Medicare B CONNECTION
medicare.fcso.com
FIRST COAST SERVICE OPTIONS, INC.
A Newsletter for MAC Jurisdiction N Providers
April 2019

In this issue

Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2019 Update

Note: *This article was revised on March 19, 2019, to reflect an updated Change Request (CR) that revised the attachment for codes G2014 and G2015 (see page 2 below). The CR release date, transmittal number and link to the transmittal was also changed. All other information remains the same.* *This information was previously published in the February 2019 Medicare B Connection, page 5.*

Provider type affected

This MLN Matters Article is for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

Provider action needed

This article informs you that the Centers for Medicare & Medicaid Services (CMS) has issued payment files to the MACs based upon the 2019 Medicare Physician Fee Schedule (MPFS) Final Rule. CR 11163 amends those payment files. Please be sure your billing staffs are aware of these changes.

Background

The 2019 Medicare Physician Fee Schedule (MPFS) Final Rule, published in the Federal Register on November 23, 2018, is effective for services furnished between January 1, 2019, and December 31, 2019.

Below is a summary of the changes for the April update to the 2019 Medicare Physician Fee Schedule Database (MPFSD). These changes are effective for dates of service on and after January 1, 2019. CMS has added new HCPCS codes (G2001-G2009 and G2013-G2015) to the 2019 MPFSDB and updated another code (G9987) as shown in the table below. CMS communicated instructions for these new codes (G2001-G2009 and G2013-G2015) through a separate CR (CR 10907).

Please consult MLN Matters article MM10907 at *https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10907.pdf* for these instructions and other information.

See **QUARTERLY**, page 7

Contents

The *Medicare B Connection* is published monthly by First Coast Service Options Inc.'s Provider Outreach & Education division to provide timely and useful information to Medicare Part B providers.

Publication staff:

Marielba Cancel
Terri Drury
Maria Murdoch
Mark Willett
Robert Petty

Fax comments about this publication to:

Medicare Publications
904-361-0723

Articles included in the *Medicare B Connection* represent formal notice of coverage policies. Policies have or will take effect on the date given. Providers are expected to read, understand, and abide by the policies outlined within to ensure compliance with Medicare coverage and payment guidelines.

About the Medicare B Connection

The *Medicare B Connection* is a comprehensive publication developed by First Coast Service Options Inc. (First Coast) for Part B providers in Florida, Puerto Rico, and the U.S. Virgin Islands and is distributed on a monthly basis.

Important notifications that require communication in between publications will be posted to the First Coast Medicare provider education website at *https://medicare.fcso.com*. In some cases, additional unscheduled special issues may be posted.

Who receives the *Connection*

Anyone may view, print, or download the *Connection* from our provider education website(s). Providers who cannot obtain the *Connection* from the internet are required to register with us to receive a complimentary hardcopy.

Distribution of the *Connection* in hardcopy is limited to providers who have billed at least one Part B claim to First Coast Medicare during the twelve months prior to the release of each issue. Providers meeting these criteria are eligible to receive a complimentary copy of that issue, if a technical barrier exists that prevents them from obtaining it from the internet and they have returned a completed registration form to us.

Registration forms must be submitted annually or when you experience a change in circumstances that impacts your electronic access.

For additional copies, providers may purchase a separate annual subscription (see order form in the back of this issue). All issues published since 1997 may be downloaded from the internet, free of charge.

We use the same mailing address for all correspondence, and cannot designate that the *Connection* be sent to a specific person/department within a provider's office. To ensure continued receipt of all Medicare correspondence, providers must keep their addresses current with the Medicare provider enrollment department. Please remember that address changes must be done using the appropriate CMS-855.

Publication format

The *Connection* is arranged into distinct sections.

- The **Claims** section provides claim submission requirements and tips.
- The **Coverage/Reimbursement** section discusses specific CPT® and HCPCS procedure codes. It is arranged by categories (not specialties). For example, "Mental Health" would present coverage information of interest to psychiatrists, clinical psychologists and clinical social workers, rather than listing articles separately under individual provider specialties. Also presented in this section are changes to the Medicare physician fee schedule, and other pricing issues.

- The section pertaining to **Electronic Data Interchange** (EDI) submission also includes information pertaining to the Health Insurance Portability and Accountability Act (HIPAA).
- The **Local Coverage Determination** section features summaries of new and revised local coverage determinations (LCDs) developed as a result of either local medical review or comprehensive data analysis initiatives.
- The **General Information** section includes fraud and abuse, and national provider identifier topics, plus additional topics not included elsewhere.
- In addition to the above, other sections include:
- **Educational Resources**, and
- **Contact information** for Florida, Puerto Rico, and the U.S. Virgin Islands.

The *Medicare B Connection* represents formal notice of coverage policies

Articles included in each edition represent formal notice that specific coverage policies either have or will take effect on the date given. Providers are expected to read, understand, and abide by the policies outlined in this document to ensure compliance with Medicare coverage and payment guidelines.

Never miss an appeals deadline again

When it comes to submitting a claims appeal request, *timing is everything*. Don't worry – you won't need a desk calendar to count the days to your submission deadline. Try our *"time limit" calculators on our Appeals of claim decisions page*. Each calculator will *automatically calculate* when you must submit your request based upon the date of either the initial claim determination or the preceding appeal level.

Medicare Part B advance beneficiary notices

Medicare Part B allows coverage for services and items deemed medically reasonable and necessary for treatment and diagnosis of the patient.

For some services, to ensure that payment is made only for medically necessary services or items, coverage may be limited based on one or more of the following factors (this list is not inclusive):

- Coverage for a service or item may be allowed only for specific diagnoses/conditions. Always code to the highest level of specificity.
- Coverage for a service or item may be allowed only when documentation supports the medical need for the service or item.
- Coverage for a service or item may be allowed only when its frequency is within the accepted standards of medical practice (i.e., a specified number of services in a specified timeframe for which the service may be covered).

If the provider believes that the service or item may not be covered as medically reasonable and necessary, the patient must be given an acceptable advance notice of Medicare's possible denial of payment if the provider does not want to accept financial responsibility for the service or item. Advance beneficiary notices (ABNs) advise beneficiaries, before items or services actually are furnished, when Medicare is likely to deny payment.

Patient liability notice

The Centers for Medicare & Medicaid Services' (CMS) has developed the Advance Beneficiary Notice of Noncoverage (ABN) (Form CMS-R-131), formerly the "Advance Beneficiary Notice." Section 50 of the *Medicare Claims Processing Manual* provides instructions regarding the notice that these providers issue to beneficiaries in advance of initiating, reducing, or terminating what they believe to be noncovered items or services. The ABN must meet all of the standards found in Chapter 30. Beginning March 1, 2009, the ABN-G and ABN-L was no longer valid; and notifiers must use the revised Advance Beneficiary Notice of Noncoverage (CMS-R-131). Section 50 of the *Medicare Claims Processing Manual* is available at *https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c30.pdf#page=44*.

Reproducible copies of Form CMS-R-131 ABNs (in English and Spanish) and other BNI information may be found at *https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index.html*.

ABN modifiers

When a patient is notified in advance that a service or item may be denied as not medically necessary, the provider must annotate this information on the claim (for both paper and electronic claims) by reporting modifier GA (waiver of liability statement on file) or GZ (item or service expected to be denied as not reasonable and necessary) with the service or item.

Failure to report modifier GA in cases where an appropriate advance notice was given to the patient may result in the provider having to assume financial responsibility for the denied service or item.

Modifier GZ may be used in cases where a signed ABN is not obtained from the patient; however, when modifier GZ is billed, the provider assumes financial responsibility if the service or item is denied.

Note: Line items submitted with the modifier GZ will be automatically denied and will not be subject to complex medical review.

GA modifier and appeals

When a patient is notified in advance that a service or item may be denied as not medically necessary, the provider must annotate this information on the claim (for both paper and electronic claims) by reporting the modifier GA (waiver of liability statement on file).

Failure to report modifier GA in cases where an appropriate advance notice was given to the patient may result in the provider having to assume financial responsibility for the denied service or item.

Nonassigned claims containing the modifier GA in which the patient has been found liable must have the patient's written consent for an appeal. Refer to the applicable contact section located at the end of this publication for the address in which to send written appeals requests.

Laboratory/Pathology

CMS releases the July update to new waived tests

Provider types affected

This MLN Matters Article is intended for clinical diagnostic laboratories submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

Provider action needed

CR 11231 informs MACs of new Clinical Laboratory Improvement Amendments of 1988 (CLIA) waived tests approved by the Food and Drug Administration (FDA). Since these tests are marketed immediately after approval, the Centers for Medicare & Medicaid Services (CMS) must notify its MACs of the new tests so that they can accurately process claims. Make sure your billing staffs are aware of these CLIA-related changes.

Background

CLIA regulations require facilities to be appropriately certified for each test performed. To make sure that CMS only pay for laboratory tests categorized as waived complexity under CLIA in facilities with a CLIA certificate of waiver, laboratory claims are currently edited at the CLIA certification level. The latest tests approved by the FDA as waived tests under CLIA are listed below in **Table 1** and their Current Procedural Terminology (CPT) codes must have the modifier QW to be recognized as a waived test. However, the tests listed on the first page of the attachment to CR 11231 (that is, Current Procedural Terminology (CPT) codes: 81002, 81025, 82270, 82272, 82962, 83026, 84830, 85013, and 85651) do not require a QW modifier to be recognized as a waived test. The CPT code, effective date and description for the latest tests approved by the FDA as waived tests under CLIA are as follows:

Table1 : New Waived Tests Requiring QW Modifier

CPT Code	Effective Date	Description
80305QW	September 14, 2018	Walmart Stores, Confirm Biosciences Equate Multi Drug of Abuse Test Cup
87880QW	October 26, 2018	BD Diagnostic Systems, BD Veritor System
89300QW	November 28, 2018	BonrayBio LensHooke X1 Semen Quality Analyzer
80305QW	November 29, 2018	Foodhold USA, LLC, CAREONE Drug Screen Tests Home Test Kit (OTC Use)
84550QW	December 11, 2018	ForaCare, Inc. FORA MD6 Uric Acid Monitoring System (ForaCare, Inc. FORA MD6 Uric Acid Test Strips)
87880QW	December 13, 2018	Easy Healthcare Corporation, Areta Strep A Swab Test
87634QW	December 18, 2018	Sekisui Inc. Silaris Dock (Silaris RSV Test)

See **CMS**, page 6

CMS

from page 5

CPT Code	Effective Date	Description
82010QW	December 20, 2018	Apex Biotechnology Corp., KET-1 Blood Ketone Monitoring System
80305QW	January 3, 20	Easy Healthcare Corporation, Easy@Home Single Drug Screen Test (THC)
87809QW	January 9, 2019	Quidel Corporation, QuickVue Adenoviral Conjunctivitis Test {Tear Fluid}
85018QW	February 8, 2019	HemoCue Hb 801 System
80305QW	February 13, 2019	Wondfo USA., Ltd. Q-Cup Multi-Drug Urine Test Cup

Note: MACs will not search their files to either retract payment or retroactively pay claims, however, MACs should adjust claims if they are brought to their attention.

Additional information

The official instruction, CR 11163, issued to your MAC regarding this change is available at *https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4277CP.pdf*.

If you have questions, your MACs may have more information. Find their website at *https://go.cms.gov/MAC-website-list*.

Document history

Date of change	Description
April 15, 2019	Initial article released.

MLN Matters® Number: MM11231
Related CR Release Date: April 12, 2019
Related CR Transmittal Number: R4277CP
Related Change Request (CR) Number: 11231
Effective Date: July 1, 2019
Implementation Date: July 1, 2019

QUARTERLY

from page 1

Table: April Updates to the 2019 MPFSD

HCPCS	ACTION
G9987	Assistant Surgery, Co-Surgeon, & Team Surgeon indicator = 9
G2001	All MPFS indicators and RVUs = 99341
G2002	All MPFS indicators and RVUs = 99342
G2003	All MPFS indicators and RVUs = 99343
G2004	All MPFS indicators and RVUs = 99344
G2005	All MPFS indicators and RVUs = 99345
G2006	All MPFS indicators and RVUs = 99347
G2007	All MPFS indicators and RVUs = 99348
G2008	All MPFS indicators and RVUs = 99349
G2009	All MPFS indicators and RVUs = 99350
G2013	All MPFS indicators and RVUs = 99345

G2014 - Procedure Status = A; RVUs = Work 1.25, Non-Facility .85, Facility .85, MP 0.07, Multiple Surgery = 0, Bilateral Surgery = 0, Assistant at Surgery = 0, Co-Surgeons = 0, Team Surgeons = 0, PC/TC = 0

G2015 - Procedure Status = A; RVUs = Work 1.80, Non-Facility 1.14, Facility 1.14, MP .11, Multiple Surgery = 0, Bilateral Surgery = 0, Assistant at Surgery = 0, Co-Surgeons = 0, Team Surgeons = 0, PC/TC = 0

Note: MACs will not search their files to retract payment for claims already paid or to retroactively pay claims. However, MACs will adjust claims that you bring to their attention.

Additional information

The official instruction, CR 11163, issued to your MAC regarding this change is available at *https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4258CP.pdf*.

If you have questions, your MACs may have more information. Find their website at *https://go.cms.gov/MAC-website-list*.

Document history

Date of change	Description
March 19, 2019	We revised this article to reflect an updated CR that revised the attachment for codes G2014 and G2015 (see page 2 above). The CR release date, transmittal number and link to the transmittal was also changed.
February 8, 2019	Initial article released.

MLN Matters® Number: MM11163 *Revised*
Related CR Release Date: March 18, 2019
Related CR Transmittal Number: R4258CP
Related Change Request (CR) Number: 11163
Effective Date: January 1, 2019
Implementation Date: April 1, 2019

Find out first: Subscribe to First Coast *eNews*

Subscribe to First Coast Service Options *eNews*, to learn the latest Medicare news and critical program changes affecting the provider community. Join as many lists as you wish, in English or Spanish, and customize your subscription to fit your specific needs, line of business, specialty, or topics of interest. So, *subscribe to eNews, and stay informed.*

This section of *Medicare B Connection* features summaries of new and revised local coverage determinations (LCDs) developed as a result of either local medical review or comprehensive data analysis initiatives. These initiatives are designed to ensure the appropriateness of medical care and to make sure that the Medicare administrative contractor (MAC) jurisdiction N (JN) Part A LCDs and review guidelines are consistent with accepted standards of medical practice.

Refer to our LCDs/Medical Coverage web page at *https://medicare.fcso.com/Landing/139800.asp* for full-text LCDs, including final LCDs, draft LCDs available for comment, LCD statuses, and LCD comment/response summaries.

Effective and notice dates

Effective dates are provided in each LCD, and are based on the date services are furnished unless otherwise noted in the LCD. Medicare contractors are required to offer a 45-day notice period for LCDs; the date the LCD is posted to the website is considered the notice date.

Electronic notification

To receive quick, automatic notification when new and revised LCDs are posted to the website, subscribe to the First Coast eNews mailing list. Simply go to *https://medicare.fcso.com/Header/137525.asp*, enter your email address and select the subscription option that best meets your needs.

More information

For more information, or, if you do not have internet access, to obtain a hardcopy of a specific LCD, contact Medical Policy at:

Medical Policy and Procedures
PO Box 2078
Jacksonville, FL 32231-0048

Looking for LCDs?

Would you like to find local coverage determinations (LCD) in 10 seconds or less? First Coast's LCD lookup, available at *https://medicare.fcso.com/coverage_find_lcds_and_ncds/lcd_search.asp*, helps you find the coverage information you need quickly and easily. Just enter a procedure code, keyword, or the LCD's "L number," click the corresponding button, and the application will automatically display links to any LCDs applicable to the parameters you specified. Best of all, depending upon the speed of your internet connection, the LCD search process can be completed in less than 10 seconds.

Advance beneficiary notice

Modifier GZ must be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny an item or service as not reasonable and necessary and they **have not had** an advance beneficiary notification (ABN) signed by the beneficiary.

Note: Line items submitted with the modifier GZ will be automatically denied and will not be subject to complex medical review.

Modifier GA must be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny a service as not reasonable and necessary and they **do have** on file an ABN signed by the beneficiary.

All claims not meeting medical necessity of a local coverage determination must append the billed service with modifier GA or GZ.

Your Feedback Matters

To ensure that our website meets the needs of our provider community, we carefully analyze your feedback and implement changes to better meet your needs. Discover the results of your feedback on our "*Website enhancements*" page. You'll find the latest enhancements to our provider websites and find out how you can share your thoughts and ideas with First Coast's Web team.

Revisions to LCDs

Diagnostic colonoscopy and colorectal cancer screening -- revisions to the Part A and Part B LCDs

LCD ID number: L33671 and L36355 (Florida, Puerto Rico/U.S. Virgin Islands)

Based on change request (CR) 10901, local coverage determinations (LCDs) for diagnostic colonoscopy and colorectal cancer screening were revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes," "Revenue Codes," "CPT®/HCPCS Codes," "ICD-10 Codes that Support Medical Necessity," "Documentation Requirements," and "Utilization Guidelines" sections of the LCD) and place them into billing and coding articles related to the LCDs. In addition, based on CR 10937, the LCDs were revised to add internet-only manual (IOM) references in the "Centers for Medicare & Medicaid Services (CMS) National Coverage Policy" section of the LCDs related to incomplete colonoscopies billed with Modifier 53 for Critical Access Hospital (CAH) Method II Providers. Also, the LCDs were revised to remove outdated language on payment methodology from the "Coverage Indications, Limitations, and/or Medical Necessity" section of the LCDs related to when a covered colonoscopy is attempted but cannot be completed, and instead the IOM citation related to this language is referenced in the "CMS National Coverage Policy" section of the LCDs. Furthermore, the "Bill Type Codes" and "Revenue Codes" sections of the diagnostic colonoscopy billing and coding article have been updated.

Effective date

The revision related to CR 10901 is effective for claims processed **on or after January 8, 2019,** for services rendered **on or after October 3, 2018.** The revision related to CR 10937 is effective for services rendered **on or after April 1, 2019.** LCDs are available through the CMS Medicare coverage database at *https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx*.

A billing and coding article for an LCD (when present) may be found by selecting "Related Local Coverage Documents" in the "Section Navigation" drop-down menu at the top of the LCD page.

Note: To review active, future and retired LCDs, please *click here*.

Bone mineral density studies -- revision to the Part A and Part B LCD

LCD ID number: L36356 (Florida, Puerto Rico/ U.S. Virgin Islands)

Based on change request (CR) 10901, the Current Procedural Terminology (CPT®) codes and ICD-10-CM diagnosis codes were split into two groups. Group 1 consists of CPT® codes 77080 and 77085 and the applicable ICD-10-CM diagnosis codes and Group 2 consists of CPT®/HCPCS codes 76977, 77078, 77081, and G0130 and the applicable ICD-10-CM diagnosis codes. In addition, the local coverage determination (LCD) was revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes", Revenue Codes", "CPT/HCPCS Codes", "ICD-10 Codes that Support Medical Necessity", "Documentation Requirements", "Utilization Guidelines", and "Frequency Standards" sections of the LCD) and place them into a billing and coding article. During the process of moving the ICD-10-CM diagnosis codes to the billing and coding article, the ICD-10-CM diagnosis code ranges were broken out and listed individually and any codes not meeting NCD medical necessity were removed. Also, the Centers for Medicare & Medicaid Services (CMS) internet-only manual (IOM) language has been removed from the LCD and instead, the IOM citation related to this language is referenced in the "CMS National Coverage Policy" section of the LCD. Furthermore, based on CR 11134, the LCD billing and coding article was revised to add CPT® code 0508T to the "Group 1 Codes:" section of the article.

Effective date

The LCD revision related to the CR 10901 is effective for claims processed **on or after January 8, 2019**, for services rendered **on or after October 3, 2018**.

The LCD revision related to the removal of diagnoses not meeting NCD medical necessity is effective for services rendered **on or after May 7, 2019**.

The LCD revision related to the CR 11134 is effective for claims processed **on or after April 2, 2019**, for services rendered **on or after July 1, 2018.** LCDs are available through the CMS Medicare coverage database at *https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx*.

A coding article for an LCD (when present) may be found by selecting "Related Local Coverage Documents" in the "Section Navigation" drop-down menu at the top of the LCD page.

Note: To review active, future and retired LCDs, please *click here*.

Hemophilia clotting factors -- revision to the Part A and Part B LCD

LCD ID number: L33684 (Florida, Puerto Rico/ U.S. Virgin Islands)

Based on change request (CR) 10901, the local coverage determination (LCD) for hemophilia clotting factors was revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes," "Revenue Codes," "CPT®/HCPCS Codes," "ICD-10 Codes that Support Medical Necessity," "Documentation Requirements," and "Utilization Guidelines" sections of the LCD) and place them into a newly created billing and coding article.

Also, the LCD was revised to update internet-only manual (IOM) references in the "Centers for Medicare & Medicaid (CMS) National Coverage Policy" section of the LCD. Additionally, based on CRs 11192, 11216, and 11232, the LCD billing and coding article was revised to add HCPCS codes C9141 and J7199 (Injection, factor viii, [antihemophilic factor, recombinant], pegylated-aucl [Jivi], 1 i.u).

Effective date

The revision related to CRs 11192, 11216, and 11232 is effective for services rendered **on or after April 1, 2019**.

The revision related to CR 10901 is effective for claims processed **on or after January 8, 2019**, for services rendered **on or after October 3, 2018.**

LCDs are available through the CMS Medicare coverage database at *https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx*.

A billing and coding article for an LCD (when present) may be found by selecting "Related Local Coverage Documents" in the "Section Navigation" drop-down menu at the top of the LCD page.

Note: To review active, future and retired LCDs, please *click here*.

Sacral neuromodulation -- revision to the Part B LCD

LCD ID number: L36296 (Florida, Puerto Rico/ U.S. Virgin Islands)

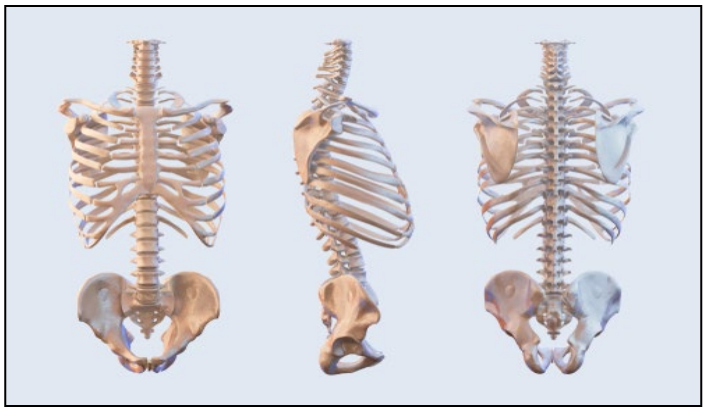
Based on a reconsideration request, the local coverage determination (LCD) for sacral neuromodulation was revised to remove the language "2-3 week" in the first bullet under "The following limitations for coverage apply for fecal indications."

In addition, based on change request (CR) 10901 the LCD was revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes," "Revenue Codes," "CPT®/HCPCS Codes," "ICD-10 Codes that Support Medical Necessity," "Documentation Requirements," and "Utilization Guidelines" sections of the LCD) and place them into a billing and coding article related to the LCD.

Also, the Centers for Medicare & Medicaid Services (CMS) Internet-Only Manual (IOM) language has been removed from the LCD and instead the IOM citation related to this language is referenced in the "CMS National Coverage Policy" section of the LCD.

Effective date

The revision related to the reconsideration request is effective for claims processed **on or after April 16, 2019.**



The revision related to CR 10901 is effective for claims processed **on or after January 8, 2019**, for services rendered **on or after October 3, 2018.** LCDs are available through the CMS Medicare coverage database at *https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx*.

A coding article for an LCD (when present) may be found by selecting "Related Local Coverage Documents" in the "Section Navigation" drop-down menu at the top of the LCD page.

Note: To review active, future and retired LCDs, please *click here*.

Additional Information

Independent diagnostic testing facility (IDTF) -- revision to the Part B LCD "coding guidelines" attachment

LCD ID number: L33910 (Florida, Puerto Rico/ U.S. Virgin Islands)

Based on change request 11134, the independent diagnostic testing facility (IDTF) local coverage determination (LCD) "coding guidelines" attachment was revised to include Current Procedural Terminology (CPT®) code 0508T.

Effective date

The effective date of this revision is for claims processed **on or after April 2, 2019**, for services rendered **on or after July 1, 2018.** LCDs are available through the CMS Medicare coverage database at *https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx*.

A coding article for an LCD (when present) may be found by selecting "Related Local Coverage Documents" in the

"Section Navigation" drop-down menu at the top of the LCD page.

Note: To review active, future and retired LCDs, please *click here*.

Medicare Part B clinical lab fee schedule (CLFS): revised information for laboratories on laboratory organ or disease panel billing requirements

The Current Procedural Terminology (CPT®) Manual assigns CPT® codes to organ or disease oriented panels (CPT® codes 80076, 80047, 80048, 80053, 80069, 80061, 80051). Each CPT® code includes a list of the defined components that are included in the specific panel. Consistent with National Correct Coding Initiative (NCCI) Edits, when a laboratory performs all tests of a CPT® defined panel, the appropriate panel CPT® code is required to be billed. The panel codes shall be used when the tests are ordered as that panel. For example, if the individually ordered tests are cholesterol (CPT® code 82465), triglycerides (CPT® code 84478), and HDL cholesterol (CPT® code 83718), the service shall be reported as a lipid panel (CPT® code 80061). Providers should refer to the NCCI Policy Manual, Chapter I, Section N (Laboratory Panel) and Chapter 10, Section C (Organ or Disease Oriented Panels) of the January 2019 NCCI Policy Manual for Medicare Services in the "Downloads" section here: *https://www.cms.gov/medicare/coding/nationalcorrectcodinited/index.html*.

Effective date

Effective for claims with dates of service **on or after February 1, 2019**.

Upcoming provider outreach and educational events

CMS National Provider Compliance Conference

Date: Tuesday May 7 and Wednesday, May 8
Time: 8:00 a.m.-5:30 p.m. and 8:00 a.m.-1:00 p.m.
Type of Event: *Face-to face*

https://medicare.fcso.com/Events/0428592.asp

Note: Unless otherwise indicated, designated times for educational events are stated as ET, and the focus is to Florida, Puerto Rico, and the U.S. Virgin Islands.

Two easy ways to register

Online – Visit our provider training website at *First Coast University*, log on to your account and select the course you wish to register. Class materials are available under "My Courses" no later than one day before the event**.**

First-time User? Set up an account by completing the *Create User Account* form online. Providers who do not have yet a national provider identifier may enter "99999" in the NPI field. You will receive logon information within 72 hours of your request.

Fax – Providers without internet access may request a fax registration form through our Registration Hotline at 1-904-791-8103. Class materials will be faxed to you the day of the event.

Please Note:

- Pre-registration is required for all teleconferences, webcasts and in-person educational seminars.
- Dates and times are subject to change prior to opening of event registration.

Registrant's Name: _____

Registrant's Title: _____

Provider's Name: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Provider Address: _____

City, State, ZIP Code: _____

Keep checking our website, *https://medicare.fcso.com/*, for details and newly scheduled educational events (teleconferences, webcasts, etc.) or call the First Coast Provider Education Registration Hotline at 1-904-791-8103 to learn more about the about our newest training opportunities for providers.

Never miss a training opportunity

If you or your colleagues were unable to attend one of our past Medicare educational webcasts, you still have the opportunity to learn about the topics covered during the training session. Visit the First Coast Medicare training website, download the recording of the event, and listen to the webcast when you have the time.

Take advantage of 24-hour access to free online training

In addition to live training events, we also offer you the advantage of self-paced, free online courses that will allow you and your staff to train when and where it is most convenient for you. In addition, our comprehensive course catalog allows you to find the Medicare training that fits your specific needs, and several of our online courses offer CEUs. Learn more on the First Coast Medicare training website and explore our catalog of online courses.

CMS MLN Connects®

The Centers for Medicare & Medicaid Services (CMS) *MLN Connects®* is an official *Medicare Learning Network®* (*MLN*) – branded product that contains a week's worth of news for Medicare fee-for-service (FFS) providers. CMS sends these messages weekly to national health industry provider associations, who then disseminates the *MLN Connects®* to its membership as appropriate.

MLN Connects® for March 21, 2019

MLN Connects® for March 21, 2019

View this edition as a PDF

News

- Hospice Provider Preview Reports: Review Your Data by March 31
- LTCH Provider Preview Reports: Review Your Data by April 3
- IRF Provider Preview Reports: Review Your Data by April 3
- Draft 2020 QRDA Category I Implementation Guide — Submit Comments by April 8
- Medicare Promoting Interoperability Program: Submit a Measure Proposal by June 28
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Influenza Activity Continues: Are Your Patients Protected?

Compliance

- Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

Events

- Submitting Your Medicare Part A Cost Report Electronically Webcast — March 28

MLN Matters® Articles

- I/OCE Specifications: April 2019 Update
- RARC, CARC, MREP and PC Print Update
- Active Billing Hospice Submitting Revocations — Revised
- Next Generation Sequencing NCD — Revised
- SNF Patient Drive Payment Model — Revised

Publications

- Inpatient Rehabilitation Facility Prospective Payment System — Revised
- Medicare Enrollment for Institutional Providers — Revised
- Medicare Enrollment Resources — Revised
- Items and Services Not Covered Under Medicare — Reminder

Multimedia

- Promoting Interoperability Listening Session: Audio Recording and Transcript

Where do I find...

Looking for something specific and don't know where to find it? Find out how to perform routine tasks or locate information that visitors frequently visit our site to accomplish or find. Check out the "Where do I find" page.

MLN Connects® for March 28, 2019

MLN Connects® for March 28, 2019

View this edition as a PDF

News

- New Medicare Card and MBI Adoption: How Do You Compare?
- SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1

Compliance

- DME Proof of Delivery Documentation Requirements

MLN Matters® Articles

- Billing for Hospital Part B Inpatient Services
- Grandfathered Tribal FQHCs: Payment for CY 2019
- Home Health Certification and Recertification Policy Changes
- ASC Payment System: April 2019 Update
- Hospital OPPS: April 2019 Update
- Medicare Physician Fee Schedule Database: April 2019 Update — Revised

Publications

- CY 2019 eCQM
- Medicare Promoting Interoperability Program: Scoring Methodology
- Medicare Enrollment for Physicians and Other Part B Suppliers — Revised
- Medicare Preventive Services Poster — Revised
- Medicare Secondary Payer — Revised
- Safeguard Your Identity and Privacy Using PECOS — Revised

Multimedia

- Dementia Care Call: Audio Recording and Transcript
- Open Payments Call: Audio Recording and Transcript
- Medicare Secondary Payer Provisions Web-Based Training Course — Revised

MLN Connects® for April 4, 2019

MLN Connects® for April 4, 2019

View this edition as a PDF

News

- New Part D Policies Address Opioid Epidemic
- "Qué está Cubierto"
- Physician Compare: Supplemental Preview Period Open until April 27
- Open Payments: Review and Dispute Data by May 15
- Comparative Billing Report on Subsequent Hospital Visits
- PEPPERs for Hospices, LTCHs, SNFs, IRFs, IPFs, and CAHs
- Hospice Visits when Death is Imminent Measure Pair
- Mapping Medicare Disparities Tool: New Enhancements
- Medicare-Medicaid Crossover Bad Debt Accounting Classification
- Qualified Medicare Beneficiary Billing Requirements
- National Minority Health Month: Active & Healthy
- Looking for Educational Materials?

Compliance

- Coding for Specimen Validity Testing Billed in Combination with Urine Drug Testing

Events

- Comparative Billing Report: Subsequent Hospital Visits Webinar — April 11

MLN Matters® Articles

- Activation of Systematic Validation Edits for OPPS Providers with Multiple Service Locations
- ASP Medicare Part B Drug Pricing Files and Revisions: July 2019
- Changes to the Laboratory NCD Edit Software: July 2019
- Correction to FY 2019 IPPS Pricer
- FY 2017 SSI/Medicare Beneficiary Data for IPPS Hospitals, IRFs, LTCHs
- NCCI PTP Edits: Quarterly Update
- E/M and Superficial Radiation Treatment — Revised

Publications

- Understanding the Medicare Beneficiary Identifier
- Acute Care Hospital Inpatient Prospective Payment System — Revised
- Hospice Payment System — Revised
- Ambulatory Surgical Center Payment System — Revised
- Medicare Preventive Services — Revised

Multimedia

- Reducing Opioid Misuse Call: Audio Recording and Transcript
- Promoting Interoperability Call: Audio Recording and Transcript
- SNF Value-Based Purchasing Program Call: Audio Recording and Transcript

MLN Connects® for April 11, 2019

MLN Connects® for April 11, 2019

View this edition as a PDF

News

- Patients Over Paperwork April Newsletter
- New Part D Opioid Overutilization Policies: Myths and Facts
- Medicare Shared Savings Program: Submit Notice of Intent to Apply Beginning June 11
- Quality Payment Program CMS Web Interface and CAHPS for MIPS Survey: Register by July 1
- Quality Payment Program: 2018 MIPS Data Submission Preliminary Feedback
- IRF and SNF Quality Reporting Program: Enhanced Review and Correct Reports
- Part A Providers: Formal Telephone Discussion Demonstration Expansion
- Help Prevent Alcohol Misuse or Abuse
- National Health Care Decisions Day is April 16

Compliance

- Provider Minute Video: The Importance of Proper Documentation

Claims, Pricers & Codes

- Hold Hospice Adjustments to Avoid Underpayments

Publications

- Medicare Fraud & Abuse: Prevent, Detect, Report
- Promoting Interoperability Programs
- Telehealth Services — Revised
- Descriptors of G-codes and Modifiers for Therapy Functional Reporting — Revised
- Medicare Fraud & Abuse Poster — Reminder

Multimedia

- CMS: Beyond the Policy Podcast
- Cost Reports Webcast: Audio Recording and Transcript
- Quality Payment Program Merit-based Incentive Payment System (MIPS): Quality Performance Category in 2019 Web-Based Training Course — Revised

MLN Connects® for April 18, 2019

MLN Connects® for April 18, 2019

View this edition as a PDF

News

- CMS Proposes Expanding Coverage of Ambulatory Blood Pressure Monitoring
- Vitamin D Testing: Comparative Billing Report in April
- Air Ambulance Transports: Comparative Billing Report in April
- Physician Compare: Supplemental Preview Period Open until April 27
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- STD Awareness Month: Talk, Test, Treat

Compliance

- Inpatient Rehabilitation Facility Services: Follow Medicare Billing Requirements

Events

- MIPS APMs Scoring Standard Webinar — April 24

MLN Matters® Articles

- Temporary Gap Period of the DMEPOS CBP: July 2019 Update

Publications

- Medicare Enrollment for Providers Who Solely Order or Certify — Revised
- Medicare Overpayments — Revised
- PECOS for DMEPOS Suppliers — Revised
- PECOS for Physicians and NPPs — Revised
- PECOS for Provider and Supplier Organizations — Revised
- Annual Wellness Visit — Reminder
- Initial Preventive Physical Examination — Reminder

Phone numbers

Customer service
866-454-9007
877-660-1759 (speech and hearing impaired)

Education event registration hotline
904-791-8103 (NOT toll-free)

Electronic data interchange (EDI)
888-670-0940

Electronic funds transfers (EFT) (CMS-588)
866-454-9007
877-660-1759 (TTY)

Fax number (for general inquiries)
904-361-0696

Interactive voice response (IVR) system
877-847-4992

Provider enrollment
866-454-9007
877-660-1759 (TTY)

The SPOT help desk
855-416-4199
email: *FCSOSPOTHelp@FCSO.com*

Addresses

Claims
Medicare Part B Claims
P.O. Box 2525
Jacksonville, FL 32231-0019

Redeterminations
Medicare Part B Redetermination
P.O. Box 2360
Jacksonville, FL 32231-0018

Redetermination of overpayments
Overpayment Redetermination, Review Request
P.O Box 45248
Jacksonville, FL 32232-5248

Reconsiderations
C2C Innovative Solutions, Inc.
Part B QIC South Operations
ATTN: Administration Manager
PO Box 45300
Jacksonville, FL 32232-5300

General inquiries
General inquiry request
P.O. Box 2360
Jacksonville, FL 32231-0018

Email**:** *EDOC-CS-FLINQB@fcso.com>>*
Online form: *https://medicare.fcso.com/Feedback/161670.asp*

Provider enrollment
Provider Enrollment
P.O. Box 3409
Mechanicsburg, PA 17055-1849

Special or overnight deliveries
Provider Enrollment
2020 Technology Parkway Suite 100
Mechanicsburg, PA 17055-1849

Medical policy
Medical Policy and Procedure
P.O. Box 2078
Jacksonville, FL 32231-0048
Email: *medical.policy@fcso.com*

Medicare secondary payer
Medicare Part B Secondary Payer Dept.
P.O. Box 44078
Jacksonville, FL 32231-4078

Electronic data interchange (EDI)
Medicare EDI
P.O. Box 44071
Jacksonville, FL 32231-4071

Overpayments
Medicare Part B Debt Recovery
P.O. Box 44141
Jacksonville, FL 32231-4141

Medicare Education and Outreach
Medicare Education and Outreach
P.O. Box 45157
Jacksonville, FL 32232-5157

Fraud and abuse
Fraud and abuse complaints
P.O. Box 45087
Jacksonville, FL 32232-5087

Freedom of Information Act requests
FOIA Florida
P.O. Box 45268
Jacksonville, FL 32232-5268

Overnight mail and/or special courier service
First Coast Service Options Inc.
532 Riverside Avenue
Jacksonville, FL 32202-4914

Websites

Provider
First Coast Service Options Inc. (First Coast), your CMS-contracted Medicare administrative contractor
https://medicare.fcso.com

Find your *other contractors* (e.g. DME, HHA, etc)

Centers for Medicare & Medicaid Services
https://www.cms.gov

E-learning Center
First Coast University

Beneficiaries
Centers for Medicare & Medicaid Services
https://www.medicare.gov

Phone numbers

Customer service

866-454-9007
877-660-1759 (speech and hearing impaired)

Education event registration hotline

904-791-8103 (NOT toll-free)

Electronic data interchange (EDI)

888-670-0940

Electronic funds transfers (EFT) (CMS-588)

866-454-9007
877-660-1759 (TTY)

Fax number (for general inquiries)

904-361-0696

Interactive voice response (IVR) system

877-847-4992

Provider enrollment

888-845-8614
877-660-1759 (TTY)

The SPOT help desk

855-416-4199
Email: *FCSOSPOTHelp@FCSO.com*

Addresses

Claims

Medicare Part B Claims
P.O. Box 45098
Jacksonville, FL 32232-5098

Redeterminations

Medicare Part B Redetermination
P.O. Box 45024
Jacksonville, FL 32232-5024

Redetermination of overpayments

First Coast Service Options Inc.
P.O Box 45091
Jacksonville, FL 32232-5091

Reconsiderations

C2C Innovative Solutions, Inc.
Part B QIC South Operations
ATTN: Administration Manager
PO Box 45300
Jacksonville, FL 32232-5300

General inquiries

First Coast Service Options Inc.
P.O. Box 45098
Jacksonville, FL 32232-5098
Email: *EDOC-CS-FLINQB@fcso.com>>*
Online form: *https://medicare.fcso.com/Feedback/161670.asp*

Provider enrollment

CMS-855 Applications
P. O. Box 3409
Mechanicsburg, PA 17055-1849

Special or overnight deliveries
Provider Enrollment
2020 Technology Parkway Suite 100
Mechanicsburg, PA 17055-1849

Medical policy

Medical Policy and Procedure
P.O. Box 2078
Jacksonville, FL 32231-0048
Email: *medical.policy@fcso.com*

Medicare secondary payer

Medicare Part B Secondary Payer Dept.
P.O. Box 44078
Jacksonville, FL 32231-4078

Electronic data interchange (EDI)

Medicare EDI, 4C
P.O. Box 44071
Jacksonville, FL 32231-4071

Overpayments

Medicare Part B Debt Recovery
P.O. Box 45013
Jacksonville, FL 32232-5013

Medicare Education and Outreach

Medicare Education and Outreach
P.O. Box 45157
Jacksonville, FL 32232-5157

Fraud and abuse

Fraud and abuse complaints
P.O. Box 45087
Jacksonville, FL 32232-5087

Freedom of Information Act requests

FOIA USVI
P.O. Box 45073
Jacksonville, FL 32231-5073

Special courier service

First Coast Service Options Inc.
532 Riverside Avenue
Jacksonville, FL 32202-4914

Websites

Provider

First Coast Service Options Inc. (First Coast), your CMS-contracted Medicare administrative contractor

https://medicare.fcso.com

Find your *other contractors* (e.g. DME, HHA, etc)

Centers for Medicare & Medicaid Services

https://www.cms.gov

E-learning Center
First Coast University

Beneficiaries

Centers for Medicare & Medicaid Services

https://www.medicare.gov

Puerto Rico Contact Information

Phone numbers

Customer service
1-877-715-1921
1-888-216-8261 (speech and hearing impaired)

Education event registration hotline
904-791-8103 (NOT toll-free)
904-361-0407 (FAX)

Electronic data interchange (EDI)
888-875-9779

Electronic funds transfers (EFT) (CMS-588)
877-715-1921
877-660-1759 (TTY)

General inquiries
877-715-1921
888-216-8261 (TTY)

Interactive voice response (IVR) system
877-847-4992

Provider enrollment
877-715-1921
877-660-1759 (TTY)

The SPOT help desk
855-416-4199
email: *FCSOSPOTHelp@FCSO.com*

Addresses

Claims
Medicare Part B Claims
P.O. Box 45036
Jacksonville, FL 32232-5036

Redeterminations
Medicare Part B Redetermination
P.O. Box 45056
Jacksonville, FL 32232-5056

Redetermination of overpayments
First Coast Service Options Inc.
P.O Box 45015
Jacksonville, FL 32232-5015

Reconsiderations
C2C Innovative Solutions, Inc.
Part B QIC South Operations
ATTN: Administration Manager
PO Box 45300
Jacksonville, FL 32232-5300

General inquiries
First Coast Service Options Inc.
P.O. Box 45098
Jacksonville, FL 32232-5098

Email: *EDOC-CS-PRINQB@fcso.com>*
Online form: *https://medicare.fcso.com/Feedback/161670.asp*

Provider enrollment
CMS-855 Applications
P. O. Box 3409
Mechanicsburg, PA 17055-1849

Special or overnight deliveries
Provider Enrollment
2020 Technology Parkway Suite 100
Mechanicsburg, PA 17055-1849

Medical policy
Medical Policy and Procedure
P.O. Box 2078
Jacksonville, FL 32231-0048
Email: *medical.policy@fcso.com*

Medicare secondary payer
Medicare Part B Secondary Payer Dept.
P.O. Box 44078
Jacksonville, FL 32231-4078

Electronic data interchange (EDI)
Medicare EDI, 4C
P.O. Box 44071
Jacksonville, FL 32231-4071

Overpayments
Medicare Part B Debt Recovery
P.O. Box 45040
Jacksonville, FL 32231-5040

Medicare Education and Outreach
Medicare Education and Outreach
P.O. Box 45157
Jacksonville, FL 32232-5157

Fraud and abuse
Fraud and abuse complaints
P.O. Box 45087
Jacksonville, FL 32232-5087

Freedom of Information Act requests
FOIA Puerto Rico
P.O. Box 45092
Jacksonville, FL 32232-5092,

Special courier service
First Coast Service Options Inc.
532 Riverside Avenue
Jacksonville, FL 32202-4914

Websites

Provider
First Coast Service Options Inc. (First Coast), your CMS-contracted Medicare administrative contractor
https://medicare.fcso.com

Find your *other contractors* (e.g. DME, HHA, etc)

Centers for Medicare & Medicaid Services
https://www.cms.gov

E-learning Center
First Coast University

Beneficiaries
Centers for Medicare & Medicaid Services
https://www.medicare.gov

Order form for Medicare Part B materials

The following materials are available for purchase. To order these items, please complete and **submit this form along with your check/money order** payable to First Coast Service Options Inc. account # (use appropriate account number). Do not fax your order; it must be mailed.

Note: Payment for fee schedules cannot be combined with payment for other items; separate payments are required for purchases of items from different accounts.

Item	Acct Number	Cost per item	Quantity	Total cost
Part B subscription – The Medicare Part B jurisdiction N publications, in both Spanish and English, are available free of charge online at *https://medicare.fcso.com/Publications_B/index.asp* (English) or *https://medicareespanol.fcso.com/Publicaciones/* (Español). Nonprovider entities or providers who need additional copies may purchase an annual subscription. This subscription includes all issues published from October 2018 through September 2019.	40300260	$33		
2019 fee schedule – The Medicare Part B Physician and Nonphysician Practitioner Fee Schedules, effective for services rendered January 1 through December 31, 2019, are available free of charge online at *https://medicare.fcso.com/Data_files/* (English) or *https://medicareespanol.fcso.com/Fichero_de_datos/* (Español). Additional copies are available for purchase. The fee schedules contain payment rates for all localities. These items do not include the payment rates for injectable drugs, clinical lab services, mammography screening, or DMEPOS items. **Note:** Requests for hard copy paper disclosures will be completed as soon as CMS provides the direction to do so. Revisions to fees may occur; these revisions will be published in future editions of the Medicare Part B publication.	40300270	$12		
Language preference: **English** [ ] **Español** [ ]				
Please write legibly			Subtotal	$
			Tax (***add % for your area***)	$
			Total	$

Mail this form with payment to:
First Coast Service Options Inc.
Medicare Publications
P.O. Box 406443
Atlanta, GA 30384-6443

Contact Name: _____

Provider/Office Name: _____

Phone: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

(Checks made to "purchase orders" not accepted; all orders must be prepaid)