

Medicare Monthly Review

Issue No. MMR 2019-07

July 2019

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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

Local Coverage Determination and Article Revisions: June–June 2019

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

LCD Revisions for June 2019

Psychiatric Partial Hospitalization Programs (L33626)

LCD updated to reinstate CPT codes 90849 and 90853 billable by Part B Providers.

LCD Revisions for July 2019

Corneal Pachymetry (L33630)

Added the following ICD-10-CM diagnosis codes to the “ICD-10 Codes that Support Medical Necessity” section: H18.221, H18.222, H18.223, H18.231, H18, 232, H18.233 and deleted diagnosis code H18.20, effective for services rendered on or after 6/15/2019.

Frequency of Hemodialysis (L37475)

LCD revised and published 7/4/2019 effective for dates of service on and after 7/1/2019 consistent with Change Request 10901 to remove language from CMS IOMs and/or regulations, list applicable manual/regulation reference and to remove all CPT and ICD-10 diagnosis codes. IOM references have been updated and all codes have been placed in the companion Local Coverage Article A55672 Billing and Coding: Frequency of Hemodialysis. There will not be a lapse in coverage and there has been no change to the coverage content of this LCD.

Outpatient Physical and Occupational Therapy Services (L33631)

LCD revised effective 7/1/2019 to add CPT code 0552T (Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional) as noncovered, to the CPT/HCPCS section, and elsewhere where the service is listed in the LCD.

Psychiatry and Psychology Services (L33632)

LCD was revised to clarify that severe and profound intellectual disabilities are never covered for psychotherapy services or psychoanalysis. The following ICD-10-CM codes were removed from Psychiatric Diagnoses Group 1 and added to ICD-10 Codes that **do not** Support Medical Necessity Group 1: F72, F73 and F79.

A typographical error was corrected in Coverage Indications, Limitations and/or Medical Necessity.

Article Revisions

Billing and Coding: Category III CPT® Codes (A56195)

Effective for services rendered on or after 7/1/2019, 0543T–0551T and 0553T–0562T were added to Group 3 (CPT codes that will be individually reviewed to determine medical necessity). CPT code 0508T was deleted and added to the NCD for Bone (Mineral) Density Studies (150.3).

Billing and Coding: Frequency of Hemodialysis (A55672)

Article revised and published on 7/4/2019 effective for dates of service on and after 7/1/2019. Consistent with CMS CR10901, the CPT and ICD-10 codes have been removed from the related LCD and added to the article. In response to an inquiry, language in Article Text item #1 has been modified for clarification regarding the hemodialysis prescription.

Ranibizumab (e.g., Lucentis™) and Aflibercept (e.g., Eylea™) – Related to LCD L33394 (A52451)

The indication for aflibercept for diabetic retinopathy (DR) in patients with DME has been revised to diabetic retinopathy (DR) based on FDA approval effective 5/13/2019. The following ICD-10-CM codes have been added for aflibercept:

E08.319, E08.3291, E08.3292, E08.3293, E08.3391, E08.3392, E08.3393, E08.3491, E08.3492, E08.3493, E09.319, E09.3291, E09.3292, E09.3293, E09.3391, E09.3392, E09.3393, E09.3491, E09.3492, E09.3493, E10.319, E10.3291, E10.3292, E10.3293, E10.3391, E10.3392, E10.3393, E10.3491, E10.3492, E10.3493, E11.319, E11.3291, E11.3292, E11.3293, E11.3391, E11.3392, E11.3393, E11.3491, E11.3492, E11.3493, E13.319, E13.3291, E13.3292, E13.3293, E13.3391, E13.3392, E13.3393, E13.3491, E13.3492 and E13.3493 effective for dates of service on or after 5/13/2019.

Rituximab (Rituxan®), Rituximab and hyaluronidase human (Rituxan Hycela™) and Rituximab-abbs (Truxima®) - Related to LCD L33394 (A52452)

Based on Transmittal 4306 – Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes, HCPCS code Q5115 – Injection, rituximab-abbs, biosimilar, 10 mg has been added to the “CPT/HCPC Codes” paragraph section of the article. Rituximab-abbs has been added throughout the article.

The following indications have been added for rituximab and rituximab-abbs:

- Rheumatoid arthritis, in combination with methotrexate in patients with an inadequate response to methotrexate
- Burkitt's lymphomas, in combination with chemotherapy
- Hairy cell leukemia
- Mantle cell lymphoma – maintenance, following first-line induction therapy and untreated, induction therapy, in combination with anthracycline-based regimens
- Primary cutaneous lymphomas

Stem Cell Transplantation – Medical Policy Article (A52879)

Based on Transmittal 2243, CR11134 – International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to NCDs: ICD-10-CM code D47.1 has been added to the Group 1 code list for CPT code 38240 effective 7/1/2019. ICD-10-CM code D47.1 is payable for allogeneic SCT in a Clinical Trial (38240) for Myelofibrosis. Outdated information has been removed.

Future Effective LCD

Corneal Hysteresis (L38014)

This is a **noncoverage** policy for all corneal hysteresis assessments as a means of risk assessment or monitoring for progression of ophthalmic disease activity, effective for services rendered on or after 8/1/2019.

Acceptable Electronic Signatures Reminder

CMS issued [CR6698](#) to clarify for providers how Medicare claims review contractors review claims and medical documentation submitted by providers; this includes EHR. The previous language in the [CMS Internet-Only Manual \(IOM\) Publication 100-08, CMS Internet-Only Manual \(IOM\) Publication 100-08, Medicare Program Integrity Manual](#), required a legible identifier for services provided/ordered. The method used shall be hand written or an electronic signature (stamp signatures are not acceptable) to sign an order or other medical records documentation for medical review purposes.

[MLN Matters article MM6698 Revised](#) the [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4](#) and the current language requires that services provided/ordered be authenticated by the author. The manual was revised to include examples of hand written signatures and an example of an attestation statement, but no examples of electronic signature.

Listed Below Are Examples of Acceptable Electronic Signature

- Chart “Accepted by” with provider’s name
- “Electronically signed by” with provider’s name
- “Verified by” with provider’s name
- “Reviewed by” with provider’s name
- “Released by” with provider’s name
- “Signed before import by” with provider’s name
- Digitalized signature: Handwritten and scanned into the computer
- “This is an electronically verified report by John Smith, MD”
- “Authenticated by John Smith, MD”
- “Authorized by: John Smith, MD”
- “Digital Signature: John Smith, MD”
- “Confirmed by” with provider’s name
- “Closed by” with provider’s name
- “Finalized by” with provider’s name
- “Electronically approved by” with provider’s name

When you submit medical records to a Medicare contractor with an electronic signature, you must also include a copy of the electronic signature protocol/procedure. The protocol/procedure should describe the requirements that the physician uses his own ID and password to enter the system to sign the medical records. The Medicare contractor will keep a copy of the protocol/procedure on file for each provider for future documentation request, so only one copy will need to be submitted.

Examples

The electronic signature is not dated and does not identify the physician:

- Plan of care is reviewed and discussed with nursing staff
- Author: nurse – physician (e-signed)

The electronic signature does not identify the physician:

- Monitor closely
- Author nurse – physician (e-signed)
- Date: 3/10/2019

Related Content

- [Medicare Quarterly Provider Compliance Newsletter for January 2014](#)

National Government Services – Articles for Home Health and Hospice Providers

2019 Home Health and Hospice Medicare Summit: Compliance = Success

[Registration](#) for the third annual National Government Services Medicare Summit is available on [our website](#). The early bird registration for two-day event is \$149.00 through 7/31/2019. The Medicare Summit is a full two-day conference to provide education for HH+H 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 MSP. You will not want to miss this opportunity for education from your MAC. Discounted hotel rates are available. Visit our website under the [Webinars, Teleconferences & Events](#) tab for more detailed information.

Who Should Attend?

HH+H staff members that will benefit from this event include administrators, CEOs CFOs, quality and compliance officers and nurse managers. This two-day conference will include a variety of HH+H 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 NGS, the NHPCO and the 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 – Michael Dorris, NGS Jurisdiction Affairs Manager will provide the most up-to-date Medicare hot topics from CMS and legislative thought leaders on improving the original Medicare and Medicare HH+H benefits for Medicare providers and beneficiaries.

For more information and registration visit the [2019 Home Health and Hospice Medicare Summit](#) event.

Date: 9/17–9/18/2019

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