A CMS Medicare Administrative Contractor

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Contents

Contact information can be found on our website.
Medicare policies can be accessed from the Medical Policy Center section of our website. Providers without access to the Internet can request hard copies from National Government Services.

This bulletin should be shared with all health care practitioners and managerial members of the providers/suppliers staff. Bulletins issued during the last two years are available at no cost from our website.

CMS publishes the Quarterly Provider Update (QPU) at the beginning of each quarter to inform providers and suppliers:

- Regulations and major policies under development during the quarter
- Regulations and major policies completed or cancelled
- New or revised manual instructions

National Government Services – Articles for Part A and Part B Providers

Local Coverage Determination and Article Revisions for May 2019

The medical policies and related articles can be found in our Medical Policy Center.

Biomarker Testing for Neuroendocrine Tumors/Neoplasms (L37851)

National Government Services will not provide coverage for the oncology (gastrointestinal neuroendocrine tumors) real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index (0007M) for its use in treating neuroendocrine tumors. It has not been accepted by most neuroendocrine treatment guidelines. Most important, this test has not been shown to result in improved outcomes for Medicare beneficiaries and thus is not medically necessary.

LCD L37851 was submitted for comment for J6 and JK from 10/17/2018–11/30/2018.

Category III CPT® Codes - Related to Category III CPT® Codes (L33392) (A56195)

CPT codes 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T and 0436T have been deleted from Group 1 (CPT Codes considered not medically necessary). Please refer to LCD L37929 (Transvenous Phrenic Nerve Stimulation in the Treatment of Central Sleep Apnea).

LCD L37929 was submitted for comment for J6 and JK from 10/17/2018–11/30/2018.

Genomic Sequence Analysis Panels in the Treatment of Non-Small Cell Lung Cancer (L36376)

L36376 has been retired, effective 3/31/2019. For dates of service on or after 4/1/2019, refer to the Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms LCD (L37810).

Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms (L37810)

Indications and Limitations of Coverage for Metastatic Colorectal Cancer (mCRC) have been provided:

Indications and Limitations of Coverage for patients with mCRC

Genomic Sequential Analysis Panel will be considered reasonable and necessary when the test is performed in a CLIA-certified laboratory qualified to perform high complexity testing, ordered by a treating physician, and the patient has:

1. metastatic CRC; and
2. is a candidate for intensive chemotherapy with an anti-EGFR biologic agent; and
3. has not had prior RAS/BRAF testing (except after initiation of anti-EGFR therapy with evidence of acquired resistance).

LCD L37810 was submitted for comment for J6 and JK from 10/17/2018–11/30/2018.

Transvenous Phrenic Nerve Stimulation in the Treatment of Central Sleep Apnea (L37929)

Central sleep apnea (CSA) is characterized by sleep disordered breathing associated with decreased or no respiratory effort accompanied by excessive daytime sleepiness, frequent nocturnal wakenings, or both. CSA due to hypoventilation occurs when the stimulus to breathe is removed in patients with compromised neuromuscular ventilator control. Chronic ventilatory failure due to neuromuscular or chest wall disease can produce central apneas or hypopneas and may occur in patients with central nervous system disease. Central sleep apnea syndromes (CSAS) due to a Cheyne-Stokes breathing pattern (CSBP) or Cheyne-Stokes respiration (CSR) has an absence of airflow and respiratory effort followed by hyperventilation resulting in a crescendo-decresendo pattern.

Further randomized trials are needed to test long-term safety, outcomes measured and cardiovascular outcomes. There is currently insufficient evidence to show transvenous phrenic neurostimulation is reasonable and necessary for the treatment of illness (SSA Section 1862 [a][1][A]) in the Medicare population.

LCD L37929 was submitted for comment for J6 and JK from 10/17/2018–11/30/2018.

PET Scan for Oncologic Conditions – Billing Reminder

National Government Services continues to receive inquiries related to PET scan denials related to Change Request (CR) 10859, NCD 220.6.17, "Positron Emission Tomography (FDG) for Oncologic Conditions" when billed with personal history diagnosis codes (Z85.XXX).

Per CR 10859, CMS added a note to the personal history diagnoses range that states:

> "**Note**: Whenever a personal history diagnosis code (Z85.XXX) is on a claim, the claim must also contain a diagnosis code from the list of covered C, D or R diagnosis codes."

Please advise your billing and additional appropriate personnel who may need this information.

CR 10859 includes a link to the NCD spreadsheet updates.

Previous NCD coding changes appear in ICD-10 quarterly updates available on the CMS ICD-10 page.

Related Content

- CMS Medicare Learning Network Matters Article MM10859 – International Classification of Diseases, Tenth Revision (ICD10) and Other Coding Revisions to National Coverage Determinations (NCDs)
- CMS IOM, Publication 100-03, *National Coverage Determinations (NCD) Manual*, Chapter 1, Part 4, Section 220.6, "Positron Emission Tomography (PET) Scans"

National Government Services – Articles for Part A Providers

Molecular Pathology: Claims Review and Supporting Information to Submit on the Claim

National Government Services (NGS) reminds all providers that many applications of the molecular pathology procedures are not covered services by Medicare given a lack of a Medicare benefit category in the Social Security Act (e.g., preventive service or screening for a

genetic abnormality in the absence of a suspicion of disease) and/or failure to meet the reasonable and necessary threshold for coverage (e.g., based on quality of clinical evidence and strength of recommendation or when the results would not reasonably be used in the management of a beneficiary). Furthermore, payment of claims in the past (based on stacking codes) or in the future (based on the new code series) is not a statement of coverage since the service may not have been audited for compliance with program requirements and documentation supporting the reasonable and necessary testing for the beneficiary.

Prepayment and/or Post Payment Review

Certain molecular pathology procedures may be subject to prepayment medical review (records requested) and paid claims must be supportable, if selected, for post payment audit by National Government Services or other Medicare contractors. Molecular pathology tests for diseases or conditions that manifest severe signs or symptoms in newborns and in early childhood or result in early death (e.g., Canavan disease) may be subject to denial since these tests are not usually relevant to a Medicare beneficiary.

Tier 2 Codes

All Tier 2 codes in the current procedural terminology (CPT) code range of 81400–81479 must be described in the Remarks section of the claim and must include:

- Clear identification of the unique molecular pathology procedure performed: this must clearly identify the gene being tested.
- When multiple procedure codes are submitted on a claim (unique and/or unlisted), the documentation supporting each code should be easily identifiable.
- Please note that NGS does not recognize or use Molecular Diagnostic Services (MolDX) codes.

Upon review, if the contractor cannot link a billed code to the documentation, these services will be rejected or denied.

Unlisted Molecular Pathology Procedure

Providers are required to code to the highest specificity however, if CPT 81479 (unlisted molecular pathology procedure) is used the documentation in the Remarks section of the claim must include:

- Clear identification of the unique molecular pathology test(s) performed
- When multiple test codes are submitted on a claim (unique and/or unlisted) the documentation supporting each code should be easily identifiable

Upon review, if the contractor cannot link a billed code to the documentation, these services will be rejected or denied.

Additional Documentation Reminder

The patient's full medical record should not be necessary to support the tests billed. Therefore, when responding to a request for additional information please limit your documentation to relevant information that supports the tests billed. Such medical records should clearly document the molecular diagnostic test and reason for its performance.

FISS DDE Remarks Information

Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE) information: The FISS Remarks Field (MAP1714) on claim page 04 is a 78-position alphanumeric field with ten lines

available. Providers may utilize the <F6/PF6> key to scroll forward for two additional pages of remarks space, if needed. Thus, there are ten lines per each of three pages available. Therefore, 78 spaces x 10 lines per page is 780 x 3 = 2340 spaces.

Related Content

The medical policies and related articles can be found in our Medical Policy Center.

- LCD For Molecular Pathology Procedures (L35000)
- A56199 - Molecular Pathology Procedures - Related to Molecular Policy Procedures LCD (L35000)
- A55982 - Response to Comments: Molecular Pathology Procedures

National Government Services – Articles for Home Health and Hospice Providers

Registration Now Open – Home Health and Hospice Virtual Conference

Registration for the annual National Government Services Home Health and Hospice (HH+H) Virtual Conference is now open. The HH+H Virtual Conference scheduled for 6/4/2019 is open for registration on our website under Education > Webinars, Teleconferences & Events. The conference begins at 2:00 p.m. eastern time (ET) and includes a variety of educational topics throughout the day. You are encouraged to register for as many sessions as you wish. This is an excellent opportunity for free education offered by subject matter experts in clinical and billing areas.

Who Should Attend?

All home health and hospice staff members who are responsible for billing Medicare claims and gathering documentation to support services sent to Medicare for reimbursement. Staff including administrators, quality and compliance, billers, billing managers, nursing, therapy, social work and case management staff are all invited to attend this virtual event.

Educational Sessions Offered During the Virtual Conference

Below is a list of the webinar events offered during the HHH+H Virtual Conference:

- Resources
- Updated Medicare Secondary Payer Questionnaire Requirements for HH+H Providers
- Understanding the Levels of Appeal
- Accepting a Referral for Home Health Services
- Back to Basics Hospice Billing Reminders
- Home Health Top Billing Errors
- Hospice Documentation and Palliative Care Services

Please visit our website under the Webinars, Teleconferences & Events tab for detailed information about our offerings and to register for the sessions being offered.

Home Health and Hospice Billing Workshop Opportunity

Are you a new biller? New agency? Need help with the fundamentals of Medicare billing for home health and hospice? If you answered yes to any of these questions, you will not want to miss the National Government Services home health and hospice (HHH) workshop.

NGS will be offering a one-day HHH billing workshop in Las Vegas, Nevada on 9/16/2019. Sessions offered during the one-day billing workshop will provide basic billing instructions for new billers and new agencies regarding the Medicare benefit. The cost to attend one home health or hospice billing workshop is $75.00. Registration is now open and limited to 40 attendees in each session.

The billing workshops will be the day before the annual HHH Medicare Summit. You must register via the annual Medicare Summit registration portal. During registration, you will be able to select the billing workshop only, a billing workshop and full conference or the full conference only. When selecting a billing workshop, you will select either a home health or a hospice track. For the full two-day conference, you will be able to choose the classes you want to attend. Visit our Webinars, Teleconferences & Events for more information.

2019 Home Health and Hospice Medicare Summit: Compliance = Success

Networking Opportunity! Registration for the third annual National Government Services Medicare Summit is now open on the our website. The Medicare Summit is a full two-day conference to provide education for home health and hospice agencies about the Medicare benefit. In addition to specifically tailored presentation for Home Health and Hospice (HH+H) clinical and billing we will also offer classes related to provider enrollment, audit and reimbursement, medical review and Medicare Secondary Payer (MSP). You will not want to miss this opportunity for education from your Medicare Administrative Contractor (MAC). This two-day conference will offer an early bird registration of only $149 through 7/31/2019. Discounted hotel rates will be available. Visit our website under the Webinars, Teleconferences & Events tab for more detailed information.

Who Should Attend?

Home Health and Hospice staff members that will benefit from this event include administrators, Chief Executive Officers (CEOs), Chief Financial Officers (CFOs), quality and compliance officers and nurse managers. This two day conference will include a variety of home health and hospice education topics as well as vendors from around the United States**.**

Day 1 – Opening general session will provide a unique opportunity for attendees to hear directly from National Government Services, the National Hospice and Palliative Care Organization (NHPCO) and the National Association for Home Care & Hospice (NAHC) regarding updates on regulatory and policy changes. This dynamic partnership will allow you to hear directly from your MAC and National Associations about regulatory changes that may impact your agency. This will be an opportunity you won't want to miss to have your questions answered directly from our panel of experts.

Day 2 – Opening general session with Michael Dorris, NGS Jurisdiction Affairs Manager, will provide the most up-to-date Medicare hot topics from CMS and legislative though leaders on improving the original Medicare and Medicare home health and hospice benefits for Medicare providers and beneficiaries.

Visit our Webinars, Teleconferences & Events for more information.

Date: 9/17–9/18/2019

Venue: The Orleans Hotel and Conferencing Center
500 Tropicana Avenue
Las Vegas, NV 89103