

Medicare Monthly Review

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CMS MLN Connects® Weekly Provider eNews

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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.

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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

Article Revisions: February 2020

Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (A57826)

The Group 2 Paragraph section has been revised to indicate that CPT code 64625 should be used to report non-thermal radiofrequency modalities for facet joint denervation including chemical and low grade thermal energy (<80 degrees Celsius). Pulsed radiofrequency ablation should be reported using CPT code 64999. CPT code 64999 has been added to CPT/HCPC Codes Group 2.

Billing and Coding: Magnetic Resonance Angiography (MRA) (A56747)

Effective 10/1/2019, ICD-10 code I67.5 (Moyamoya disease) has been added to covered diagnoses for MRA of the head and neck.

Billing and Coding: Pain Management (A52863)

The guideline for pulsed radiofrequency has been revised to indicate that CPT code 64999 should be used. For dates of service on or after 01/01/2020, CPT code 64625 should be used to report radiofrequency ablation whether performed using traditional or cooled radiofrequency (<80 degrees Celsius). CPT code 64999 has been added to CPT/HCPC Codes Group 4.

Billing and Coding: Transvenous Phrenic Nerve Stimulation in the Treatment of Central Sleep Apnea (A57548)

Based on Transmittal 4390 - Fiscal Year (FY) 2020 Inpatient Prospective Payment System (IPPS) and Long Term Care Hospital (LTCH) PPS Changes, the ICD-10-PCS procedure code information in the "CPT/HCPC paragraph" section has been updated to indicate that 0JH60DZ and **05H03MZ** should be billed in combination with ICD-10-PCS procedure code **05H33MZ** or 05H43MZ.

National Government Services Draft LCDs for Comment

The draft LCDs listed below are being presented for comment for the Jurisdiction 6 and Jurisdiction K MACs. The formal comment period extends from 2/6/2020 through 3/22/2020.

These draft LCDs will be presented at the [NGS Open Meeting](#) (open to the public) held at the following time/location: **(For all details of phone/webinar access, please access the link above.)**

Date	Time	Location
Wednesday, 2/26/2020	12:00–3:00 p.m. CT 1:00–4:00 p.m. ET	Illinois State Medical Society 20 N. Michigan Avenue Suite 700 Michigan Room Chicago, IL 60602

Comments on the draft LCDs can be submitted to the address listed at the end the *Proposed/Draft Process Information* section of the LCD. Each LCD also has a Billing and Coding article attached as a link at the end of the LCD.

Draft LCDs:

- Prostate Rectal Spacers ([DL37485](#))
- Transcranial Magnetic Stimulation ([DL33398](#))

Please note that the Category III CPT® Codes LCD was originally listed on the Open Meeting notice for this meeting but will not be presented and has no changes.

National Government Services – Articles for Home Health and Hospice Providers

Change in Hospice Cap Review Timeline and Letter Changes

NGS wants all Hospice providers to be aware that we are changing the timing of the final Hospice cap reviews. The final Hospice cap review will now take place at the time of the Hospice cap self-reporting review. The final Hospice cap review will take place during the 1st quarter of the calendar year versus during the 4th quarter of the calendar year. We will continue to complete the lookback period during the 4th quarter of the calendar year.

We are also merging our Hospice cap self-reporting confirmation letter with the final Hospice cap letter. These changes will make it easier for Hospice providers to understand the cap information as they will receive fewer letters and fewer demand requests. This will also result in a reduction in the number of Extended Repayment requests. We are implementing these changes with the 2019 Hospice cap reviews.

If you have any questions on the timeline or letter changes please send an email to <mailto:selfreportedhospicecap@anthem.com>.