit our website at the link below for more information:

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

December 2019

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
J5/J8	Billing and Coding: MoIDX: Decipher® Biopsy Prostate Cancer Classifier Assay for Men with Intermediate Risk Disease	A57798	NA	01/12/2020
J5/J8	MoIDX: Decipher® Biopsy Prostate Cancer Classifier Assay for Men with Intermediate Risk Disease	L38166	MoIDX-057	01/12/2020

November 2019

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
J5/J8	Billing and Coding Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)	A57630	NA	12/16/2019
J5/J8	Billing and Coding: MoIDX: TruGraf® Blood Gene Expression Test	A57629	NA	12/16/2019

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
J5/J8	MoIDX: TruGraf® Blood Gene Expression Test	L38160	MoIDX-062	12/16/2019
J5/J8	Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)	L38213	RAD-044	12/16/2019

October 2019 - We created no new Policies/Articles for October 2019.

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>

December 2019

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
J5/J8	MoIDX: Decipher® Biopsy Prostate Cancer Classifier Assay for Men with Favorable Intermediate Risk Disease	DL38164	MoIDX-056	11/28/2019
J5/J8	Not Otherwise Classified Chemotherapy Agents (NOC) Billing and Coding Guidelines	A55640	NA	11/28/2019
<p>The information in this article is available and supported by Wisconsin Physician Services website: Claims Guides and Resources: Drugs Billing and Describing Not Otherwise Classified (NOC) Codes.</p> <p>Any drug or biologic billed to Medicare must be reasonable and medically necessary and meet the FDA indications.</p> <p>Article A55640 will no longer be associated/linked to LCD L37205 Chemotherapy Drugs and their Adjuncts or A44639 Chemotherapy Agents for Non-Oncologic Conditions.</p>				

November 2019

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
J5/J8	Billing and Coding: Vertebroplasty (Percutaneous) and Vertebral Augmentation including cavity creation	A56904	NA	12/15/2019
<p>This billing and coding article and associated LCD L34592, "Vertebroplasty (Percutaneous) and Vertebral Augmentation including cavity creation" are retired.</p>				

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
	Replaced with LCD L38213, "Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)," and "Billing and Coding Article for Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)."			
J5/J8	Vertebroplasty (Percutaneous) and Vertebral Augmentation including cavity creation	L34592	RAD-032	12/15/2019
	This LCD and associated billing and coding article A56904, "Billing and Coding: Vertebroplasty (Percutaneous) and Vertebral Augmentation including cavity creation" are to be retired.			
	Replaced with LCD L38213, "Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)," and "Billing and Coding Article for Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)."			

October 2019

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
J5/J8	Billing and Coding: Human Granulocyte/Macrophage Colony Stimulating Factors	A56274	NA	09/26/2019
	The clinical information in this coverage article is available and supported by Federal Drug & Administration regulatory information. Drugs and biologics contained within in the coverage article will no longer be denied based on the language of the coverage article. Any drug or biologic billed to Medicare must be reasonable and medically necessary and meet the FDA indications.			

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. Prior to the effective date, you can find the policy/article by selecting the link "Display Future Effective Documents" within the CMS Medicare Coverage Database (MCD):

<http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>

Visit our website at the link below for more information:

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

December 2019

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
J5/J8	Billing and Coding: Drug Administration	A54176	NA	10/01/2019
Deleted code J3490 for patisiran and added J0222. Placed codes in a searchable table format. For CR 10901 compliance: Revision of title to Billing and Coding: Drug Administration.				
J5/J8	Billing and Coding: MoIDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay	A56334	NA	11/28/2019
The title of this article has been changed from “MoIDX: Oncotype DX® Genomic Prostate Score Coding and Billing Article” to “Billing and Coding: MoIDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay.”				
The following information has been added under Article Text section of the article: The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Genomic Health™ Oncotype DX® Prostate Cancer Assay L36789 and MoIDX: Oncotype DX® Genomic Prostate Score for Men with Favorable Intermediate Risk Prostate Cancer L37667.				
The word “Score” has been changed to “Assay” in the two sentences below: The Oncotype DX® Genomic Prostate Assay (Genomic Health™) is covered for use in very low risk, low risk, and favorable intermediate risk prostate cancer.				
To bill for Oncotype DX® Genomic Prostate Assay services, please provide the following claim information:				
Added the following to the Article text section: Select ICD-10-CM code C61				
J5/J8	MoIDX: BDX-LX2	L37216	NA	11/28/2019
Change Request (CR) 10901 Local Coverage Determinations (LCDs): it will no longer be appropriate to include Current Procedure Terminology (CPT)/Health Care Procedure Coding System (HCPCS) codes or International Classification of Diseases Tenth Revision-Clinical Modification (ICD-10-CM) codes in the LCDs. All CPT/HCPCS and ICD-10 codes have been removed from this LCD and placed in Billing and Coding: MoIDX: BDX-XL2 related to this LCD.				
Added language to Paragraph 2 and ICD-10 code R91.8 to Table 2 in related Billing and Coding Article:				
ICD-10 Codes that Support Medical Necessity Group 2 Paragraph:				
The code R91.8 may be used when a patient has multiple lung nodules with a single nodule of concern. To indicate that R91.8 is being used for this purpose, use the KX modifier following the CPT code. The use of this modifier indicates an attestation that the patient has multiple lung nodules with a single nodule of concern for malignancy.				

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
	<p>If the code R91.8 is being used to describe another (non-covered) diagnosis, use the appropriate modifier to indicate that the service is non-covered as not reasonable and necessary.</p> <p>Group 2 Codes: R91.8 – Other nonspecific abnormal finding of the lung field</p> <p>Added modifier KX to Modifier Table in the related Billing and Coding Article:</p> <p>CPT/HCPCS Modifiers Group 2 Paragraph: NA Group 2 Codes: KX – Requirements specified in the medical policy have been met</p> <p>Revised references under CMS National Coverage policy section.</p>			
J5/J8	<p>MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing</p> <p>Diagnosis code I20.9 was added to the ICD-10 Codes section that supports Medical Necessity.</p> <p>ICD-10 Codes that Support Medical Necessity Group 1 Paragraph: 81225 Group 1 Codes:</p> <p>I20.9 Angina pectoris, unspecified</p> <p>Change Request 10901 Local Coverage Determinations (LCDs): it will no longer be appropriate to include Current Procedure Terminology (CPT)/Health Care Procedure Coding System (HCPCS) codes or International Classification of Diseases Tenth Revision-Clinical Modification (ICD-10-CM) codes in the LCDs. All CPT/HCPCS, ICD-10 codes, and Billing and Coding Guidelines have been removed from this LCD and placed in Billing and Coding: MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing article linked to this LCD.</p>	L36398	NA	11/28/2019
J5/J8	<p>MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels</p> <p>Due to Change Request 10901 Local Coverage Determinations (LCDs) all CPT/HCPCS, ICD-10 codes, and Billing and Coding Guidelines have been removed from this LCD and placed in Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels article linked to this LCD.</p> <p>Under ICD-10 Codes that support Medical Necessity Group 1: Codes added ICD-10 Codes J22 and J06.9.</p> <p>J06.9 – Acute upper respiratory infection, unspecified J22 – Unspecified acute lower respiratory infection</p>	L37764	MoIDX-042	11/28/2019
J5/J8	Revised Policies & Articles/New Billing and Coding Articles	Various	Various	Various

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
	<p>WPS has revised our LCDs and Local Coverage Articles (LCAs) based on the requirements of Change Request (CR) 10901, "Local Coverage Determinations (LCDs)." The CR states that it is no longer appropriate to include Current Procedure Terminology (CPT), Health Care Procedure Coding System (HCPCS), or International Classification of Diseases Tenth Revision-Clinical Modification (ICD-10-CM) codes in LCDs. We removed the procedure and diagnosis codes, and the Billing and Coding Guidelines from our current LCDs.</p> <p>We are relocating the coding information from our LCDs into Billing and Coding LCAs. The information in the new Billing and Coding LCAs is based on the coverage indications, limitations and/or medical necessity requirements described in its related LCD. Medicare Coverage Database (MCD) allows easy access between the LCDs and their related LCAs through the "Related Local Coverage Documents" section found at the bottom of both the LCDs and the LCAs.</p> <p>In addition, if the LCDs contain any language from IOMs and/or regulations, we are removing the language and replacing it with a reference to the applicable manual/regulation instead. We are not making any change to the coverage content of the LCDs or LCAs. We expect to complete the code relocation and reference updates by the end of this year. Please monitor the Medicare Coverage Database (MCD) (https://www.cms.gov/medicare-coverage-database/reports/local-coverage-whats-new-report.aspx) for these changes.</p>			
J5/J8	Self-Administered Drug Exclusion List (SAD List)	A52800	NA	01/12/2020
	Added J3590 risankizumabzraa (Skyrizi™) to the CPT/HCPCS Coding Table.			

November 2019

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
J5/J8	Billing and Coding: Bisphosphonate Drug Therapy	A56907	NA	10/31/2019
	<p>Removed language and ICD-10 codes for cancer treatment related osteopenia that were unintentionally added to ICD-10 Codes That Support Medical Necessity: Group 4. These diagnosis codes were not covered for this condition in the LCD.</p> <p>M85.811 Other specified disorders of bone density and structure, right shoulder M85.812 Other specified disorders of bone density and structure, left shoulder M85.821 Other specified disorders of bone density and structure, right upper arm M85.822 Other specified disorders of bone density and structure, left upper arm M85.831 Other specified disorders of bone density and structure, right forearm M85.832 Other specified disorders of bone density and structure left forearm M85.841 Other specified disorders of bone density and structure, right hand M85.842 Other specified disorders of bone density and structure, left hand M85.851 Other specified disorders of bone density and structure, right thigh M85.852 Other specified disorders of bone density and structure, left thigh</p>			

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
	M85.861 Other specified disorders of bone density and structure, right lower leg M85.862 Other specified disorders of bone density and structure, left lower leg M85.871 Other specified disorders of bone density and structure, right ankle and foot M85.872 Other specified disorders of bone density and structure, left ankle and foot			
J5/J8	Billing and Coding: Blepharoplasty, Blepharoptosis and Brow Lift	A56908	NA	08/29/2019
	Added ICD-10 codes unintentionally omitted from Table 1 of the article when the codes were migrated from the LCD:			
	H02.005 Unspecified entropion of left lower eyelid H02.011 Cicatricial entropion of right upper eyelid H02.012 Cicatricial entropion of right lower eyelid H02.014 Cicatricial entropion of left upper eyelid H02.015 Cicatricial entropion of left lower eyelid H02.021 Mechanical entropion of right upper eyelid H02.022 Mechanical entropion of right lower eyelid H02.024 Mechanical entropion of left upper eyelid H02.025 Mechanical entropion of left lower eyelid H02.031 Senile entropion of right upper eyelid H02.032 Senile entropion of right lower eyelid H02.034 Senile entropion of left upper eyelid H02.035 Senile entropion of left lower eyelid H02.041 Spastic entropion of right upper eyelid H02.042 Spastic entropion of right lower eyelid H02.044 Spastic entropion of left upper eyelid H02.045 Spastic entropion of left lower eyelid H02.051 Trichiasis without entropion right upper eyelid H02.052 Trichiasis without entropion right lower eyelid H02.054 Trichiasis without entropion left upper eyelid H02.055 Trichiasis without entropion left lower eyelid H02.101 Unspecified ectropion of right upper eyelid H02.102 Unspecified ectropion of right lower eyelid H02.104 Unspecified ectropion of left upper eyelid H02.105 Unspecified ectropion of left lower eyelid H02.111 Cicatricial ectropion of right upper eyelid H02.112 Cicatricial ectropion of right lower eyelid H02.114 Cicatricial ectropion of left upper eyelid H02.115 Cicatricial ectropion of left lower eyelid H02.121 Mechanical ectropion of right upper eyelid H02.122 Mechanical ectropion of right lower eyelid H02.124 Mechanical ectropion of left upper eyelid H02.125 Mechanical ectropion of left lower eyelid H02.131 Senile ectropion of right upper eyelid H02.132 Senile ectropion of right lower eyelid H02.134 Senile ectropion of left upper eyelid H02.135 Senile ectropion of left lower eyelid			

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
	<p>H02.141 Spastic ectropion of right upper eyelid H02.142 Spastic ectropion of right lower eyelid H02.144 Spastic ectropion of left upper eyelid H02.145 Spastic ectropion of left lower eyelid H02.151 Paralytic ectropion of right upper eyelid H02.152 Paralytic ectropion of right lower eyelid H02.154 Paralytic ectropion of left upper eyelid H02.155 Paralytic ectropion of left lower eyelid H02.201 Unspecified lagophthalmos right upper eyelid H02.202 Unspecified lagophthalmos right lower eyelid H02.204 Unspecified lagophthalmos left upper eyelid</p> <p>Corrected minor typo. Added codes to Modifier section.</p>			
J5/J8	Billing and Coding: MoIDX: Genetic Testing for Lynch Syndrome	A55135	NA	10/01/2019
	0104U was deleted per Change Request 11406. It has been removed from the policy.			
	0104U	HEREDITARY PAN CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (32 GENES		
J5/J8	Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)	A56916	NA	10/31/2019
	Group 3 ICD-10 Codes: Added H44.2A1 (Degenerative myopia with choroidal neovascularization, right eye), H44.2A2 (Degenerative myopia with choroidal neovascularization, left eye), and H44.2A3 (Degenerative myopia with choroidal neovascularization, bilateral eye).			
J5/J8	Revised Policies & Articles/New Billing and Coding Articles			
	<p>WPS has revised our LCDs and Local Coverage Articles (LCAs) based on the requirements of Change Request (CR) 10901, "Local Coverage Determinations (LCDs)." The CR states that it is no longer appropriate to include Current Procedure Terminology (CPT), Health Care Procedure Coding System (HCPCS), or International Classification of Diseases Tenth Revision-Clinical Modification (ICD-10-CM) codes in LCDs. We removed the procedure and diagnosis codes, and the Billing and Coding Guidelines from our current LCDs.</p> <p>We are relocating the coding information from our LCDs into Billing and Coding LCAs. The information in the new Billing and Coding LCAs is based on the coverage indications, limitations and/or medical necessity requirements described in its related LCD. Medicare Coverage Database (MCD) allows easy access between the LCDs and their related LCAs through the "Related Local Coverage Documents" section found at the bottom of both the LCDs and the LCAs.</p>			

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
	<p>In addition, if the LCDs contain any language from IOMs and/or regulations, we are removing the language and replacing it with a reference to the applicable manual/regulation instead. We are not making any change to the coverage content of the LCDs or LCAs. We expect to complete the code relocation and reference updates by the end of this year. Please monitor the Medicare Coverage Database (MCD) for these changes.</p> <p>https://www.cms.gov/medicare-coverage-database/reports/local-coverage-whats-new-report.aspx</p>			

October 2019

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
J5/J8	2020 ICD-10 Code Updates	NA	NA	10/01/2019
	<p>Part A ICD-10 Code Updates: https://www.wpsgha.com/wps/wcm/connect/mac/ce633ce3-c659-40ac-a356-59b94a553848/2020-part-a-icd-10-code-updates.pdf?MOD=AJPERES&CVID=mRuaJph</p> <p>Part B ICD-10 Code Updates: https://www.wpsgha.com/wps/wcm/connect/mac/23549d08-6492-4c82-8cf9-d0d8d3c58f1a/2020-part-b-icd-10-code-updates.pdf?MOD=AJPERES&CVID=mRuaOiT</p>			
J5/J8	Billing and Coding: Biphosphonate Drug Therapy	A56907	NA	08/29/2019
	<p>Added the following to ICD-10 Codes That Support Medical Necessity Group Paragraphs 1, 2, 3 and 4 and Tables 1, 2, 3 and 4 along with the associated coding guidance for when the drug is used for cancer treatment related osteopenia:</p> <p>M85.811 Other specified disorders of bone density and structure, right shoulder M85.812 Other specified disorders of bone density and structure, left shoulder M85.821 Other specified disorders of bone density and structure, right upper arm M85.822 Other specified disorders of bone density and structure, left upper arm M85.831 Other specified disorders of bone density and structure, right forearm M85.832 Other specified disorders of bone density and structure left forearm M85.841 Other specified disorders of bone density and structure, right hand M85.842 Other specified disorders of bone density and structure, left hand M85.851 Other specified disorders of bone density and structure, right thigh M85.852 Other specified disorders of bone density and structure, left thigh M85.861 Other specified disorders of bone density and structure, right lower leg M85.862 Other specified disorders of bone density and structure, left lower leg M85.871 Other specified disorders of bone density and structure, right ankle and foot M85.872 Other specified disorders of bone density and structure, left ankle and foot</p>			

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
	The same codes were also added to the Not Covered Group 1 Paragraph and Table with reference to exceptions. Removed redundant language.			
J5/J8	Billing and Coding: Colonoscopy and Sigmoidoscopy-Diagnostic	A56394	NA	09/26/2019
	<p>Please note Title change: Billing and Coding: Colonoscopy and Sigmoidoscopy-Diagnostic.</p> <p>Request for coverage by a Practitioner (Part B) ICD-10 codes added to Group 1 codes:</p> <p>C7A.010 Malignant carcinoid tumor of the duodenum C7A.011 Malignant carcinoid tumor of the jejunum C7A.012 Malignant carcinoid tumor of the ileum C7A.019 Malignant carcinoid tumor of the small intestine, unspecified portion D3A.010 Benign carcinoid tumor of the duodenum D3A.011 Benign carcinoid tumor of the jejunum D3A.012 Benign carcinoid tumor of the ileum D3A.019 Benign carcinoid tumor of the small intestine, unspecified portion D3A.029 Benign carcinoid tumor of the large intestine, unspecified portion Z85.030 Personal history of malignant carcinoid tumor of large intestine Z85.040 Personal history of malignant carcinoid tumor of rectum Z85.060 Personal history of malignant carcinoid tumor of small intestine Z85.068 Personal history of other malignant neoplasm of small intestine Z86.012 Personal history of benign carcinoid tumor</p> <p>ICD-10 CM annual code update effective 10/01/2019. Group 1 Codes added: Z86.004 Personal history of in-situ neoplasm of other and unspecified digestive organs</p>			
J5/J8	Billing and Coding: Frequency of Hemodialysis	A55703	NA	10/01/2019
	<p>Language in Article Text has been modified for clarification regarding how to line item bill dialysis sessions. Note: This article uses the terms dialysis "session" and "treatment" interchangeably.</p> <p>Added CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 11 End Stage Renal Disease (ESRD).</p> <p>Based on the Patient's Plan of Care (POC), or other available medical documentation, the following scheme should be followed when billing sessions. Note: Dialysis sessions in a patient's POC that are not furnished should not be billed.</p> <p>1. For dialysis sessions that have been furnished 3 times (3X) per week, each line should be 90999 without any modifiers appended. That is, when the hemodialysis-prescription is 3 times (3X) per week and each session is furnished, all of these sessions should be billed as 90999 (no modifier appended) and they will be paid as routine conventional dialysis up to 13/14 per month.</p>			

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date																				
	<p>2. For each dialysis sessions furnished in addition to the 3 sessions per week that do not include medical documentation supporting a reasonable and necessary determination for payment, each line for these sessions should be billed as 90999 CG. Examples of when this could occur include short, more frequent treatments furnished for the convenience of the patient or staff, etc. Additional sessions need to be billed as 90999 CG when medical documentation has not been submitted to support the extra sessions as reasonable and necessary. The CG modifier indicates that the facility attests the additional treatment is not reasonable and necessary and should not receive additional payment. Each line billed as 90999 CG will be denied. However the use of the modifier is used for data analysis. Please refer to CR 9989, Implementation of Modifier CG for Type of Bill 72X, dated May 12, 2017.</p> <p>3. For each dialysis session furnished in addition to 3 sessions per week that includes medical documentation supporting a reasonable and necessary determination for payment, each line for these services should be billed as 90999 KX. These include medical conditions for acute and occasionally chronic conditions that have supporting documentation that the extra sessions are reasonable and necessary (e.g. through documents from recent hospital care, office visits, dialysis progress notes or MCP visits). These sessions must be reasonable and necessary for additional payment based on clinical conditions. On these claims, the 90999 lines without a modifier will be paid as 3X per week and those lines with 90999 KX will be considered for additional payments. Omission of the KX modifier will result in no additional payment for the line item. For diagnoses not listed in this article but felt to be reasonable and necessary, the KX modifier should be appended as well. A denial will occur on these lines, but the redetermination process (an appeal) will be available to submit supportive documentation for review.</p> <p>No change in coverage.</p>																							
J5/J8	<p>Billing and Coding: MoIDX: Genetic Testing for Lynch Syndrome</p> <p>The title of this article was changed from MoIDX: Billing and Coding for Lynch Syndrome Testing Services to Billing and Coding: MoIDX: Genetic Testing for Lynch Syndrome</p> <p>All of the CPT/HCPCS, ICD-10 codes, and Billing and Coding Guidelines have been moved from the MoIDX: Genetic Testing for Lynch Syndrome LCD and placed into this article.</p> <p>CPT codes 81293, 81294, 81296, 81297, 81299, 81300, 81318 and 81319 have been added to the following table:</p> <table border="1" data-bbox="354 1707 1414 1906"> <tbody> <tr> <td data-bbox="354 1707 618 1745">Step5A</td> <td data-bbox="618 1707 883 1745">MLH1</td> <td data-bbox="883 1707 1148 1745">81292</td> <td data-bbox="1148 1707 1414 1745">1</td> </tr> <tr> <td data-bbox="354 1745 618 1782"></td> <td data-bbox="618 1745 883 1782"></td> <td data-bbox="883 1745 1148 1782">81293</td> <td data-bbox="1148 1745 1414 1782">1</td> </tr> <tr> <td data-bbox="354 1782 618 1820"></td> <td data-bbox="618 1782 883 1820"></td> <td data-bbox="883 1782 1148 1820">81294</td> <td data-bbox="1148 1782 1414 1820">1</td> </tr> <tr> <td data-bbox="354 1820 618 1858">Step 5B</td> <td data-bbox="618 1820 883 1858">MLH2</td> <td data-bbox="883 1820 1148 1858">81295</td> <td data-bbox="1148 1820 1414 1858">1</td> </tr> <tr> <td data-bbox="354 1858 618 1896"></td> <td data-bbox="618 1858 883 1896"></td> <td data-bbox="883 1858 1148 1896">81296</td> <td data-bbox="1148 1858 1414 1896">1</td> </tr> </tbody> </table>	Step5A	MLH1	81292	1			81293	1			81294	1	Step 5B	MLH2	81295	1			81296	1	A55135	NA	09/26/2019
Step5A	MLH1	81292	1																					
		81293	1																					
		81294	1																					
Step 5B	MLH2	81295	1																					
		81296	1																					

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
		81297	1	
	Step 5C	MLH6	81298	1
		81299	1	
		81300	1	
	Step 5D	PMS2	81317	1
		81318	1	
		81319	1	
	Step 6	EpCAM	81403	1
<p>Added 0101U and 0104U to the CPT Group 1 Codes due to third quarter CPT/HCPCS code Update. These two codes have a retroactive effective date of 07/01/2019.</p>				
0101U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (15 GENES [SEQUENCING AND DELETION/DUPLICATION], EPCAM AND GREM1 [DELETION/DUPLICATION ONLY])			
0104U	HEREDITARY PAN CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (32 GENES			
<p>Added claim submission information: To report a Lynch Syndrome service, please submit the following claim information:</p> <ul style="list-style-type: none"> • Select the appropriate CPT® code • Enter 1 unit of service (UOS) • 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"> • Loop 2400 or SV101-7 for the 5010A1 837 • Box 19 for paper claim • 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"> • Line SV202-7 for 837I electronic claim • Block 80 for the UB04 claim form • Select the appropriate ICD-10-CM code 				

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date				
J5/J8	Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)	A56916	NA	08/29/2019				
	Group 2 ICD-10 Code: Added H40.10X4 to Coverage Table. ICD -10 Code was inadvertently removed during code migration. There will not be a lapse in coverage.							
J5/J8	Billing and Coding: Wound Care	A55909	NA	10/01/2019				
	<p>ICD-10 code updates: Changed description to I70.238 and I70.248 in Group 1.</p> <p>Change Request 10901 Local Coverage Determinations (LCDs): Changed title to: Billing and Coding: Wound Care.</p> <p>Clarification of language to include “Therapist” where previously listed as “Physical Therapist” in Billing and Coding Guidelines for Wound Care.</p>							
J5/J8	Implantable Automatic Defibrillators – Coding and Billing	A56391	NA	10/01/2019				
	<p>For ICD-10 Procedure Code Updates in narrative within Indications and Limitations of Coverage:</p> <ul style="list-style-type: none"> • Added the following ICD-10-Procedure codes for Insertion: 0JH60FZ and 0JH63FZ. • Added the following ICD-10 Procedure codes for Removal: 0JPT0FZ and 0JPT3FZ. 							
J5/J8	MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels	L37764	NA	10/01/2019				
	<p>The following CPT/HCPCS Codes have been added due to Q3 2019 CPT/HCPCS Code Update. They are effective 07/01/2019:</p> <table border="1"> <tbody> <tr> <td>0098U</td> <td>RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 14 TARGETS (ADENOVIRUS, CORONAVIRUS, HUMAN METAPNEUMOVIRUS, INFLUENZA A, INFLUENZA A SUBTYPE H1, INFLUENZA A SUBTYPE H3, INFLUENZA A SUBTYPE H1- 2009, INFLUENZA B, PARAINFLUENZA VIRUS, HUMAN RHINOVIRUS/ENTEROVIRUS, RESPIRATORY SYNCYTIAL VIRUS, BORDETELLA PERTUSSIS, CHLAMYDOPHILA PNEUMONIAE, MYCOPLASMA PNEUMONIAE)</td> </tr> <tr> <td>0099U</td> <td>RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 20 TARGETS (ADENOVIRUS, CORONAVIRUS 229E, CORONAVIRUS HKU1, CORONAVIRUS, CORONAVIRUS OC43, HUMAN METAPNEUMOVIRUS, INFLUENZA A, INFLUENZA A SUBTYPE, INFLUENZA A SUBTYPE H3, INFLUENZA A SUBTYPE H1-2009, INFLUENZA, PARAINFLUENZA VIRUS, PARAINFLUENZA VIRUS 2, PARAINFLUENZA VIRUS 3, PARAINFLUENZA VIRUS 4,</td> </tr> </tbody> </table>				0098U	RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 14 TARGETS (ADENOVIRUS, CORONAVIRUS, HUMAN METAPNEUMOVIRUS, INFLUENZA A, INFLUENZA A SUBTYPE H1, INFLUENZA A SUBTYPE H3, INFLUENZA A SUBTYPE H1- 2009, INFLUENZA B, PARAINFLUENZA VIRUS, HUMAN RHINOVIRUS/ENTEROVIRUS, RESPIRATORY SYNCYTIAL VIRUS, BORDETELLA PERTUSSIS, CHLAMYDOPHILA PNEUMONIAE, MYCOPLASMA PNEUMONIAE)	0099U	RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 20 TARGETS (ADENOVIRUS, CORONAVIRUS 229E, CORONAVIRUS HKU1, CORONAVIRUS, CORONAVIRUS OC43, HUMAN METAPNEUMOVIRUS, INFLUENZA A, INFLUENZA A SUBTYPE, INFLUENZA A SUBTYPE H3, INFLUENZA A SUBTYPE H1-2009, INFLUENZA, PARAINFLUENZA VIRUS, PARAINFLUENZA VIRUS 2, PARAINFLUENZA VIRUS 3, PARAINFLUENZA VIRUS 4,
0098U	RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 14 TARGETS (ADENOVIRUS, CORONAVIRUS, HUMAN METAPNEUMOVIRUS, INFLUENZA A, INFLUENZA A SUBTYPE H1, INFLUENZA A SUBTYPE H3, INFLUENZA A SUBTYPE H1- 2009, INFLUENZA B, PARAINFLUENZA VIRUS, HUMAN RHINOVIRUS/ENTEROVIRUS, RESPIRATORY SYNCYTIAL VIRUS, BORDETELLA PERTUSSIS, CHLAMYDOPHILA PNEUMONIAE, MYCOPLASMA PNEUMONIAE)							
0099U	RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 20 TARGETS (ADENOVIRUS, CORONAVIRUS 229E, CORONAVIRUS HKU1, CORONAVIRUS, CORONAVIRUS OC43, HUMAN METAPNEUMOVIRUS, INFLUENZA A, INFLUENZA A SUBTYPE, INFLUENZA A SUBTYPE H3, INFLUENZA A SUBTYPE H1-2009, INFLUENZA, PARAINFLUENZA VIRUS, PARAINFLUENZA VIRUS 2, PARAINFLUENZA VIRUS 3, PARAINFLUENZA VIRUS 4,							

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
	HUMAN RHINOVIRUS/ENTEROVIRUS, RESPIRATORY SYNCYTIAL VIRUS, BORDETELLA PERTUSSIS, CHLAMYDOPHILA PNEUMONIA, MYCOPLASMA PNEUMONIAE)			
	0100U RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 210 TARGETS (ADENOVIRUS, CORONAVIRUS 229E, CORONAVIRUS HKU1, CORONAVIRUS NL63, CORONAVIRUS OC43, HUMAN METAPNEUMOVIRUS, HUMAN RHINOVIRUS/ENTEROVIRUS, INFLUENZA A, INCLUDING SUBTYPES H1, H1-2009, AND H3, INFLUENZA B, PARAINFLUENZA VIRUS 1, PARAINFLUENZA VIRUS 2, PARAINFLUENZA VIRUS 3, PARAINFLUENZA VIRUS 4, RESPIRATORY SYNCYTIAL VIRUS, BORDETELLA PARAPERTUSSIS [IS1001], BORDETELLA PERTUSSIS [PTXP], CHLAMYDIA PNEUMONIAE, MYCOPLASMA PNEUMONIAE)			
Codes 87632 and 87633 were moved from Group 1 to Group 2:				
Group 2 Paragraph: These codes are non-covered				
Group 2 Codes:				
	87632 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS, METAPNEUMOVIRUS, PARAINFLUENZA VIRUS, RESPIRATORY SYNCYTIAL VIRUS, RHINOVIRUS), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 6-11 TARGETS			
	87633 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS, METAPNEUMOVIRUS, PARAINFLUENZA VIRUS, RESPIRATORY SYNCYTIAL VIRUS, RHINOVIRUS), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TARGETS			
Under Covered ICD-10 Codes Group 1: Paragraph added the verbiage “These are the diagnosis codes corresponding to coverage of 87631, 0098U, 0099U, and 0100U. One of these codes must be on the claim in addition to the sign or symptom for which there is suspicion of respiratory illness”.				
See ICD-10 coding table for diagnosis code updates.				
J5/J8	Self-Administered Drug Exclusion List (SAD List)	A52800	NA	12/02/2019

Contract	Title	CMS MCD Policy #	WPS Policy #	Effective Date
	Added J0593 Lanadelumab-flyo (Takhzyro®) to the CPT/HCPCS Coding table. The change will be viewable on Medicare Coverage Database (MCD) on 10/17/2019.			

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 training, allowing you to access the education at your convenience. We also offer live events on many subjects via seminar, teleconference, and webinar. You can browse through and register for these events in the Learning Center. By completing education in our Learning Center, you can earn 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. To locate materials, choose the Additional References tab within the individual course in our Learning Center. Please access and print the materials prior to the session.

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

WPS GHA YouTube

The WPS GHA YouTube channel (https://www.youtube.com/channel/UCscLmgYJDEJ8Zh2_r_SivUw) contains training videos. Most videos are under 15 minutes. Our goal is to provide fast and current education for you. We do not offer certificates of achievement for YouTube videos. The videos are informational only in nature.

MEDICARE LEARNING NETWORK (MLN)

We encourage you to visit the Medicare Learning Network, 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: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html>. You can also find other important Web sites by visiting the Physician Center Web page at: <http://www.cms.gov/Center/Provider-Type/Physician-Center.html>, and the All Fee-For-Service Providers Web page at: <https://www.cms.gov/Center/Provider-Type/All-Fee-For-Service-Providers-Center.html>.

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 <http://www.cms.gov/Outreach-and-Education/Outreach/NPC/index.html>.

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.html>.

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.

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 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM3274.pdf>) for more information.

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

MLN Connects® for Thursday, August 29, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-08-29-eNews>

MLN Connects® for Thursday, September 5, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-09-05-eNews>

MLN Connects® for Thursday, September 12, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-09-12-eNews>

MLN Connects® for Thursday, September 19, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-09-19-eNews>

MLN Connects® for Thursday, September 26, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-09-26-eNews>

Omnibus Burden Reduction & Discharge Planning Rules

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-09-26-eNews-SE>

New HCPCS Code J0642 for Levoleucovorin Injection

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-09-30-eNews-SE>

MLN Connects® for Thursday, October 3, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-10-03-eNews>

Modernizing and Clarifying the Physician Self-Referral Regulations Proposed Rule

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-10-09-eNews-SE>

MLN Connects® for Thursday, October 10, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-10-10-eNews>

MLN Connects® for Thursday, October 17, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-10-17-eNews>

MLN Connects® for Thursday, October 24, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-10-24-eNews>

MLN Connects® for Thursday, October 31, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-10-31-eNews>

Final Payment Rules for HH, ESRD, and DMEPOS

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-10-31-eNews-SE>

Physician Fee Schedule, Hospital OPPS, and ASC Final Rules

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-11-01-eNews-SE>

Physician Fee Schedule and OPPS/ASC Final Rules Call — November 6

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-11-04-eNews-SE>

MLN Connects® for Thursday, November 7, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-11-07-eNews>

HICN Claims Reject

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-11-12-eNews-SE>

MLN Connects® for Thursday, November 14, 2019

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive-Items/2019-11-14-eNews>

Hospital Price Transparency Requirements

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2019-11-15>

New Medicare Card: Get Paid January 1, 2020 – Use MBIs Now

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2019-11-19>

MLN Connects® for Thursday, November 21, 2019

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2019-11-21>

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

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

Stay up-to-date on Medicare issues by signing up for WPS GHA Medicare eNews. By subscribing, you will enjoy an easy and secure way to stay current on the latest Medicare news, with the option to unsubscribe at any time. To receive our eNews messages, go to <https://corp-ws.wpsic.com/apps/commercial/unauth/medicareListservUserWelcomeLoadAction.do>. Follow the site's instructions for signing up and simply check your email regularly to receive the latest Medicare information.