

# Medicare Part B Updates

## Arkansas Healthcare Financial Management Association

October 17, 2024



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## Your Presenter



Janet Hunter  
Education Specialist

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## Acronym List

Acronym	Definition
AOC	Add-on Code
ASC	Ambulatory Surgery Centers
ASP	Average Sales Price
CHI	Community Health Improvement
CLIA	Clinical Laboratory Improvement Amendment
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
DSMT	Diabetes Self-Management Training
FAQ's	Frequently Asked Questions
HCPCS	Healthcare Common Procedure Coding System
ICD-10	International Classification of Diseases, Tenth Revision
LCA	Local Coverage Article

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## Acronym List Two

Acronym	Definition
LCD	Local Coverage Determination
MLN	Medicare Learning Network
MUE	Medically Unlikely Edits
NCD	National Coverage Determination
NCCI	National Correct Coding Initiative
POS	Place of Service

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## Agenda

-  Novitas and Centers for Medicare and Medicaid (CMS) Initiatives
-  Medicare Updates and Reminders
-  Preventive Services Reminders

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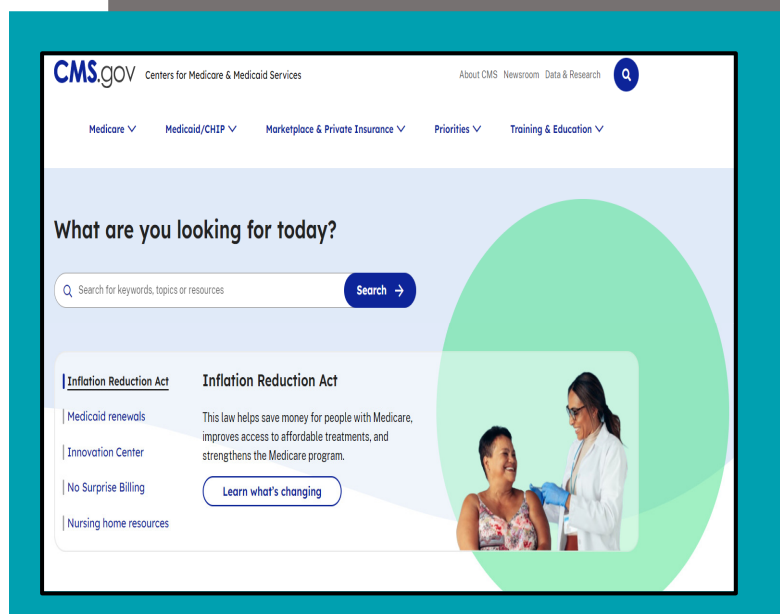
# Medicare Administrative Contractor (MAC) and CMS Initiatives



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## CMS New Layout

- [CMS](#) website has been redesigned



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## CMS Transmittals

- CMS issues [transmittals](#) to communicate new or changed policies or procedures

The screenshot shows the CMS Transmittals website interface. On the left is a navigation menu with years from 2023 down to 2013, and 'CMS Program Memoranda'. The main content area is titled '2024 Transmittals' and displays a table of transmittals. The table has columns for Transmittal #, Issue Date, Subject, Implementation Date, CR #, Provider Education, Provider Education Release Date, and Provider Education Revision Date. The first row shows transmittal R12456FM issued on 2024-06-30 regarding a new physician specialty code for epileptologists. The second row shows R496PR1 issued on 2024-04-16 regarding Medicare payment rates for SNF-type services. The third row shows R125850TN issued on 2024-04-16 regarding hospice election for Part D. The fourth row shows R12584CP issued on 2024-04-15 regarding a quarterly update for durable medical equipment. The fifth row shows R125790TN issued on 2024-07-01 regarding fiscal matters.

Transmittal #	Issue Date	Subject	Implementation Date	CR #	Provider Education	Provider Education Release Date	Provider Education Revision Date
<a href="#">R12456FM</a>	2024-06-30	New Physician Specialty Code for Epileptologists	2024-01-10	13425			
<a href="#">R496PR1</a>	2024-04-16	To update the Medicare Payment Rates for routine SNF-type services by swing-bed hospitals during...		N/A			
<a href="#">R125850TN</a>	2024-04-16	Report of Hospice Election for Part D (Response File)	2024-04-01	13348			
<a href="#">R12584CP</a>	2024-04-15	April Quarterly Update for 2024 Durable Medical Equipment, Prosthetics, Orthotics and...	2024-04-01	13574	MLN Matters Article MM13574	2024-03-21	2024-04-15
<a href="#">R125790TN</a>	2024-	Fiscal	2024-07-01	13482			

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## Novitasphere – Your Compliance Companion

- Novitasphere is a secure internet portal that is available to providers, billing services, and clearinghouses for FREE!
- Novitasphere provides numerous tools to help prevent billing errors and other compliance concerns including:
  - Patient eligibility details
  - Medicare Beneficiary Identified (MBI) lookup tool
  - Claim status
  - Appeals
  - Claim correction (Part B only)
  - Comparative billing reports (Part B only)
- Live Chat feature
- Dedicated Help Desk- 1-855-880-8424
- Novitasphere Home page ([JH](#))

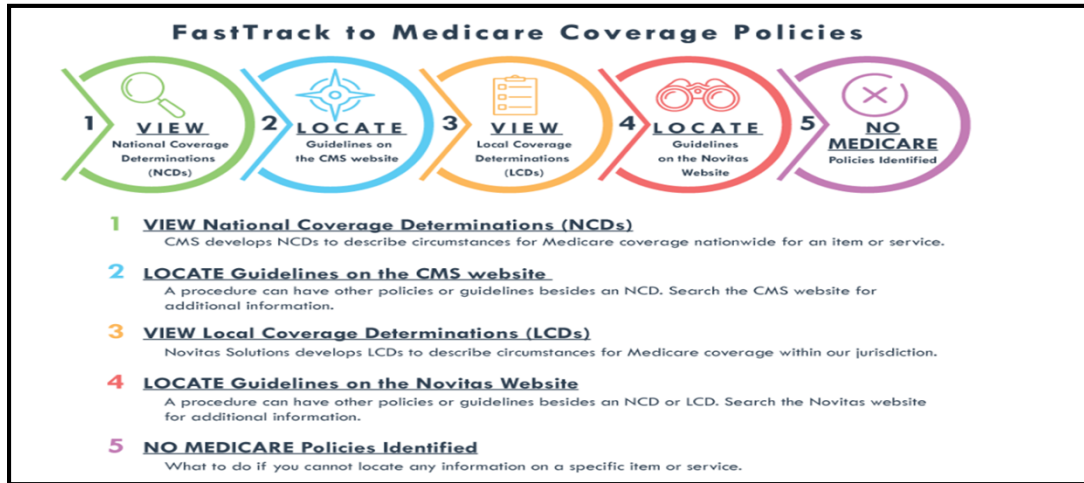


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## FastTrack Tool

- FastTrack to Medicare Coverage Policies ([JH](#))



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## Journey to Local Coverage Determination (LCD)

- Journey to LCD Coverage:
  - Provides education, transparency, and inclusiveness of our customers in finding information related to LCDs, including the LCD development process and how to become involved, as well as how local and national coverage guidelines relate to claims processing
- Reference: ([JH](#))



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## Provider Specialty Information

- Novitas Provider Specialties/Services (JH)



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## Modifier Information

- Novitas Claims/Modifiers (JH)



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## Upcoming Educational Events



- Join us for one of our free powerful educational events hosted by Novitas Solutions
- Learn more about the Medicare program:
  - Discover ways to improve the accuracy and efficiency of your Medicare billing process
- Register in the [Novitas Learning Center](#)
- Monthly webinars and events:
  - Educational Events Calendar ([JH](#))

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## Medicare Updates and Reminders



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## Medical Review Policies for Signature Requirements



### Who

- Hospitals, physicians, and other providers billing services to Medicare patients



### When

- Effective Date: June 10, 2024
- Implementation Date: June 10, 2024



### What

- Updated medical review signature requirements

- Key information:
  - Reviews completed on or after June 10, 2024
  - Updates were provided to [Medicare Program Integrity Manual, Pub. 100-08, Chapter 3 - Verifying Potential Errors and Taking Corrective Actions, Section 3.3.2.4, "Signature requirements"](#):
    - Added information for electronic signatures
    - Provided additional information for attestation statement
    - Signature date requirements and potential fraud referrals
  - [Medicare Program Integrity Manual, Pub. 100-08, Chapter 3 – Verifying Potential Errors and Taking Corrective Actions, Section 3.3.2.5, "Amendments, Corrections and Delayed Entries in Medical Documentation"](#):
    - Added the Recovery audit contractor (RAC) to the information
- Reference:
  - [Change Request \(CR\) 13556-Medical Review Policies for Signature Requirements](#)

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## Updates for Split or Shared Evaluation and Management (E/M) Visits



### Who

- Physicians
- Non-physician practitioners



### When

- Effective: January 1, 2024
- Implementation: August 1, 2024



### What

- Internet Only Manual Updates for Split or Shared E/M Guidelines

- Key Points:
  - Updated the definition of split or shared and substantive portion:
    - Substantive portion means more than half of the total time spent by the physician and NPP performing the split or shared visit, or a substantive part of the medical decision making (MDM)
  - Provided guidance on how to bill appropriately for split or shared E/M visits
- References:
  - [Medicare Claims Processing Manual, Pub. 100-04, Chapter 12 – Physicians and Non-physician Practitioners, Section 30.6.18, "Split or Shared Visits"](#)
  - [Medicare Learning Network \(MLN\) Article: MM13592 - Updates for Split or Shared Evaluation and Management \(E/M\) Visits](#)
  - Split of Shared E/M Guidelines ([JH](#))

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## Community Health Improvement (CHI) Services

- CMS finalized separate coding and payment for CHI services
- HCPCS codes include:
  - G0019 and G0022
- CHI services include:
  - Person-centered planning
  - Health system coordination
  - Promoting patient self-advocacy
  - Facilitating access to community-based resources to address unmet social needs that interfere with the practitioner's diagnosis and treatment of the patient
- Reference:
  - [Health-Related Social Needs FAQ](#)

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## Behavior Health Initiatives (BHI)

- Behavioral health services ([JH](#)):
  - Medicare covers behavioral, mental and psychiatric health services that may improve outcomes for Medicare patients:
    - [Behavioral Health Integration \(BHI\) Services](#)
    - [Psychotherapy for Crisis](#)
    - [Opioid Use Disorder \(OUD\) Screening & Treatment](#)
- Please share these valuable resources and references with your providers and patients
- References:
  - [Change Request \(CR\) 13389 - Requirements for a Provider Direct Mailing and Education & Outreach for Behavioral Health Initiatives](#)
  - [2023-11-02 MLN Connects Weekly Edition Newsletter: Behavioral Health: Medicare Pays for 3 Services](#)

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## Principal Illness Navigation (PIN) Services


- CMS finalized new CPT coding and payment for PIN services
- HCPCS codes include:
  - G0023, G0024, G0142 and G0146
- Auxiliary personnel providing PIN services:
  - Patient navigators
  - Peer support specialists to provide navigation in the treatment of a serious, high-risk condition or illness
- Services include:
  - Items such as person-centered planning
  - Promoting patient self advocacy
  - Facilitating access to community-based resources to address unmet social needs and other factors relevant to the practitioner's diagnosis and treatment of the patient
- References:
  - [Health-Related Social Needs FAQ](#)
  - [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Final Rule fact sheet](#)

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## Claim Status Category and Claim Status Codes Update

 **Who**

- Physicians, hospitals, suppliers and other providers billing for Medicare services

 **When**

- Effective Date: July 1, 2024
- Implementation Date: October 7, 2024

 **What**

- Recurring Update Notification (RUN) regarding additions, modifications, and retirement of claim category and status codes

- Key information:
  - All covered entities are required to use only Claim Status Category Codes and Claim Status Codes approved by the National Code Maintenance Committee:
    - Codes used in ASC X12 276/277 transactions for electronically submitting claims
    - Explain status of submitted claims
- References:
  - [Change Request \(CR\) 13206-Claim Status Category and Claim Status Codes Update](#)

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## Annual Wellness Visits: Social Determinants of Health (SDOH) Risk Assessment



### Who

- Hospitals, physicians, and other providers billing services to Medicare patients



### When

- Effective Date: January 1, 2024
- Implementation Date: October 7, 2024



### What

- Policy updates for a SDOH risk assessment in the AWW

### • Key information:

- SDOH is now an optional element of annual wellness visits (AWV):
  - G0136 – administration of a standardized evidence-based SDOH risk assessment tool, 5 – 15 minutes not more than every 6 months
- Billing requirements for SDOH:
  - Optional discretion of the clinician and patient
  - Separately payable from AWW with no coinsurance and deductible when part of AWW, with the same date of service as AWW, and modifier 33
  - Subject to same health professional eligibility and frequency limitations as the AWW

### • Reference:

- [Medicare Learning Network \(MLN\) Article: MM13486 - Annual Wellness Visits: Social Determinants of Health Risk Assessment](#)

## Social Determinants of Health (SDOH) Risk Assessment

- CMS finalized new HCPCS code G0136 for coding and payment of SDOH services
- G0136 must be provided:
  - In conjunction with a qualifying visit:
    - Including an evaluation and management (E/M) visit
    - Some behavioral health visits, or
    - Annual Wellness Visit
- The evidence-based, standardized SDOH risk assessment tool used must cover domains such as:
  - Housing insecurity
  - Food insecurity
  - Transportation needs, and
  - Utility difficulty
- Note: Practitioners may choose to add other domains if prevalent or culturally salient to their patient population
- Reference:
  - [Health-Related Social Needs FAQ](#)
  - [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Final Rule](#)

## Caregiver Training

- CMS finalized new Current Procedural Terminology (CPT) coding and payment when one or more caregivers assist patients with certain diseases or illnesses (such as dementia) in carrying out a treatment plan
- CPT codes include:
  - 96202, 96203, 97550, 97551 and 97552
- When finalized Medicare will pay for these services when provided by a physician, Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, Physician Assistants, and clinical psychologists, or therapist (Physical Therapy (PT), Occupational Therapy (OT), or Speech Language Pathology (SLP):
  - Under an individualized treatment plan or therapy plan of care without the patient present
- Reference:
  - [Health-Related Social Needs FAQ](#)
  - [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Final Rule fact sheet](#)

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## Dental and Oral Health Services

- For CY 2024 CMS finalized:
  - To permit payment for certain dental services inextricably linked to other covered services used to treat cancer, prior to, or contemporaneously with:
    - Chemotherapy services
    - Chimeric Antigen Receptor T-Cell (CAR-T) therapy; and,
    - The use of high-dose bone modifying agents (antiresorptive therapy)
  - Codification of and amendments to the previously finalized payment policy for dental services prior to, contemporaneously with, and/or after treatment of head and neck cancer using radiation, chemotherapy, surgery, or any combination of these, whether primary or metastatic
- Reference:
  - Provider Specialty Page ([JH](#))

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## Dental Services

- We are now accepting Part B dental claims in the 837D electronic claims format:
  - Claim files may be submitted through the direct secure file transfer protocol (SFTP) or Novitasphere/SPOT connection process:
- Electronic Data Interchange (EDI) billing:
  - Novitas enrollment forms:
    - EDI enrollment: [\(JH\)](#)
    - [Novitasphere Enrollment eGuide](#)
  - First Coast enrollment forms:
    - Providers: [EDI enrollment](#)
    - Billing service and clearinghouses: [Third Party enrollment form](#)
    - SPOT: [How to register](#)
  - Testing Requirements:
    - Companion Guide: [\(JH\)](#)
- Resources:
  - CMS website: [Dental Services](#)
  - Provider Specialty: Dental Services: [\(JH\)](#)

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## Utilization of KX Modifier Medicare Physician Fee Schedule Payment for Dental Services Inextricably Linked to Covered Medical Services



### Who

- Physicians and a doctor of dental medicine or dental surgery



### When

- Effective Date: July 1, 2024
- Implementation Date: July 1, 2024



### What

- Using the KX modifier for dental services inextricably linked to covered medical services

### Key information:




- Providers are encouraged to include the KX modifier on claims believed medically necessary containing inextricable linked medical services
  - Include the KX on the 837D claim
- Providers should include the GY modifier for services statutorily excluded
- Effective January 1, 2025, a valid ICD-10 diagnosis code is required, or the claim will reject
- Reference:
  - [Change Request \(CR\) 13649 - Utilization of KX Modifier Medicare Physician Fee Schedule Payment for Dental Services Inextricably Linked to Covered Medical Services](#)
- Dental Services [\(JH/JL\)](#)

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## Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – July 2024 Update




 <b>Who</b> <ul style="list-style-type: none"><li>Physicians, hospitals, suppliers and other providers billing Medicare Administrative Contractors (MACs) for Medicare services</li></ul>	 <b>When</b> <ul style="list-style-type: none"><li>Effective Date: January 1, 2024</li><li>Implementation Date: July 1, 2024</li></ul>	 <b>What</b> <ul style="list-style-type: none"><li>July 2024 updates to the MPFS</li></ul>
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- Key information:
  - 125 new codes added to the MPFSDB
  - 11 codes have revised short descriptors
  - 6 codes have changes to modifier and payment policy indicators
  - 4 codes have been deleted
- Reference:
  - [2024-05-16 MLN Connects Weekly Edition Newsletter: Medicare Physician Fee Schedule Database: July Update](#)
  - [Change Request \(CR\) 13624-Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) – July 2024 Update](#)

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## July 2024 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing File

 <b>Who</b> <ul style="list-style-type: none"><li>Providers and Suppliers billing ASP and NOC HCPCS codes</li></ul>	<ul style="list-style-type: none"><li>Key Points:<ul style="list-style-type: none"><li>File: July 2024 ASP and ASP NOC:<ul style="list-style-type: none"><li>Effective date of service: July 1, 2024, through September 30, 2024</li></ul></li><li>File: April 2024 ASP and ASP NOC:<ul style="list-style-type: none"><li>Effective April 1, 2024, through June 30, 2024</li></ul></li><li>File: January 2024 ASP and ASP NOC:<ul style="list-style-type: none"><li>Effective date of service: January 1, 2024, through March 31, 2024</li></ul></li><li>File: October 2023 ASP and ASP NOC:<ul style="list-style-type: none"><li>Effective date of service: October 1, 2023, through December 31, 2023</li></ul></li><li>File: July 2023 ASP and ASP NOC:<ul style="list-style-type: none"><li>Effective date of service: July 1, 2023, through September 30, 2023</li></ul></li></ul></li></ul>
 <b>What</b> <ul style="list-style-type: none"><li>Quarterly update to ASP drug pricing files</li></ul>	
 <b>When</b> <ul style="list-style-type: none"><li>Effective: July 1, 2024</li><li>Implementation: July 1, 2024</li></ul>	<ul style="list-style-type: none"><li>Reference:<ul style="list-style-type: none"><li><a href="#">Medicare Part B Drug Average Sales Price</a></li><li><a href="#">Change Request (CR) 13560 - July 2024 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files</a></li></ul></li></ul>

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## Clinical Laboratory Fee Schedule (CLFS)& Laboratory Services Reasonable Charge Payment: Quarterly Update



### Who

- Physicians
- Hospitals



### What

- Next private payor data reporting period
- New and deleted HCPCS codes



### When

- Effective: July 1, 2024
- Implementation: July 1, 2024

- Key Points:
  - Delayed - The Next CLFS Data Reporting Period for Clinical Diagnostic Laboratory tests (CDLTs) is DELAYED until January 1 – March 31, 2025
  - New and deleted codes:
    - [Deleted codes as of July 1, 2024](#)
    - [New codes as of July 1, 2024](#)
- Reference:
  - [Medicare Learning Network \(MLN\) MM13613 - Clinical Laboratory Fee Schedule & Laboratory Services Reasonable Charge Payment: Quarterly Update](#)

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## HCPCS Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits



### Who

- Part B facilities billing new HCPCS codes for 2024 subject to and excluded from CLIA edits



### What

- New and revised HCPCS updates for codes under or excluded from CLIA



### When

- Effective: October 1, 2024
- Implementation: October 7, 2024

- Key Points:
  - Informs contractors about new and discontinued CLIA HCPCS codes for 2024:
    - [Discontinued codes](#)
    - New codes as of [April 1, 2023](#)
    - New codes as of [October 1, 2023](#)
    - New codes as of [January 1, 2024](#)
    - New codes as of [April 1, 2024](#)
    - New codes as of [July 1, 2024](#)
- References:
  - [Medicare Learning Network \(MLN\) MM13620 - HCPCS Codes & Clinical Laboratory Improvement Amendments Edits: October 2024](#)
  - [Medicare Claims Processing Manual, Pub. 100-04, Chapter 16 - Laboratory Services, Section 70.9, "HCPCS Subject To and Excluded From CLIA Edits"](#)

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## Discontinued CLIA HCPCS codes

HCPCS Code	Descriptor	Effective Date
0357U	Artificial intelligence (AI)-enabled evaluation of 142 pairs of glycopeptide and product fragments in plasma to determine benefit from immunotherapy agents for skin cancer	10/01/2023
0386U	Testing for risk of Barrett's esophagus progression to esophageal cancer	10/01/2023
0397U	Cell-free DNA testing in plasma evaluating of at least 109 genes in non-small cell lung cancer	10/01/2023
0354U	Human papilloma virus (HPV), high-risk types (i.e., 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR)	04/01/2024
0416U	Infectious agent detection by nucleic acid (DNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine	04/01/2024
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected	07/01/2024
0353U	Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected	07/01/2024

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## New CLIA HCPCS Codes

- Effective for dates of service (DOS) on and after April 1, 2023:
  - HCPCS codes 0364U-0385U
- Effective for DOS on and after July 1, 2023:
  - HCPCS codes 0387U-0396U, 0398U-0401U
- Effective for DOS on and after October 1, 2023:
  - HCPCS codes 0402U-0419U
- Effective for DOS on and after January 1, 2024:
  - HCPCS codes 0420U-0438U, 81457-81459, 81462-81464, 81517, 82166, 86041-86043 and 86366
- Effective for DOS on and after April 1, 2024:
  - HCPCS codes 0439U-0449U
- Effective for DOS on and after July 1, 2024:
  - HCPCS codes 0450U-0475U

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## Ambulatory Surgical Center Payment System: July 2024 Update



### Who

- ASC's, physicians, and suppliers



### What

- July 2024 Update of the ASC payment system



### When

- Effective: July 1, 2024
- Implementation: July 1, 2024

### Action Needed:

- Make sure your billing staff knows about system updates for July including:
  - New CPT and HCPCS Codes
  - Coverage of Elios System for patients with primary open-angle glaucoma
  - Skin substitutes update

### References:

- [Medicare Learning Network \(MLN\) Article: MM13656 - Ambulatory Surgical Center Payment Update – July 2024](#)
- [ASC Payment Rates Addenda](#)
- Ambulatory surgical center (ASC) pass-through devices ([JH](#))
- Ambulatory Surgical Center Payment Indicators ([JH](#))

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## Quarterly Updates

- Updates to the NCCI edits occur on a quarterly basis:
  - [PTP Edit Pairs](#)
  - [AOCs](#)
  - [MUEs](#)
- To minimize coding and billing errors providers are encouraged to review the updates
- National Correct Coding (NCCI) Procedure to Procedure Lookup Tool ([JH](#))
- Reference: [Medicare Claims Processing Manual, Pub 100-04, chapter 23 – Fee Schedule Administration and Coding Requirements, section 20.9, "National Correct Coding Initiative \(NCCI\)"](#)

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## ICD-10 & Other Coding Revisions to National Coverage Determinations (NCDs): October 2024 Update

 <b>Who</b> <ul style="list-style-type: none"><li>Physicians, providers and suppliers</li></ul>	 <b>When</b> <ul style="list-style-type: none"><li>Effective and Implementation Date: June 10, 2024 – NCD 100.1 and NCD 110.18 and NCD 90.2 (0448U only); July 1, 2024 – NCD 90.2 (0473U only)</li></ul>	 <b>What</b> <ul style="list-style-type: none"><li>Maintenance update of ICD-10 conversions and other coding updates specific to 3 NCDs</li></ul>
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- Key information:
  - Relevant NCD coding changes:
    - NCD 90.2 - Next Generation Sequencing (NGS)
    - NCD 100.1 Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity
    - NCD 110.18 Aprepitant for Chemotherapy-Induced Emesis
- References:
  - [Medicare Learning Network \(MLN\) Article: MM13596 - ICD-10 & Other Coding Revisions to NCDs: October 2024](#)

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## National Coverage Determination 110.23: Allogeneic Hematopoietic Stem Cell Transplantation (HSCT)

 <b>Who</b> <ul style="list-style-type: none"><li>Physicians, Hospitals, Suppliers and Other providers</li></ul>	<ul style="list-style-type: none"><li>Key information:<ul style="list-style-type: none"><li>Expanding coverage for allogeneic HSCT using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patient</li></ul></li><li>Coding instructions:<ul style="list-style-type: none"><li>CPT code 38240</li><li>Institutional claims:<ul style="list-style-type: none"><li>Type of bill 11X</li><li>Report a valid ICD-10- CM PCS diagnosis code</li></ul></li><li>Professional claims:<ul style="list-style-type: none"><li>Report KX modifier to indicate that they have a qualifying prognostic risk score in their medical record</li><li>Report a valid ICD-10- CM diagnosis code</li></ul></li></ul></li><li>References:<ul style="list-style-type: none"><li><a href="#">Medicare Learning Network (MLN) Article: MM13604 – National Coverage Determination 110.23: Allogeneic HSCT</a></li><li><a href="#">Change Request (CR) 13468 – Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23</a></li></ul></li></ul>
 <b>What</b> <ul style="list-style-type: none"><li>Expanded coverage</li></ul>	
 <b>When</b> <ul style="list-style-type: none"><li>Effective Date: May 6, 2024</li><li>Implementation Date: October 7, 2024</li></ul>	

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## Changes to the Laboratory National Coverage Determination Edit Software: October 2024 Update



### Who

- Laboratory physicians, suppliers and other providers billing Medicare Administrative Contractors (MACs) for laboratory services



### What

- Changes to the laboratory national coverage determination (NCD) edit software for October 2024



### When

- Effective date: October 1, 2024
- Implementation date: October 7, 2024

- Key Points:
  - 26 NCDs with relevant coding changes in the NCD spreadsheets
    - NCDs 190.12-190.34
  - Reference:
    - [Change Request \(CR\): CR 13672 "Changes to the Laboratory National Coverage Determination Edit Software: October 2024 Update"](#)

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## Payment of M0010 Enhancing Oncology Model (EOM) Monthly Enhanced Oncology Services (MEOS) Claims for Beneficiaries Receiving Care in an Inpatient Setting

- [Change Request \(CR\) 13500 - Payment of M0010 Enhancing Oncology Model \(EOM\) Monthly Enhanced Oncology Services \(MEOS\) Claims for Beneficiaries Receiving Care in an Inpatient Setting](#):
  - Effective: July 1, 2024
  - Implementation: July 1, 2024, and October 28, 2024
- Key Points:
  - We have noticed claims have been denying for MEOS billing for EOM beneficiaries with a date of service during an inpatient stay or Skilled Nursing Facility (SNF) stay
  - Payment for code M0010 for dates of service on or after July 1, 2023, will be issued irrespective of whether the beneficiary is receiving care in an inpatient or outpatient setting provided that the billing for MEOS meets all other conditions for payment:
    - Claims should not be denied with reason code "M2 – Not paid separately when the patient is an inpatient" where the billing for MEOS meets all other conditions for payment
  - All mass adjustments of affected M0010 claims will be conducted no later than October 28, 2024

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## Expand Diabetes Screening and Diabetes Definitions Policy Update in the Calendar Year 2024 Physician Fee Schedule Final Rule

- [Medicare Learning Network \(MLN\) MM 13487 - Diabetes Screening & Definitions Update: CY 2024 Physician Fee Schedule Final Rule](#) :

- Effective: January 1, 2024
- Implementation: October 7, 2024

- Key Points:

- Effective January 1, 2024, Medicare policy includes the following updates:
  - **Tests:** Medicare now covers the HbA1c test for diabetes screening in addition to the Fasting Plasma Glucose (FPG) and Glucose Tolerance Test (GTT) already authorized for diabetes screening:
    - **Note:** Patient coinsurance and deductible don't apply to the HbA1c tests you provide for diabetes screening
  - **Frequency Limitations:** diabetes screening frequency limitations are now simplified to not more often than twice within the 12-month period following the date of the most recent diabetes screening test of that individual (for qualified beneficiaries). Medicare no longer distinguishes diabetes screening frequency limitations based on a prior diagnosis of pre-diabetes. The regulatory definition of pre-diabetes has been removed from Medicare regulations
  - **Definitions:** the regulatory definition of diabetes for purposes of diabetes screening, Medical Nutritional Therapy (MNT) and Diabetic Self Management Training (DSMT) have been simplified and now reads, "Diabetes means diabetes mellitus, a condition of abnormal glucose metabolism"

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## Preventive Services Reminder



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## Discuss Preventive Services With Your Patient

- Definition:
  - Preventive services can be defined as patient counseling and screenings to prevent illness, disease, and other health-related problems
- Purpose:
  - Providers play a crucial role in promoting, providing, and educating Medicare patients about potentially life-saving preventive services and screenings:
    - Encourage your Medicare patients to take advantage of covered preventive services
    - Medicare covers many preventive services at little or no cost to your patients
- Resources:
  - [CMS Preventive Services Page](#)
  - [CMS Preventive Services Video](#)
  - [Medicare Claims Processing Manual, Pub. 100-04, Chapter 18 – Preventive and Screening Services](#)

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## Preventive Services and Screenings Covered by Medicare

- Alcohol Misuse Screening & Counseling
- Annual Wellness Visit
- Bone Mass Measurements
- Cardiovascular Disease Screening Tests
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Counseling to Prevent Tobacco Use
- Depression Screening
- Diabetes Screening
- Diabetes Self-Management Training
- Flu Shot & Administration
- Glaucoma Screening
- Hepatitis B Screening
- Hepatitis B Shot & Administration
- Hepatitis C Screening
- HIV Screening
- IBT for Cardiovascular Disease
- IBT for Obesity
- Initial Preventive Physical Exam
- Lung Cancer Screening
- Mammography Screening
- Medical Nutrition Therapy
- Medicare Diabetes Preventive Program
- Pneumococcal Shot & Administration
- Prolonged Preventive Services
- Prostate Cancer Screening
- Screening Pap Test
- Screening Pelvic Exam
- STI Screening & HIBC to Prevent STIs
- Ultrasound AAA Screening

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# Interactive Preventive Services Tool

- [Preventive Services Tool](#)

Telehealth Eligible Services							Medicare Preventive Services						
Select a Service				FAQs			Resources						
Alcohol Misuse Screening & Counseling <b>T</b>	Annual Wellness Visit <b>T</b>	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use <b>T</b>							
Depression Screening <b>T</b>	Diabetes Screening	Diabetes Self-Management Training <b>T</b>	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration							
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease <b>T</b>	IBT for Obesity <b>T</b>	Initial Preventive Physical Exam	Lung Cancer Screening <b>T</b>	Mammography Screening							
Medical Nutrition Therapy <b>T</b>	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services <b>T</b>	Prostate Cancer Screening	Screening Pap Test	Screening Pelvic Exam							
STI Screening & HBC to Prevent STIs <b>T</b>	Ultrasound AAA Screening												

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# Telehealth and Preventive Services

- Preventive services eligible for telehealth will have the “telehealth eligible” icon

The diagram illustrates the telehealth eligibility process. On the left, a green square with a white 'T' icon is shown. An arrow points from this icon to a specific service in the Medicare Preventive Services tool. Below this, a blue square with a white 'T' icon and the text 'Telehealth Eligible' is shown. An arrow points from this icon to a detailed service page for 'Alcohol Misuse Screening & Counseling'.

**Medicare Preventive Services**

Telehealth Eligible Services					Medicare Preventive Services					
Select a Service				FAQs			Resources			
Alcohol Misuse Screening & Counseling <b>T</b>	Annual Wellness Visit <b>T</b>	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use <b>T</b>				
Depression Screening <b>T</b>	Diabetes Screening	Diabetes Self-Management Training <b>T</b>	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration				
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease <b>T</b>	IBT for Obesity <b>T</b>	Initial Preventive Physical Exam	Lung Cancer Screening <b>T</b>	Mammography Screening				
Medical Nutrition Therapy <b>T</b>	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services <b>T</b>	Prostate Cancer Screening	Screening Pap Test	Screening Pelvic Exam				
STI Screening & HBC to Prevent STIs <b>T</b>	Ultrasound AAA Screening									

**Telehealth Eligible**

**Alcohol Misuse Screening & Counseling**  
**National Coverage Determination 210.8**  
 Also known as Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

**HCPCS & CPT Codes**

**G0442** — Annual alcohol misuse screening, 5 to 15 minutes  
**G0443** — Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

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## Influenza Vaccine Payment Allowances – Amount Update for 2024 – 2025 Season



- All providers, physicians, and suppliers submitting claims to Medicare



- Effective Date: August 1, 2024
- Implementation Date: September 30, 2024



- Notification of availability of payment allowance for seasonal influenza virus vaccines

- Key information:
  - Recurring update notification provides the availability of payment allowances for the seasonal influenza virus
  - Allowable for the 2024 – 2025 season are located:
    - [CMS Seasonal Influenza Vaccines Pricing](#)
- Reference:
  - [CR13718](#) – Influenza Vaccine Payment Allowances – Annual Update for 2024 – 2025 Season
  - [2024-08-22 MLN Connects Weekly Edition Newsletter: Seasonal Flu Vaccine Pricing 2024-2025 Season](#)

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## Key Takeaways



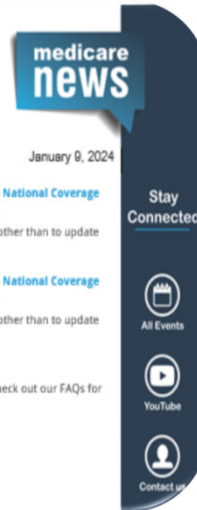
1. Explored the latest Medicare initiatives
2. Examined the latest information relating to Preventive Services
3. Provided the latest updates and reminders

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## Thank You for Attending!

- Contact Information:
  - Janet Hunter  
Education Specialist  
[Janet.Hunter@novitas-solutions.com](mailto:Janet.Hunter@novitas-solutions.com)
  - Stephanie Portzline  
Manager, Provider Engagement  
[Stephanie.Portzline@novitas-solutions.com](mailto:Stephanie.Portzline@novitas-solutions.com)
  - Janice Mumma  
Supervisor Provider Outreach and Education  
[janice.mumma@novitas-solutions.com](mailto:janice.mumma@novitas-solutions.com)

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