

# Medicare Monthly Review

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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

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

### LCD and Article Revisions for February and March 2019

The medical policies and related articles can be found in our [Medical Policy Center](#).

#### Botulinum Toxins – Supplemental Instructions Article (A52848)

Outdated information has been removed from the article including all references to current procedural terminology (CPT) code 53899.

#### Implantable Automatic Defibrillators – Coding and Billing (A56326)

The national coverage determination (NCD) 20.4, Implantable Automatic Defibrillators was revised with an effective date of 2/15/2018. The Centers for Medicare & Medicaid Services (CMS) A/B Medicare Administrative Contractors (MACs) have been instructed to implement the NCD at the local level. This article provides coding and billing instructions for the implementation of NCD 20.4.

#### Frequency of Hemodialysis (L37475 and A55672)

This is a new LCD, effective 3/1/2019. HD at 3 times (3X) per week is noted to be ‘conventional’ treatment for end-stage renal disease (ESRD), worldwide, and is usually performed for three to five hours, three days per week. CMS established payment for hemodialysis (HD)-based on conventional treatment. This LCD sets out medical conditions which may justify additional payments. Coding guidance is provided in the attached coding article A55672 (coding for HD sessions).

#### Speech-Language Pathology (L33580)

CMS Transmittal No. 4149, dated 10/23/2018, removed functional reporting requirements and edits for outpatient therapy services, effective 1/1/2019. Documentation Requirements and CMS National Coverage sections have been updated accordingly.

#### Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) (L35076)

The LCD has been updated to include additional language for the Karnofsky Performance Status and the Eastern Cooperative Oncology Group (ECOG) Performance Status in the “Coverage Indications, Limitations and/or Medical Necessity” section for clarification purposes only.

## National Government Services – Articles for Part A Providers

### Local Coverage Determination L33626: Psychiatric Partial Hospitalization Programs – Reminder

#### What is Psychiatric Partial Hospitalization?

- A distinct and organized intensive psychiatric outpatient treatment
- Less than 24 hours of daily care provided
- Designed for patients with profound or disabling mental health conditions
- Provides an individualized, coordinated, intensive, comprehensive and multidisciplinary treatment program not provided in a regular outpatient setting
- Furnished by a hospital or community mental health center (CMHC)

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- Avoids inpatient care through ambulatory care

Patients admitted to a partial hospitalization program (PHP) generally must have an acute onset or decompensation of a covered Axis I mental disorder, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV-TR™) published by the American Psychiatric Association (2000).

## Reminder

The published PPH local coverage determination (LCD) L33626 containing ICD-10-CM codes has been in effect since 10/1/2015. PHP providers submitting claims to Medicare for medically necessary PHP services should review the detailed guidelines as stated in the LCD. Under the heading of Coding Information, there is an extensive list of ICD-10 Codes that support medical necessity. Providers should ensure they have evaluated this list prior to submitting the PHP service to Medicare.

It should be noted the correct use of an ICD-10-CM code 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 this determination.

## National Government Services – Articles for Home Health and Hospice Providers

### Registration Opening 3/18/2019 – 2019 Home Health and Hospice Medicare Summit: Compliance = Success

**Date:** September 17–18, 2019

**Venue:** The Orleans Hotel & Conferencing Center  
4500 Tropicana Avenue  
Las Vegas, NV 89103

Registration for the third annual National Government Services Medicare Summit will open on March 18<sup>th</sup>. The Medicare Summit is a full two-day seminar to provide education for home health and hospice agencies about the Medicare benefit. In addition to specifically-tailored presentation for 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 event calendar for more detailed information.

#### Day 1

The 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. Together, these groups will be a dynamic partnership offering an opportunity you won't want to miss to get your questions about regulatory changes that may impact your agency answered directly from our panel of experts.

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## **Day 2**

The day two opening general session given by Michael Dorris, NGS Jurisdiction Affairs Manager, will provide the most up-to-date Medicare hot topics from CMS and legislation through leaders on improving the original Medicare and Medicare home health and hospice benefits for Medicare providers and beneficiaries.

### **Who Should Attend?**

Home health and hospice staff members who will benefit from this event include administrators, CEO's, CFO's, quality and compliance, nursing, therapy, social work and case management staff. This two-day conference will include a variety of home health and hospice education topics, as well as vendors from around the United States.

### **Home Health and Hospice Billing Workshop Opportunity**

National Government Services will be offering a one-day home health and hospice billing workshops prior to the main conference on September 16<sup>th</sup>. These one-day billing workshops will provide basic billing instructions for new billers and new agencies on the Medicare benefit. The cost to attend the billing workshop is \$75.00. The workshops will be limited to 40 attendees in each session. Registration will open on 3/18/2019.

During the registration class 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 choose 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.