

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

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

Local Coverage Determination and Article Revisions: December 2019 and January 2020

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

LCD Revised in December and January

EEG – Ambulatory Monitoring (L33399)

Due to annual CPT/HCPCS updates and the expansion of the new CPT codes, which now cover greater than 24 hours, the title has been changed in addition to minor revisions to the Abstract in order to remove the language specific to 24 hour monitoring.

Outpatient Physical and Occupational Therapy Services (L33631)

Coding guidelines, all Code sections, Documentation Requirements and Utilization Guidelines have been moved to Billing and Coding Article, A56566, linked to this LCD.

Routine Foot Care and Debridement of Nails (L33636)

Consistent with Change Request 10901, all coding information, National coverage provisions, and Associated Information (Documentation Requirements, Utilization Guidelines) have been removed from the LCD and placed in the related Billing and Coding Article, A57759. There has been no change in coverage with this LCD revision.

Speech Language Pathology (L33580)

Consistent with Change Request 10901, all coding information, National coverage provisions, and Associated Information (Documentation Requirements, Utilization Guidelines) have been removed from the LCD and placed in the related Billing and Coding Article, A52866. There has been no change in coverage with this LCD revision.

Articles Revised in December and January:

Billing and Coding: Cataract Extraction (A56544)

Due to the annual CPT code update, effective for services rendered on or after January 1, 2020, CPT code 66987 was added to the CPT/HCPCS code section-Group 2.

Due to the annual CPT code update, effective for services rendered on or after January 1, 2010, CPT code 66988 was added to the CPT/HCPCS section- Group 1.

CPT/HCPCS code section and ICD-10-CM Diagnosis code section paragraph was added to Group 2 to provide clarification regarding the additional diagnosis codes that should be reported, as applicable, when billing for complex, cataract surgeries (CPT codes 66982, 66987).

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

Due to the annual CPT/HCPCS code update, effective for services rendered on or after January 1, 2020, CPT codes 0205T, 0206T have been deleted. CPT code 0249T has been deleted and replaced by CPT code 46948. CPT code 0254T has been deleted and replaced by CPT codes 34717-34718. CPT codes 0341T, 0357T, 0375T, 0377T, 0380T, and 0482T have been deleted. CPT code 0399T has been deleted and replaced by CPT code 93356. CPT codes 0563T through 0593T have been added to Group 3 requiring Individual Review.

CPT codes 0554T, 0555T, 0556T, 0557T and 0558T were deleted from the Article because they were added to the National Coverage Determination (NCD) for Bone (Mineral) Density Studies (150.3), based on CR 11392, effective for services rendered on or after July 1, 2019.

The Revision History language, due to the annual 1/1/2019 CPT code update, has been relocated from the Article Text to the Revision History section.

Billing and Coding: EEG – Ambulatory Monitoring (A57030)

Due to annual CPT/HCPs updates, the following CPT codes have been deleted; 95950, 95951, 95953, and 95956 and the following codes have been added; 95700, 95705, 95706, 95707, 95708, 95709, 95710, 95711, 95712, 95713, 95714, 95715, 95716, 95717, 95718, 95719, 95720, 95721, 95722, 95723, 95724, 95725 and 95726. Due to the expansion of the new codes, the title has been changed to remove the 24 hour language.

Billing and Coding: Molecular Pathology Procedures (A56199)

Due to the annual CPT/HCPs code update, CPT codes 81307-81309, 81522, and 81552 have been added to Group1- Tier 1 Covered Codes. CPT codes 81277 and 81542 have been added to CPT/HCPs Codes Group2- Individual Review, effective for services rendered on or after January 1, 2020.

The Revision History language, effective for services rendered on or after 1/1/2019, was relocated from the Article Text section to the Revision History section.

Billing and Coding: Non-Invasive Vascular Studies A56758

Due to annual CPT/HCP Updates, CPT code G0365 has been deleted from "CPT/HCPs Codes" section Group 6 and the following new codes were added: 93985 and 93986

Billing and Coding: Psychiatry and Psychology Services A56937

Due to a provider request ICD-10 codes G10, G20, and G35 were added to Group 2: Other Medical Diagnoses Not Included in DSM-IV™ in a previous version, but were omitted from Revision History. Effective 11/28/2019

Billing and Coding: Speech Language Pathology (A52866)

Due to annual CPT/HCP Updates, CPT code G0515 has been deleted from "CPT/HCPs Codes" section Group 1 and the following new codes were added; 97129 and 97130. The descriptors have been changed for CPT codes 92626 and 92627.

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

Based on the annual CPT/HCPs update, CPT code 64625 has been added to CPT/HCPs Codes Group 2 effective for dates of service on or after 01/01/2020.

Billing and Coding: Filgrastim, Pegfilgrastim, Tbo-filgrastim and biosimilars (A52408)

Pegfilgrastim-bmez has been added to the article effective for dates of service on or after 11/4/2019. HCPs code J3590 has been added to the Group 1 "CPT/HCPs Codes" section to report pegfilgrastim-bmez. Pegfilgrastim-bmez has also been added to the Group 1 paragraph in the "ICD-10 Codes that Support Medical Necessity" section. Based on compendia review, ICD-10-CM codes D61.810, D61.811 and D61.818 have been added to Group 5 for Tbo-filgrastim effective for dates of service on or after 01/01/2020. Based on the annual CPT/HCPs update, the description for Q5111 has been revised.

Billing and Coding: Infliximab and biosimilars (A52423)

Based on compendia review, ICD-10 codes D89.810, D89.812, T86.09 and Z94.81 have been added to the Group 3 list effective for dates of service on or after 01/01/2020.

Billing and Coding: Paclitaxel (e.g., Taxol®/Abraxane™) (A52450)

Based on compendia review, ICD-10-CM codes C17.0, C17.1, C17.2, C17.3 and C17.8 have been added to Groups 1 and 2 for albumin-bound paclitaxel and paclitaxel effective for dates of service on or after 01/01/2020.

Billing and Coding: Pain Management (A52863)

Based on the annual CPT/HCPCS update, CPT codes 20560 and 20561 have been added to the article to report dry needling. CPT code 64625 has been added to the article to report radiofrequency ablation, nerves innervating the sacroiliac joint. CPT codes 20560, 20561 and 64625 have been added to a new CPT/HCPCS Codes section (Group 4). CPT code 64451 has been added to the CPT/HCPCS Codes section Group 3 and ICD-10 Codes that Support Medical Necessity Group 3 for sacroiliac joint injections. CPT code 64451 has been added to the “Coding Information” section for sacroiliac joint injections.

Billing and Coding: Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (A56726)

Due to the annual CPT/HCPCS update, effective for services rendered on or after January 1, 2020, CPT codes 92225 and 92226 were deleted. CPT codes 92201 and 92202 were added to CPT/HCPCS section- Groups 1 and 2.

Billing and Coding: Outpatient Physical and Occupational Therapy Services (A56566)

Article revised for 2020 CPT/HCPCS updates: CPT code 90911 was deleted and replaced by codes 90912 and 90913. CPT codes 95831, 95832, 95833 and 95834 have been deleted. HCPCS code G0515 has been deleted and replaced by CPT codes 97129 and 97130.

Billing and Coding: Peripheral Nerve Blocks (A57452)

Due to the annual HCPCS updates CPT codes 64402 and 64413 have been deleted and should be reported using 64999. New CPT codes 64454 and 64624 have been added to CPT/HCPCS Codes - Group 1.

Descriptor changes have been made to the following codes; 64400, 64405, 64408, 64415, 64416, 64417, 64418, 64420, 64421, 64425, 64445, 64446, 64447, 64448, 64449, and 64450. Under the CPT/HCPCS Codes section, Group 2 has been added to include new CPT codes 20560 and 20561.

Billing and Coding: Ranibizumab, Aflibercept and Brolucizumab-dblI (A52451)

Based on the annual CPT/HCPCS update, HCPCS code J0179 has been added. Group 3 has been added for payable ICD-10-CM codes for brolucizumab-dblI effective for dates of service on or after 01/01/2020.

Billing and Coding: Rituximab, Rituximab-abbs and Rituximab and hyaluronidase human (Rituxan Hycela™) (A52452)

Based on the annual CPT/HCPCS update, the description for HCPCS code Q5115 has been revised. Based on compendia review, ICD-10-CM code Z94.81 has been added to Group 1 for rituximab and ICD-10-CM codes C91.40 and C91.42 have been added to Group 2 for rituximab and hyaluronidase human effective for dates of service on or after 01/01/2020.

Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (A56537)

The following ICD-10-CM diagnosis codes have been added to the "ICD-10 Codes that Support Medical Necessity" section-Group 3 to support medical necessity for CPT code 92134, effective for services rendered on or after January 1, 2020: H20.011, H20.012, H20.013, H20.11, H20.12, H20.13, H20.021, H20.022, H20.023, H20.031, H20.032, H20.033.

Health and Behavior Assessment/Intervention – Medical Policy Article (A52434)

Due to annual CPT/HCPCS updates, CPT codes 96150, 96151, 96152, 96153, 96154, and 96155 have been deleted from the "CPT/HCPCS Codes" section Group 1 and the following new codes were added: 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, and 96171.

Bill types and Revenue codes have been removed from this article.

New Billing and Coding Articles

Billing and Coding: Routine Foot Care and Debridement of Nails (A57759)

Outpatient Physical and Occupational Therapy Services (A56566)

Speech Language Pathology (A52866)

Chiropractic Services – Medical Policy Article A57889 Effective 1/1/2019

Retired LCDs

Chiropractic Services - L33613 Retired 12/31/2019

Retired Articles

Chiropractic Services – Supplemental Instructions Article A52853 Retired 12/31/2019.