

Medicare Monthly Review

Issue No. MMR 2019-01

January 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 Home Health and Hospice Providers

Home Health and Hospice Medicare Summit 2019: Compliance = Success

Save the Date: 9/17–9/18/2019

Venue

The Orleans Hotel and Conferencing Center
4500 Tropicana Avenue
Las Vegas, Nevada 89103

Who Should Attend?

Home health and hospice staff members who will benefit from this event include administrators, chief executive officers (CEOs), chief financial officers (CFOs), quality and compliance, nursing, therapy, social work and case management staff. This two-day conference will include various home health and hospice vendors from around the United States.

About the Conference

The third annual National Government Services Medicare Summit is a full two-day seminar to provide education for home health and hospice agencies on the Medicare benefit. In addition to specifically-tailored presentations for HH+H clinical and billing, we will also offer classes related to provider enrollment, audit and reimbursement, medical review and Medicare secondary payer. Registration will open in mid-March on the National Government Services website.

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.

Home Health and Hospice Billing Workshop Opportunity

We will be offering a one-day home health and hospice billing workshop prior to the main conference on 9/16/2019. This one-day billing workshop 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 workshop will be limited to 40 attendees in each session. Registration will open in mid-March.

Education Survey for the Summit

We would like to receive your agency's feedback regarding specific education. We have created a short six-minute survey for you to provide your feedback. Please take a couple of minutes and provide your feedback by completing the [Home Health and Hospice Medicare Summit 2019 Education Survey](#).

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

Revised LCDs and Articles: December 2018–January 2019

Biomarker Testing (Prior to Initial Biopsy) for Prostate Cancer Diagnosis (L37733)

This LCD is focused on biomarker testing used to refine selection of patients for initial (not repeat) biopsy, effective for services rendered on or after 12/1/2018.

Breast Imaging: Breast Echography (Sonography) Breast MRI/Ductography (L33585)

Due to the annual HCPCS update the following codes have been deleted and removed from Group 1 in the “CPT/HCPCS Codes” section: 77058, 77059, C8904, C8907 and the following new codes were added: 77046, 77047, 77048, 77049.

Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography – Supplemental Instructions Article (A52849)

Due to the annual HCPCS updates the following codes have been deleted and removed from the “CPT/HCPCS, Group 1 Codes”: 77058, 77059, C8904 and C8907. The following new codes have been added: 77046, 77047, 77048 and 77049.

Bortezomib – Related to LCD L33394 (A52371)

Based on the 2019 annual HCPCS update, HCPCS code J9044 has been added to the “CPT/HCPCS Codes” section and the description for J9041 has been changed.

Category III CPT® Codes (L33392)

Based on CR 10901 and the annual CPT/HCPCS update, coding guidance has been transitioned to new Category III CPT® Codes Article A56195, effective for services rendered on or after 1/1/2019.

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

Annual CPT/HCPCS Update, effective 1/1/2019

Due to the annual CPT/HCPCS Code update, the following codes have been deleted from Group 1 in LCD L33392 and in Article A56195:

- CPT code 0159T has been deleted- to report use CPT code(s) 77048, 77049; CPT codes 0188T, 0189T have been deleted - to report use CPT code 94999
- CPT code 0190T has been deleted - to report use CPT code 67299
- CPT codes 0195T, 0196T have been deleted- to report use CPT code 22899
- CPT code 0337T has been deleted - to report use CPT code 93998
- CPT code 0346T has been deleted - to report use CPT codes 76981, 76982, 76983
- CPT codes 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0374T have been deleted (refer to CPT codes 97151-97158)
- CPT codes 0406T, 0407T have been deleted - to report use CPT code 31299.

Due to the annual CPT/HCPCS Code update and transition of coding guidance to this article, CPT /HCPCS Code section - Group 2 has been established to reflect the Category III CPT

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codes that are considered medically necessary when the conditions of coverage in L33392 are met.

Due to the annual new CPT/HCPCS Code update, CPT /HCPCS Code section - Group 3 has been established that identifies the new 2019 CPT codes that will require individual review.

Filgrastim, Pegfilgrastim, Tbo-filgrastim and Biosimilars – Related to LCD L33394 (A52408)

Based on the 2019 annual HCPCS update, HCPCS code Q5111 for pegfilgrastim-cbqv, has been added to the “CPT/HCPCS Codes Group 1 Paragraph” section of the article. Pegfilgrastim-cbqv has been added to the Group 1 Paragraph in the “ICD-10 Codes that are Covered” section and throughout the article.

Hyaluronans Intra-articular Injections of – Related to LCD L33394 (A52420)

Based on the 2019 annual HCPCS update, HCPC code C9465 has been deleted and HCPCS code J7318 has been added for Durolane® and HCPCS code J7329 has been added for TriVisc™ to the “CPT/HCPCS Codes” section of the article. TriVisc™ has been added throughout the article.

LCD Reconsideration Process – Medical Policy Article (A52842)

Based on CR10901, the Reconsideration Process has been revised.

Luteinizing Hormone-Releasing Hormone (LHRH) Analogs – Related to LCD L33394 (A52453)

Based on the 2019 annual HCPCS update, HCPCS code J3316 has been added to the “CPT/HCPCS Codes” section of the article. An indication for central precocious puberty for triptorelin extended-release (Triptodur®) has been added in the “Indications” section of the article and Group 12 (payable diagnoses) has been added in the “Covered ICD-10 Code” section of the article.

Molecular Pathology Procedures (L35000)

Based on CR10901 and the annual CPT/HCPCS update, coding guidance has been transitioned to the new Molecular Pathology Procedures Article A56199, effective for services rendered on or after 1/1/2019.

Molecular Pathology Procedures – Related to Molecular Policy Procedures LCD (L35000) (A56199)

Annual CPT/HCPCS Revisions Effective 1/1/2019

Due to the annual CPT/HCPCS Code update and transition of coding guidance to this article, the following codes have been deleted from Group 1 in LCD L35000: CPT codes 81211, and 81213 have been deleted- to report see CPT code(s) 81162, 81163, 81164; CPT code 81214 has been deleted- to report see CPT codes 81165, 81166.

Due to the annual new CPT/HCPCS Code update and transition of coding guidance to this article, the following new 2019 CPT codes have been added to The CPT/HCPCS section - Group 2 which will require individual review: CPT codes 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81233, 81306, 81312, 81320, 81333, 81343, 81344.

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Due to the annual new CPT/HCPCS Code update and transition of coding guidance to this article, the following new Tier 1, 2019 CPT codes replaced existing Tier 2 Non-covered codes and have been added to the CPT/HCPCS section - Group 3: CPT codes 81171, 81172, 81173, 81174, 81204, 81234, 81239, 81271, 81274, 81284, 81285, 81286, 81289, 81329, 81336 and 81337. CPT code 81443 was added to CPT/HCPCS section - Group 3 because it is considered screening and is not covered.

Due to the annual new CPT/HCPCS Code update and transition of coding guidance to this article, the following new Tier 1, 2019 CPT codes 81305, and 81518 replaced existing Tier 2 Covered codes and were added to CPT/HCPCS section - Group 1. CPT codes 81236, 81237 and 81345 were added to CPT/HCPCS Group 1 due to prior existing coverage.

CPT code 81518 was added to ICD10-CM That Supports Medical Necessity section - Group 26.

CPT code 81305 replaced 81479 and was added to ICD10-CM That Supports Medical Necessity section - Group 34.

CPT codes 81163, 81164, 81165, 81166 and 81167 were added to ICD10-CM That Supports Medical Necessity section - Group 1.

CPT code 81345 was added to ICD10-CM That Supports Medical Necessity section - Group 33.

New LCD Request Process (A56198)

The New LCD Request Process is a mechanism by which interested parties within a contractor's jurisdiction can request a new LCD.

Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (L33567)

ICD-10-CM diagnosis codes E10.9 and E11.9 have been added to the "ICD-10 Codes that Support Medical Necessity" section - Group 1, effective for services rendered on or after 1/1/2019.

Outpatient Physical and Occupational Therapy Services (L33631)

LCD revised to remove diagnosis codes listed for HCPCS code G0515 (Cognitive skills development) and restate diagnosis requirements for this service.

Routine Foot Care and Debridement of Nails (L33636)

LCD revised to clarify class findings criteria, under indications of coverage.

Psychiatric Inpatient Hospitalization (L33624) Effective 1/16/2019

LCD updated to comply with language changes related to certification and admission requirements in the IPF CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 2, Section 30.

Psychiatric Partial Hospitalization Programs (L33626)

Due to annual CPT/HCPCS updates the following Group 1 Codes were deleted: 96101, 96102, 96103, 96118, 96119, and 96120 and were replaced by the following Group 1 Codes: 96112, 96113, 96121, 96130, 96131, 96133, 96136, 96137, 96138, 96139, and 96146. Based on the CPT/HCPCS annual update, the description in Group 1 CPT/HCPCS section for the following code has been changed: 96116.

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Psychiatry and Psychology Services (L33632)

LCD revised for annual CPT/HCPCS updates, the following CPT/HCPCS codes were deleted from Group 1: 96101, 96102, 96103, 96111, 96118, 96119, and 96120. The following CPT/HCPCS codes were added to Group 1: 96112, 96113, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96146. Based on the CPT/HCPCS annual update, in Group 1 CPT/HCPCS section the description for the following code has been changed: 96116. Reference to CMS Publication 100-02, *Medicare Benefit Policy Manual*, Section 20.5.3 was corrected to section 20.5.2.

Rituximab (Rituxan®) and Rituximab and Hyaluronidase Human (Rituxan Hycela™) – Related to LCD L33394 (A52452)

Based on the 2019 annual HCPCS update, HCPCS code J9310 has been deleted and HCPCS code J9312 has been added for rituximab to the “CPT/HCPC Codes” section of the article. HCPCS code J9311 has been added for rituximab and hyaluronidase human to the “CPT/HCPC Codes” section of the article. Indications and limitations for rituximab and hyaluronidase human have been added as well as payable diagnoses listed in Group 2 in the “Covered ICD-10 Codes” section of the article.

Self-Administered Drug Exclusion List – Medical Policy Article (A53021 JK) and (A53022 J6)

Based on the 2019 annual HCPCS update, HCPCS code C9015 has been deleted and replaced with HCPCS code J0599, Injection, c-1 esterase inhibitor (human), (haegarda), 10 units.

Speech-Language Pathology (L33580)

Due to the annual HCPCS update, CPT code 96111 was deleted from the “CPT/HCPCS Codes” section and the following new CPT codes have been added: 96112 and 96113.

Speech-Language Pathology – Supplemental Instructions Article (A52866)

Due to the annual HCPCS update, CPT code 96111 was deleted from the “CPT/HCPCS Codes” section and the following new codes have been added: 96112 and 96113.

Visual Electrophysiology Testing (L36831)

Based on the 2019 annual CPT/HCPCS update, CPT code 92275 has been deleted and replaced with CPT codes 92273 and 92274 and they have been added to the “CPT/HCPCS Codes” section Group 1. CPT code 0509T has also been added to the “CPT/HCPCS Codes” section Group 1. CPT codes 92273, 92274 and 0509T have been added to the Group 2 code list in the “ICD-10 Codes that Support Medical Necessity” section of the LCD.

Water Vapor Thermal Therapy for LUTS/BPH (L37808)

Based on the 2019 annual CPT/HCPCS update, HCPCS code C9748 has been deleted and CPT code 53854 has been added to the “CPT/HCPCS Codes” section of the LCD. CPT code 53899 has been removed from the Group 1 list in the “CPT/HCPC Codes” section of the LCD.

CMS Articles for A and Part B Providers

Notification of the 2019 Dollar Amount in Controversy Required to Sustain Appeal Rights for an Administrative Law Judge Hearing or Federal District Court Review

The amount that must remain in controversy for Administrative Law Judge (ALJ) hearing requests filed on or before 12/31/2018 is \$160. **This amount will remain at \$160 for ALJ hearing requests filed on or after 1/1/2019.** The amount that must remain in controversy for reviews in Federal District Court requested on or before 12/31/2018. **This amount will increase to \$1,630 for appeals to Federal District Court filed on or after 1/1/2019.**