

# 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**

### **LCD and Article Updates for March/April 2020**

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

#### **New LCDs/Articles effective April 1, 2020**

##### ***Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387) and Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (A57092)***

Obstructive sleep apnea (OSA) is a disease characterized by recurrent episodes of upper airway obstruction during sleep. The disruption in airflow caused by OSA has been associated with multiple comorbidities, including hypertension, cardiovascular disease, cardiac arrhythmia, cerebrovascular disease, excessive daytime sleepiness, and mood disorders. Continuous positive airway pressure (CPAP) has long been the primary treatment modality of choice for OSA, showing improvements in many comorbidities. Unfortunately, despite attempts to improve compliance, many people are unable to tolerate treatment with CPAP. Because of the large percentage of patients not tolerating CPAP, alternative treatment strategies are necessary.

Salvage High-intensity Focused Ultrasound (HIFU) Treatment in Prostate Cancer (PCa) (L38262) and Billing and Coding: Salvage High-intensity Focused Ultrasound (HIFU) Treatment in Prostate Cancer (PCa) (A56702)

Originally developed in the 1940s, HIFU is an energy-based, minimally invasive, ablative treatment. For PCa, a transrectal ultrasound probe both images the prostate and delivers timed bursts of heat to create coagulation necrosis in a targeted area. A cooling balloon surrounding the probe protects the rectal mucosa from the high temperature. HIFU is typically performed in an outpatient setting under spinal or general anesthesia. Salvage HIFU is intended to completely ablate all prostate tissue that remains after primary EBRT.

#### **Revised LCDs/Articles effective April 1, 2020**

##### ***Billing and Coding: Rituximab, biosimilars and Rituximab and hyaluronidase human (Rituxan Hycela™) (A52452)***

The article has been updated to add rituximab-pvvr effective for dates of service on or after 07/23/2019. HCPCS codes C9399 and J3590 have been added to the “CPT/HCPCS Codes Group 1 Paragraph” section to report rituximab-pvvr. HCPCS codes C9399 and J3590 have been added to the “CPT/HCPCS Codes” section. References to rituximab-pvvr have been added throughout the article.

##### ***Select Minimally Invasive GERD Procedures (L35080)***

Based on a reconsideration request for the LINX® Reflux Management System, the “Summary of Evidence” and “Analysis of Evidence” sections have been revised and sources have been added to the “Bibliography” section of the LCD. No changes were made in coverage.

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

Based on a reconsideration request, choroidal and other ocular melanomas has been added as an indication, the "Summary of Evidence" and the "Analysis of Evidence" sections have been revised and sources have been added to the "Bibliography" and under the "Sources of Information" section.

***Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) (A56874)***

Based on a reconsideration request, the following diagnosis codes have been added to Group 1 in the "ICD-10 Codes that support medical necessity" section: C69.31 and C69.32.

Added CPT codes: 61796, 61797, 61798, 61799, 61800, 63620 and 63621 to Group 1 in the "CPT/HCPCs Codes" section.

**Revised Articles:**

***Routine Foot Care and Debridement of Nails (A57759)***

Article revised to clarify coverage for debridement of mycotic nails and to remove the following documentation requirements:

For debridement of mycotic nails, each service encounter, the medical record should contain a description of each nail which requires debridement. This should include, but is not limited to, the size (including thickness) and color of each affected nail. In addition, the local symptomatology caused by each affected nail resulting in the need for debridement must be documented. For CPT code 11720 documentation of at least one nail will be accepted. For CPT code 11721 complete documentation must be provided for at least 6 nails.

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

The article has been updated to add: Guselkumab (Tremfya®) (J1628) and Ustekinumab (Stelara®) (J3357) effective for dates of service on or after 05/03/2020. Medicare data supports greater than 50% is self-administered. Pasireotide (Signifor®) (C9399, J3490) has been added and is effective for dates of service on or after 05/03/2020.

***Transthoracic Echocardiography (TTE) (A56781)***

Article revised to add ICD-10 codes I12.0, I12.9, I13.10 and I13.11 to Group 1. As a result of these additions, Group 3 became redundant and has been deleted. Groups 4 and 5 have been renumbered to Group 3 and 4.

**NGS Update on fees for code G2066 – Jurisdiction 6 and Jurisdiction K**

HCPCS code G2066 [Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results]

was established in 2020 to replace CPT code 93299 [Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results], which was a contractor priced code.

After reviewing fees for similar procedures, and pricing issued by other MACs, NGS will price G2066 equal to CPT code 93296 [Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results.]

The revised fees will be effective for claims processed on or after 4/24/2020.

## **National Government Services – Articles for Part A Providers**

### **Adjustment on Payments for Outpatient Clinic Visit Services at Excepted Off-Campus Provider-Based Departments**

The American Hospital Association challenged CMS' use of its authority under Subsection (t)(2)(F) of the Medicare statute to pay for certain outpatient clinic visit services provided at excepted off-campus Provider-Based Departments (PBDs) at the same rate that CMS uses to pay non-excepted off-campus PBDs for those services under the separate Physician Fee Schedule as finalized with Final Rule, Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting, 83 Fed. Reg. 58,818 (11/21/2018) (Rule).

The United States District Court for the District of Columbia issued instructions for CMS to immediately cease the clinic visit provided at excepted off-campus PBDs payment reduction for CY 2019 implemented with final Rule, Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting, 83 Fed. Reg. 58,818 (11/21/2018) (Rule).

CMS installed a revised Hospital Outpatient Prospective Payment System Pricer to update the rates being applied to claim lines. This revised Pricer went into production on 11/4/2019 and applies to claims with a line item date of service of 1/1/2019 through 12/31/2019. On or before 3/1/2020, and over the next few months, the MACs will automatically reprocess claims paid at the reduced rate; no provider action needed. Providers do not need to call National Government Services to request the adjustment, nor is it necessary to request a redetermination or reopening to correct these claims. Claims processed after the pricer was installed on 11/4/2019 are processed appropriately.