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RAILROAD MEDICARE ADVISORY

Latest Part B News for Railroad Medicare

March 2021
Volume 2021, Issue 3

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[palmettogba.com/rr](https://www.palmettogba.com/rr)

The *Medicare Advisory* contains coverage, billing and other information for Railroad Medicare. This information is not intended to constitute legal advice. It is our official notice to those we serve concerning their responsibilities and obligations as mandated by Medicare regulations and guidelines. This information is readily available at no cost on the Palmetto GBA website. It is the responsibility of each facility to obtain this information and to follow the guidelines. The *Railroad Medicare Advisory* includes information provided by the Centers for Medicare & Medicaid Services (CMS) and is current at the time of publication. The information is subject to change at any time. This bulletin should be shared with all health care practitioners and managerial members of the provider staff. Bulletins are available at no-cost from our website at <https://www.PalmettoGBA.com/rr>.

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A RRB-Contracted Specialty
Medicare Administrative Contractor



PALMETTO GBA®
A CELERIAN GROUP COMPANY

eServices: COVID-19 Transition

In light of the COVID-19 pandemic, organizations are proactively transitioning employees across the health care industry back into the office.

Palmetto GBA is providing a quick reference eServices guide to assist with common issues you may experience if you have not logged into your eServices account in the past 30-60 days.

If you are not currently registered to use eServices, we have also included some resources to get you started.

Railroad Medicare:

<https://www.palmettogba.com/internet/PCIDN.nsf/R?OpenAgent&DID=BRKJM375&url=yes>

Do You Have a Question Regarding eServices? We Can Help!

Palmetto GBA has dedicated representatives available to provide technical assistance and answer questions about our secure online portal — eServices. *Our Provider Contact Center (PCC) representatives can be reached at 888-355-9165 (Monday – Friday, 8:30 a.m. to 4:30 p.m. ET for all time zones with the exception of PT, which receives services from 8 a.m. to 4 p.m.).*

To connect with an eServices representative:

- Press 2 for EDI/eServices, then
- Press 1 for eServices inquiries

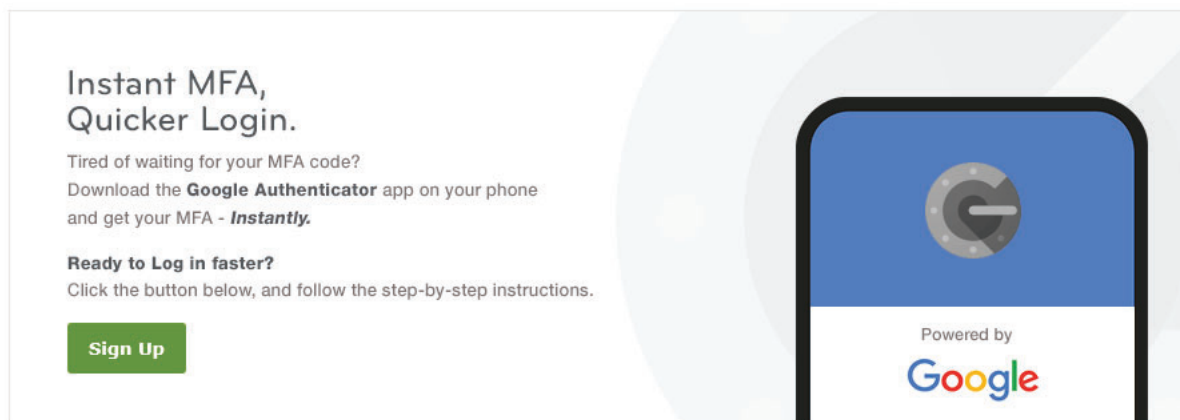
CMS Provider Minute Videos

The Medicare Learning Network has a series of CMS Provider Minute Videos

(<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Multimedia>) on a variety of topics, such as psychiatry, preventive services, lumbar spinal fusion, and much more. The videos offer tips and guidelines to help you properly submit claims and maintain sufficient supporting documentation. Check the site often as CMS adds new videos periodically to further help you navigate the Medicare program.

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eServices and Google Authenticator



To enhance the security of Medicare information, the Centers for Medicare & Medicaid Services (CMS) requires the use of multi-factor authentication (MFA) each time you log in to eServices. We're excited to announce a new option to protect your account - Google Authenticator.

You now have three options to receive an MFA code:

- Email
- Text
- Google Authenticator

Are you new to eServices? Or maybe you already have an eServices account...no worries! In just a few quick steps, you can set up Google Authenticator. This two-step verification is available when initially registering for eServices or if you already have an existing eServices account.

Initial Registration

Upon initial registration to eServices, you must complete the fields on the MFA Setup screen.

The information entered on this screen will be saved in your profile. Select Authenticator Setup for Google Authenticator option.

After selecting the Authenticator Setup button, you'll see instructions for installing Google Authenticator. These steps are based on your device - iPhone or Android:

- iPhone users must access iTunes
- Android users must access Google Play

A successful installation prompts this screen showing your device is now linked. Select Submit to save the changes.

At your initial login to eServices, you are asked to choose your preferred method for receiving your MFA code.

Select the Use the app button to receive the MFA code via the Google Authenticator app.

Continued >>

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After selecting Use the app, the verification code will appear in your Google Authenticator app. This code will renew every 30 seconds.

Enter the code in the available field and select the Submit button.

Existing Account

At your next login to eServices, you are asked to choose your preferred method for receiving your MFA code.

You must choose from the text or email options since you haven't set up the Google Authenticator option yet.

After verification, go to the My Account tab to change your account settings.

From the My Account tab, scroll down until you see the MFA Setup options.

The information entered on this screen will be saved in your profile. Select Authenticator Setup for Google Authenticator option.

After selecting the Authenticator Setup button, you'll see instructions for installing Google Authenticator. These steps are based on your device - iPhone or Android:

- iPhone users must access iTunes
- Android users must access Google Play

A successful installation prompts this screen showing your device is now linked. Select Submit to save the changes.

At your next login to eServices, you are again asked to choose your preferred method for receiving your MFA code. But not you'll notice you can also choose to receive your code with the Google Authenticator app.

Select the Use the app button to receive the MFA code via the Google Authenticator app.

After selecting Use the app, the verification code will appear in your Google Authenticator app. This code will renew every 30 seconds.

Enter the code in the available field and select the Submit button.

Get Your Medicare News Electronically

The Palmetto GBA Medicare listserv is a wonderful communication tool that offers its members the opportunity to stay informed about:

- Medicare incentive programs
- Fee Schedule changes
- New legislation concerning Medicare
- And so much more!

How to register to receive the Palmetto GBA Medicare Listserv: Go to

<http://tinyurl.com/PalmettoGBAListserv> and select “Register Now.” Complete and submit the online form. Be sure to select the specialties that interest you so information can be sent.

Note: Once the registration information is entered, you will receive a confirmation/welcome message informing you that you’ve been successfully added to our listserv. You must acknowledge this confirmation within three days of your registration.

eServices Eligibility

eServices, by Palmetto GBA, allows you to search for patient eligibility, which is a functionality of HETS. HETS requires you to enter beneficiary last name and Medicare ID Number, in addition to either the birth date or first name. See options below:

- Medicare ID Number, Last Name, First Name, Birth Date
- Medicare ID Number, Last Name, Birth Date
- Medicare ID Number, Last Name, First Name

The screenshot shows the 'Eligibility Inquiry' page on the Palmetto GBA website. At the top, there is a navigation menu with links for Home, Claims, Remittance, Eligibility, HET Lookup, Financial Tools, Messages, Forms, eReview, RCD, Support, Admin, and My Account. Below the menu is a 'Get Status' button and a notification box stating 'You have 0 unread message(s) and 1 alerts.' with a 'Help' button. The main heading is 'Eligibility Inquiry' with a sub-heading 'Inquiry'. The 'New Inquiry' section contains a text box explaining that the tool uses data from CMS' HETRA Eligibility Transaction System (HETS) and requires beneficiary last name and Medicare ID, plus either birth date or first name. It lists two search options: 'Medicare ID, Last Name, First Name' and 'Medicare ID, Last Name, Birth Date'. Below this, it states that the HETS system allows inquiries up to four (4) years prior to, and four (4) months in the future of, today's date. The 'Beneficiary Information' section includes fields for Contract Id, NPI, Subscriber's Last Name, Subscriber Name Suffix, Subscriber Birth Date, Provider, Provider Type, Subscriber's First Name, Subscriber Gender, and Medicare ID. There are also fields for Date From and Date To. A note indicates that asterisks denote required fields.

For more information about eServices and the many services it offers, please visit our website at <http://www.PalmettoGBA.com/eServices>.

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Medicare Learning Network® (MLN)

Want to stay informed about the latest changes to the Medicare Program? Get connected with the Medicare Learning Network® (MLN) – the home for education, information, and resources for health care professionals.

The Medicare Learning Network® is a registered trademark of the Centers for Medicare & Medicaid Services (CMS) and the brand name for official CMS education and information for health care professionals. It provides educational products on Medicare-related topics, such as provider enrollment, preventive services, claims processing, provider compliance, and Medicare payment policies. MLN products are offered in a variety of formats, including articles, educational tools, booklets, fact sheets, web-based training courses (many of which offer continuing education credits) – all available to you free of charge!

You can find links to the following resources on the CMS MLN web page at:
<https://www.cms.gov/Outreach-and-Education/Outreach-and-Education>

- Publications & Multimedia
- Events & Training
- News & Updates
- Association Continuing Education Credit

MLN Connects Electronic Mailing List

Subscribe to the MLN Connects weekly email newsletter for all national Fee-for-Service (FFS) program news, including MLN Matters Article and MLN product updates.

To subscribe to the service:

1. Go to https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_7819. Enter you email address and select Submit.
2. Follow the instructions to set up an account and start receiving updates immediately – it's that easy!

If you would like to contact the MLN, please email CMS at MLN@cms.hhs.gov.

ePass is Now Available in the Railroad Medicare Interactive Voice Response (IVR) Unit

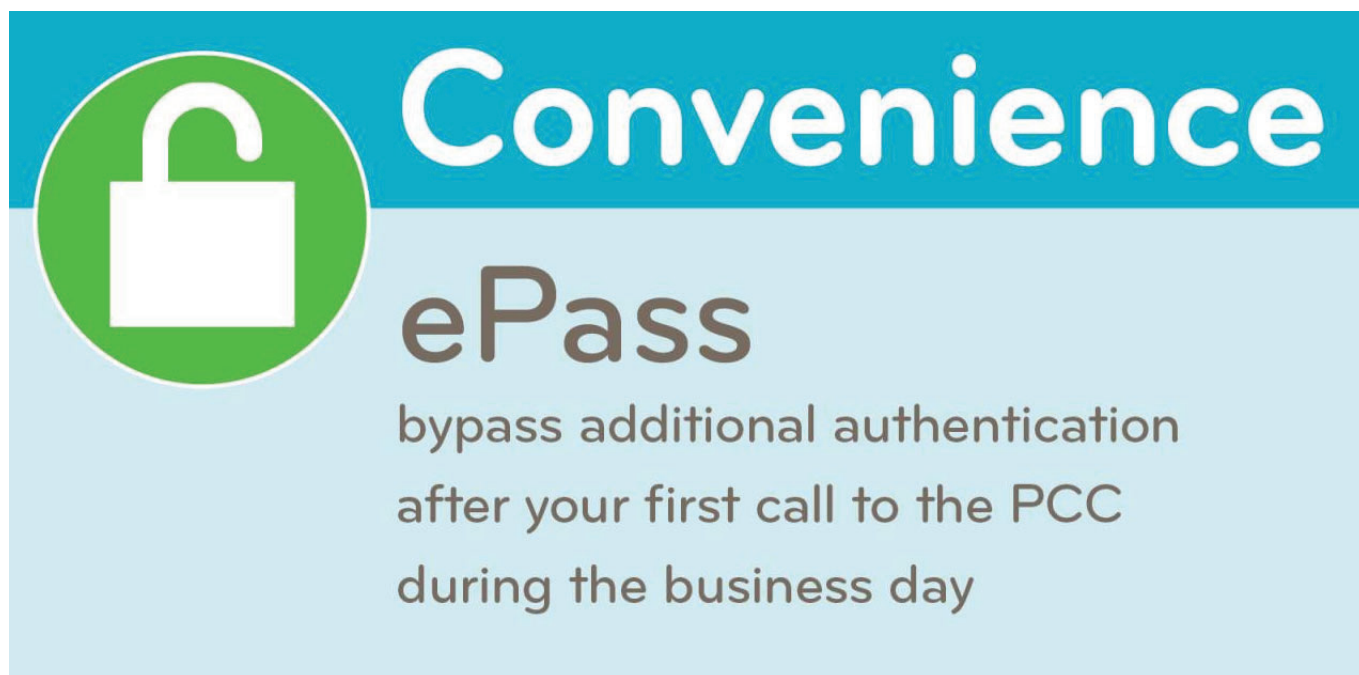
Provider authentication by Provider Transaction Access Number (PTAN), National Provider Identifier (NPI) and Tax Identification Number (TIN) is required before the Palmetto GBA Interactive Voice Response (IVR) Unit is authorized to release Railroad Medicare claim status information, financial information, patient eligibility information, or to order a copy of a remittance advice.

An “ePass” is an eight-digit code you will be prompted to receive or enter each time you choose the IVR options for claims, finance, eligibility or duplicate remittance advice. When you choose option 2 to receive an ePass, you will be assigned an ePass code for the provider’s PTAN/NPI/TIN combination you enter. You can then enter that ePass in the IVR for the remainder of the day in order to authenticate that provider. This eliminates the need to repeatedly enter the same PTAN, NPI and TIN into the IVR.

The goal of the ePass is to ease provider burden by eliminating the need to repeatedly authenticate the same provider each time you contact the IVR in a given day.

We hope this service will be effective and helpful to you. We encourage you to give us feedback about ePass through our website satisfaction survey. Your input helps us create new tools (like ePass) to make interacting with Railroad Medicare smooth and easy. To access the survey, access the “Topics” in the drop down menu at the top of this web page. The last item on the preview says “You Do Make a Difference,” which is the link to the survey.

We look forward to hearing from you!

A graphic with a blue header and light blue body. On the left is a green circle containing a white padlock icon. To the right of the icon, the word "Convenience" is written in large white font on the blue background. Below this, the word "ePass" is written in large brown font. Underneath "ePass", the text "bypass additional authentication after your first call to the PCC during the business day" is written in a smaller brown font.

Convenience

ePass

bypass additional authentication
after your first call to the PCC
during the business day

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CMS Quarterly Provider Update

The Quarterly Provider Update is a comprehensive resource published by the Centers for Medicare & Medicaid Services (CMS) on the first business day of each quarter. It is a listing of all non-regulatory changes to Medicare including program memoranda, manual changes and any other instructions that could affect providers. Regulations and instructions published in the previous quarter are also included in the update. The purpose of the Quarterly Provider Update is to:

- Inform providers about new developments in the Medicare program
- Assist providers in understanding CMS programs and complying with Medicare regulations and instructions
- Ensure that providers have time to react and prepare for new requirements
- Announce new or changing Medicare requirements on a predictable schedule
- Communicate the specific days that CMS business will be published in the ‘Federal Register’

To receive notification when regulations and program instructions are added throughout the quarter, sign up for the Quarterly Provider Update listserv (electronic mailing list) at <https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&qsp=566>.

We encourage you to bookmark the Quarterly Provider Update Web site at www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/index and visit it often for this valuable information.

eServices Extends Administrator Unlock Feature Beyond 30 Days

Palmetto GBA has implemented new “Disable User” functionality in eServices that will disable a user that has been inactive for 30 days instead of terminating the User ID. Administrators will now be able to enable the user up to 120 days after 30 days of inactivity. If the user ID is not enabled within this time, the account will be terminated. We will send notification to providers through a series of periodic emails (up to the 120-day limit) to remind the user of their status and provide instructions to re-enable eServices IDs.

In short, provider administrators can now simply unlock users as well as other administrators. This is a significant change from past guidelines. Previously:

- Provider Administrators and users were required to login at least once every 30 days
 - Accounts in which users did not login past 30 days were deactivated/terminated
 - If the provider admin did not login, all user accounts associated with the provider admin were also deactivated/terminated
- This created additional work for administrators as they were required to create new accounts for deactivated/terminated users

The Provider Contact Center eServices Helpdesk is also able to assist if the provider administrator is unable to complete this task.

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Provider Customer Service Center Training and Closure Dates

The Centers for Medicare & Medicaid Services (CMS) and the Railroad Retirement Board (RRB) have approved the RRB Specialty Medicare Administrative Contractor (RRB SMAC) to close up to eight hours per month for provider Customer Service Advocates (CSAs) training and/or staff development. The goal is to help CSAs improve the consistency and accuracy of their responses to provider questions; enhance their awareness and understanding of Medicare policies and issues; and facilitate CSAs' retention of the facts of their training by increasing its frequency.

When our CSAs participate in training and developmental sessions on Thursdays of each month, you may use our online provider portal called eServices. eServices provides claim status, duplicate remittances, patient eligibility and much more. Register now at <https://www.PalmettoGBA.com/eServices>. Please refer to the training schedule below for specific closure dates and times.

Date	Phones Closed
March 4, 2021	PCC closed for training / 2:30 to 4:30 PM ET
March 11, 2021	PCC closed for training / 2:30 to 4:30 PM ET
March 18, 2021	PCC closed for training / 2:30 to 4:30 PM ET
March 25, 2021	PCC closed for training / 2:30 to 4:30 PM ET
May 31, 2021	Office closed / Memorial Day
July 5, 2021	Office closed / Independence Day
September 6, 2021	Office closed / Labor Day
November 25, 2021	Office closed / Thanksgiving Day
November 26, 2021	Office closed / Day After Thanksgiving
December 23, 2021	Office closed / Christmas Eve
December 24, 2021	Office closed / Christmas Day
December 31, 2021	Office closed / New Year's Day

Please note that we will attempt to provide advance notice of any changes to the above training schedule via the website, IVR features and automatic email notices.

If you have not already done so, we encourage you to sign up for automatic email notices of updates to our website. Subscribing to this listserv is the fastest way to find out about Medicare changes that may affect you. There is no charge for the service, and we will not share your email address with others. To register, go to Email Updates at <https://www.palmettogba.com/registration.nsf/Push+Mail+Archive+Home?OpenForm>.

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If you have questions, please call our Provider Contact Center at 888-355-9165 and select Option 5. Customer Service Advocates are available between the hours of 8:30 a.m. to 4:30 p.m. for all time zones, with the exception of PT, which receives service from 8 a.m. to 4 p.m. PT. Our eServices portal is available 24/7 with the exception of claims, remittance, and financial data, which is available from 8 a.m. to 7 p.m. Monday through Friday. You may access eServices at <http://www.PalmettoGBA.com/eServices>.

eDelivery Reminder: Are You Getting Your Greenmail?

Palmetto GBA would like to remind providers that you have the option to receive letters electronically through eServices. Gaining access to these letters is a simple process! To start receiving your Medicare letters, such as Medical Review Additional Documentation Request (ADR) letters and first level appeal Medicare Redetermination Notices (MRNs) electronically, you must be signed up for our eServices online provider portal. Once you have signed into eServices, select the Admin tab, next you can choose your eDelivery preferences. Just click the drop down box to choose eDelivery of the letters you would like to receive via greenmail. You can also select “User Email Notification” to start receiving emails when your letters are available in eServices for you. Selecting this choice is so easy and allows you to receive your letters faster!

Once you have chosen the eDelivery option, all of the letters you selected will come to you electronically, even if you sent in your request via fax or mail.

Using MBIs in the IVR Now

The transition period during which you can use either a patient’s Health Insurance Claim Number (HICN) or a Medicare Beneficiary Identifier (MBI) ended on December 31, 2019. All Railroad Medicare systems including our Interactive Voice Response (IVR) requires MBIs to obtain beneficiary and claims information.

Need help using MBIs in the IVR? Our IVR Conversion Tool can help! Use our IVR Conversion Tool (<https://www.palmettogba.com/internet/PCIDN.nsf/R?OpenAgent&DID=BBBRUD68&url=yes>) to quickly convert an MBI into the numbers/characters that are required by our IVR. This tool also converts your Provider Transaction Access Number (PTAN) and your patient’s name.

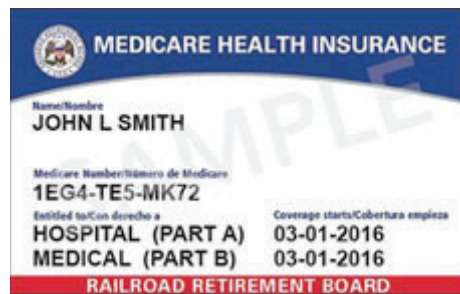
As an alternative to the IVR, providers with an Electronic Data Interchange (EDI) enrollment agreement on file with Palmetto GBA Railroad Medicare and a claim in history can use Palmetto GBA’s eServices online provider portal to check claim status and patient eligibility, to view and print remittance advice, and more. If you are already submitting claims electronically to Railroad Medicare, you do not have to submit a new EDI Enrollment Agreement. Register for eServices today at <https://www.PalmettoGBA.com/eservices>.

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How Can I Tell if a Patient Has Railroad Medicare?

All Railroad Medicare beneficiaries have been mailed their new Railroad Medicare cards with their new Medicare Beneficiary Identifiers (MBIs). MBI's are "non-intelligent" numbers made up of 11 characters of numerals and capital letters. Unlike Railroad Medicare Health Insurance Claim Numbers (HICNs), which could be identified by their format (1-3 letters followed by 6 or 9 numbers), Railroad Medicare MBI's are indistinguishable from other MBI's. With MBI's you will not be able to tell if a patient is eligible for Railroad Medicare just by looking at the number.

The Medicare card of a person with Railroad Medicare will continue to be unique. The Railroad Retirement Board (RRB) will continue issuing Railroad Medicare cards with the RRB logo in the upper left corner, and 'Railroad Retirement Board' at the bottom, as shown here. Railroad Medicare cards will also have a QR code on the front lower right-hand corner of the cards, while Medicare cards will have a QR code on the back of the card. Make sure to ask your patients for their new cards and program your system to identify Railroad Medicare patients based on their cards, if possible.



If you verify your patient's eligibility electronically, CMS will return a message on the eligibility transaction response for a Fee-For-Service (FFS) Railroad Medicare MBI inquiry that will read "Railroad Retirement Medicare Beneficiary" in 271 Loop 2110C, Segment MSG.

If you verify a patient's eligibility using an MBI in the Palmetto GBA eServices online provider portal, the portal will return the "Railroad Retirement Medicare Beneficiary" message in the Additional Information field of the Eligibility sub-tab, as shown below.

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PALMETTO GBA. eServices

Home Claims Remittance Eligibility MBI Lookup Financial Tools Messages Forms eReview Support Admin My Account

Get Status You have 1 unread message(s) and 0 alerts Help

Eligibility Inquiry

DOB: DOD:

Inquiry Eligibility Deductibles/Caps Preventive Plan Coverage MSP Hospice/HomeHealth Inpatient QMB All screens

Part A Eligibility

Effective Date: Termination Date:

Part B Eligibility

Effective Date: Termination Date:

Inactive Periods

Effective Date: Termination Date:

Beneficiary Address

Address Line 1: Address Line 2:
City: State:
Zip:

End Stage Renal Disease (ESRD)

Coverage Period Effective Date: Coverage Period End Date:
Dialysis Start Date: Dialysis End Date:
Transplant Effective Date:

Additional Information

RAILROAD RETIREMENT MEDICARE BENEFICIARY.

For more information on the new Medicare cards and using the new MBIs, see the following Medicare Learning Network (MLN) resources:

- MBI website: <https://www.cms.gov/Medicare/New-Medicare-Card/index>
- MLN SE18006 - New Medicare Beneficiary Identifier (MBI) Get It, Use It: <https://tinyurl.com/SE18006>

Help Us to Help You: Have Your Provider and Patient Information Ready When You Call Customer Service

Having the required provider and beneficiary authentication elements available when you call Customer Service will save you time and help us handle your inquiry more efficiently.

You will be asked for the following information about the provider:

- The provider's National Provider Identifier (NPI)
- The provider's Railroad Medicare Provider Transaction Access Number (PTAN)
- The provider's Tax Identification Number (TIN): last five digits

The Centers for Medicare & Medicaid Services (CMS) requires authentication of these provider elements whenever a request would involve the disclosure of personally-identifiable information (PII) or protected health information (PHI). If you are not able to provide the required elements, our Customer Service Advocates may ask you to obtain the information and call back.

Don't have your Railroad Medicare PTAN? Providers can use our PTAN Lookup and Request Tool to lookup their Railroad Medicare PTAN. If you are employed by a clearinghouse or third-party biller, you must contact the provider to obtain the Railroad Medicare PTAN. See our Using Railroad Medicare's Online PTAN Lookup and Request Tool article for details <https://palmettogba.com/Palmetto/Providers.nsf/docsCat/Railroad%20Medicare~Resources~Provider%20Enrollment~Articles~Using%20Railroad%20Medicare%20Online%20PTAN%20Lookup%20and%20Request%20Tool?open&Expand=1>

You will be asked to provide the following information about the beneficiary:

- The beneficiary's Medicare Beneficiary Identifier (MBI)
- The beneficiary's last name
- The beneficiary's first name or initial, and either
- The claim date(s) of service (for post-claim inquiries, such as reason for denial or rejection) or
- The beneficiary's date of birth (for pre-claim inquiries, such as entitlement requests/issues)

The CMS requires authentication of these beneficiary elements prior to disclosing PII or PHI about a Medicare beneficiary to an authenticated provider. All information must match. If you are not able to provide the required elements, our Customer Service Advocates may ask you to obtain the information and call back.

Don't have the patient's MBI? There are three ways you and your office staff can get MBIs:

1. Ask your patient
2. Use the MBI Look-up tool on the Palmetto GBA eServices portal or your local Medicare Administrative Contractor's portal
 - You can look up MBIs for your Medicare patients when they don't or can't give them. You must have your patient's first name, last name, date of birth and Social Security Number (SSN) to search. If a patient doesn't want to release their SSN to you, the patient will need to provide you with their MBI.
3. Check a remittance advice
 - If you previously saw a patient and got a claim payment decision based on a claim submission with a HICN before January 1, 2020, look at that remittance advice. We returned the MBI on every remittance

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advice when a provider submitted a claim with a valid and active HICN from October 1, 2018 through December 31, 2019.

Resource: MLN SE18006 — New Medicare Beneficiary Identifier (MBI) Get It, Use It at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18006.pdf>

Railroad Medicare’s online “PTAN Lookup and Request Tool”

Providers can now obtain their existing Railroad Medicare Provider Transaction Access Number (PTAN) or request a new Railroad Medicare PTAN through our “PTAN Lookup and Request Tool” at <http://www.PalmettoGBA.com/RR/PTAN>.

Please review the following resources before using the PTAN Tool:

- Using Railroad Medicare’s online “PTAN Lookup and Request Tool”
<https://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Railroad%20Medicare~Resources~Provider%20Enrollment~Articles~AK7K447304?open>
- Railroad Medicare PTAN Lookup and Request Tool FAQs
<https://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Railroad-Medicare~AXCNMG2662>

International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--April 2021

MLN Matters Number: MM12027 Revised

Related CR Release Date: January 14, 2021

Related CR Transmittal Number: R10566NCD

Related Change Request (CR) Number: 12027

Effective Date: April 1, 2021

Implementation Date: December 16, 2020, MACs, April 5, 2021. Shared System Maintainers

Note: We revised this article due to a revised CR12027 that CMS issued on January 14, 2021. The CR revision didn't impact the substance of this article. We revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

Provider Types 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 about updated ICD-10 conversions as well as coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Any policy-related changes to NCDs continue to be implemented via the current, longstanding NCD process. There are no policy-related changes with these updates. Make sure your billing staffs are aware of these updates.

Background

Previous NCD coding changes appear in ICD-10 quarterly updates that are available at <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html> along with other CRs implementing new NCD policy. Edits to ICD-10, and other coding updates specific to NCDs, will be included in subsequent quarterly releases as needed.

Note: Coding (as well as payment) is a separate and distinct area of the Medicare Program from coverage policy/criteria. Revisions to codes within an NCD are carefully and thoroughly reviewed and vetted by CMS and are not intended to change the original intent of the NCD. The exception to this is when coding revisions are released as official implementation of new or reconsidered NCD policy following a formal national coverage analysis.

Note: The translations from ICD-9 to ICD-10 are not consistent one-to-one matches, nor are all ICD-10 codes appearing in a complete General Equivalence Mappings (GEMs) mapping guide or other mapping guides appropriate when reviewed against individual NCD policies. As of October 1, 2019, the Centers for Medicare & Medicaid Services (CMS) no longer provides GEMs mappings.

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Key Points in CR 12027

Relevant NCD coding changes in CR 12027 include:

- NCD 20.5 Extracorporeal Immunoabsorption Using Protein A Columns
- NCD 20.33 Transcatheter Mitral Valve Regurgitation (TMVR)
- NCD 110.10 IV Iron Therapy
- NCD 110.21 Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions
- NCD 110.23 Stem Cell Transplants
- NCD 160.18 Vagus Nerve Stimulation (VNS)
- NCD 180.1 Medical Nutrition Therapy
- NCD 190.3 Cytogenetic Studies
- NCD 210.6 Hepatitis B Virus (HBV) Screening
- NCD220.4 Mammograms
- NCD220.6.17 PET for Solid Tumors
- NCD 220.13 Percutaneous Image-Guided Breast Biopsy
- NCD 260.1 Adult Liver Transplants

Please follow the link below for the NCD spreadsheets included with this CR:

<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR12027.zip>

For those policies that expressly allow MAC discretion, there may be changes to those NCDs based on current review of those NCDs against ICD-10 coding. For these reasons, there may be certain ICD-9 codes that were once considered appropriate prior to ICD-10 implementation that are no longer considered acceptable.

The MACs use default Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) messages, where appropriate. When denying claims associated with the attached NCDs, except where otherwise indicated, the MACs will use these messages:

- Remittance Advice Remark Codes (RARC) N386 with Claim Adjustment Reason Code (CARC) 50, 96, and/or 119. See latest CAQH CORE update.
- Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with occurrence code 32, or with occurrence code 32 and a GA modifier, indicating a signed Advance Beneficiary Notice (ABN) is on file).
- Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file).
- For modifier GZ, CARC 50 is used.

Note: MACs will adjust any claims processed in error associated with CR 12027 that you bring to their attention.

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Additional Information

The official instruction, CR 12027, issued to your MAC regarding this change, is available at <https://www.cms.gov/files/document/r10566otn.pdf>.

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

Document History

Date of Change	Description
January 20, 2021	We revised this article due to a revised CR12027 that CMS issued on January 14, 2021. The CR revision didn't impact the substance of this article. We revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.
December 10, 2020	We revised this article due to a revised CR12027 that CMS issued on December 10. The CR revision didn't impact the substance of this article. We revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.
November 4, 2020	Initial article released.

Calendar Year (CY) 2021 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment

MLN Matters Number: MM12080 **Revised**
Related CR Release Date: **January 20, 2021**
Related CR Transmittal Number: **R10575CP**
Related Change Request (CR) Number: 12080
Effective Date: January 1, 2021
Implementation Date: January 4, 2021

Note: We revised this article to reflect a revised CR 12080, that CMS issued on January 20, 2021. In the CR, CMS changed the payment determination for code 0177U in the crosswalk from 81310 to 81309. We made that same change as shown in red print on page 6. Also, we changed the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

Provider Type Affected

This MLN Matters Article is for clinical diagnostic laboratories that submit claims to Medicare Administrative Contractors (MACs) for laboratory services for Medicare beneficiaries.

Provider Action Needed

Related CR 12080 provides instructions for the Calendar Year (CY) 2021 Clinical Laboratory Fee Schedule (CLFS), mapping for new codes for clinical laboratory tests, and updates for laboratory costs subject to the reasonable charge payment. Make sure your billing staffs are aware of these updates.

Background

The CY 2021 updates are as follows:

Advanced Diagnostic Laboratory Tests (ADLTs) Refer to

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/PAMA-Regulations.html#ADLT_tests for further information on these tests.

- **Next CLFS Data Reporting Period for Clinical Diagnostic Laboratory Tests —DELATED**
Section 1834A of the Social Security Act (the Act), as established by Section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA), required significant changes to how Medicare pays for Clinical Diagnostic Laboratory Tests (CDLTs) under the CLFS. Under the CLFS final rule, reporting entities must report to CMS certain private payer rate information (applicable information) for their component applicable laboratories. The data collection period (the period where applicable information for an applicable laboratory is obtained from claims for which the laboratory received final payment during the period) was from January 1, 2019, through June 30, 2019.
- Section 105 (a) of the Further Consolidated Appropriations Act, 2020 (FCAA) (Pub. L. 116-94, enacted December 19, 2019) and Section 3718 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Pub. L. 116-136, enacted March 27, 2020) made several revisions to the next data reporting period

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for CDLTs that are not ADLTs and the phase-in of payment reductions under the Medicare private payor rate-based CLFS. In summary, the revisions are as follows:

- The next data reporting period of January 1, 2022, through March 31, 2022, will be based on the original data collection period of January 1, 2019, through June 30, 2019.
- After the next data reporting period, there is a three-year data reporting cycle for CDLTs that are not ADLTs, (that is 2025, 2028, etc.).
- The statutory phase-in of payment reductions resulting from private payor rate implementation is extended, that is, through CY 2024. There is a 0.0 percent reduction for CY 2021, and payment may not be reduced by more than 15% for CYs 2022 through 2024.

COVID-19 Policy Updates

Payment for High Throughput Technologies

On October 15, 2020, CMS issued ruling CMS-2020-1-R2 which amends CMS Ruling 2020-1-R, which articulated CMS's policy concerning the designation and payment of certain CDLTs related to COVID-19 under the Medicare Part B CLFS.

CMS Ruling 2020-1-R defined certain highly sophisticated equipment called “high throughput technology.” It also established a payment amount for molecular genomic CDLTs making use of high throughput technologies for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 and that are administered during the ongoing emergency period defined in paragraph (1)(B) of Section 1135(g) of the Act.

CMS Ruling 2020-2-R amends CMS Ruling 2020-1-R by modifying the payment amount established in that Ruling for such CDLT based on a re-evaluation of the resources necessary for the timely administration of these tests. The ruling:

- Establishes a revised payment amount for HCPCS codes U0003 and U0004 of \$75 per procedure (previously was \$100)
- Sets a new add-on payment amount of \$25 for HCPCS code U0005 which is to be used to indicate that the
 - corresponding CDLT (U0003 or U0004) that makes use of high throughput technology for the detection of SARS-CoV-2 or diagnosis of the virus that causes COVID-19 is completed within 2 calendar days of the specimen being collected, and
 - the laboratory completed a majority of these CDLTs (for all patients during the prior calendar month) in 2 calendar days or less from when the specimen was collected.

For more information on this policy update, please refer to <https://www.cms.gov/files/document/cms-ruling-2020-1-r2.pdf>.

Clinical Laboratory Fee Schedule Update to Fees

In accordance with Section 1833(h)(2)(A)(i) of the Act, the annual update to the local clinical laboratory fees for CY 2021 is 0.20%. Beginning January 1, 2021, this update applies only to pap smear tests. For a pap smear test, Section 1833(h)(7) of the Act requires payment to be the lesser of the local fee or the National Limitation Amount, but not less than a national minimum payment amount. However, for pap smear tests, payment may also not exceed the actual charge. The CY 2021 national minimum payment amount is \$15.15 (This value reflects the CY 2020 national minimum payment with a 0.2% increase or \$15.12 times 1.0020). The affected codes for the national minimum payment amount are: 88142, 88143, 88147, 88148, 88150, 88152, 88153,

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88164, 88165, 88166, 88167, 88174, 88175, G0123, G0143, G0144, G0145, G0147, G0148, Q0111, Q0115, and P3000.

The annual update to payments made on a reasonable charge basis for all other laboratory services for CY 2021 is 0.6% (See 42 CFR 405.509(b)(1)). The Part B deductible and coinsurance do not apply for services paid under the CLFS.

Access to Data File You'll have Internet access to the CY 2021 CLFS data file at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/index.html>. It will be available in multiple formats including Excel, text, and comma delimited.

Public Comments and Final Payment Determinations

On June 22, 2020, CMS hosted a public meeting to solicit comments on the reconsidered codes from CY 2019 codes and new CY 2021 CPT codes. Notice of the meeting was published in the **Federal Register** on May 4, 2020. Many attendees, including individuals representing laboratories, manufacturers, and medical societies made recommendations to CMS. We posted a summary of the meeting and the tentative payment determinations at

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Laboratory_Public_Meetings.html. We accepted additional written comments from the public until October 21, 2020. We also posted a summary of the public comments and the rationale for the final payment determinations at the same CMS web site identified in the previous sentence.

Pricing Information

The CY 2021 CLFS includes separately payable fees for certain specimen collection methods (codes 36415, P9612, and P9615). The fees have been established in accordance with Section 1833(h)(4)(B) of the Act.

We update the fees for clinical laboratory travel codes P9603 and P9604 on an annual basis. You may bill the clinical laboratory travel codes only for traveling to perform a specimen collection for either a nursing home or homebound patient. If there is a revision to the standard mileage rate for CY 2021, CMS will issue a separate instruction on the clinical laboratory travel fees.

The CY 2021 CLFS may also include codes that have a "QW" modifier to both identify codes and determine payment for tests performed by a laboratory having only a CLIA certificate of waiver. Code will be listed if applicable.

Mapping Information

CY 2021 CLFS Mapping Information

- New code 0141U is to be gapfilled
- New code 0142U is to be gapfilled
- New code 0151U is to be gapfilled
- New code 0202U is priced at the same rate as code 87633
- New code 0140U is to be gapfilled
- New code 0152U is to be gapfilled

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- New code 0210U is priced at the same rate as code [0065U PLUS (0065U TIMES 0.03)]
- New code U0001 is to be gapfilled
- New code U0002 is to be gapfilled
- New code U0003 is to be gapfilled
- New code U0004 is to be gapfilled
- New code 87635 is to be gapfilled
- New code 86328 is to be gapfilled
- New code 86769 is to be gapfilled
- New code 0181U is priced at the same rate as code 81403
- New code 0182U is priced at the same rate as code 81405
- New code 0183U is priced at the same rate as code 81403
- New code 0184U is priced at the same rate as code 81403
- New code 0185U is priced at the same rate as code 81403
- New code 0186U is priced at the same rate as code 81403
- New code 0187U is priced at the same rate as code 81404
- New code 0188U is priced at the same rate as code 81404
- New code 0189U is priced at the same rate as code 81404
- New code 0190U is priced at the same rate as code 81404
- New code 0191U is priced at the same rate as code 81404
- New code 0192U is priced at the same rate as code 81404
- New code 0193U is priced at the same rate as code 81406
- New code 0194U is priced at the same rate as code 81403
- New code 0196U is priced at the same rate as code 81403
- New code 0197U is priced at the same rate as code 81403
- New code 0198U is priced at the same rate as code 81406
- New code 0199U is priced at the same rate as code 81404
- New code 0200U is priced at the same rate as code 81404
- New code 0201U is priced at the same rate as code 81403
- New code 0221U is to be gapfilled
- New code 0222U is to be gapfilled
- New code 0180U is to be gapfilled
- New code 0143U is to be gapfilled
- New code 0144U is to be gapfilled
- New code 0145U is priced at the same rate as code G0480
- New code 0146U is priced at the same rate as code G0480
- New code 0147U is priced at the same rate as code G0480
- New code 0148U is priced at the same rate as code G0480
- New code 0149U is priced at the same rate as code G0480
- New code 0150U is priced at the same rate as code G0480
- New code 80179 is priced at the same rate as code 80299
- New code 80151 is priced at the same rate as code 80299
- New code 80143 is priced at the same rate as code 80299
- New code 82077 is priced at the same rate as code 83520
- New code 80161 is priced at the same rate as code 80299

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- New code 80167 is priced at the same rate as code 80299
- New code 80181 is priced at the same rate as code 80299
- New code 80189 is priced at the same rate as code 80187
- New code 80193 is priced at the same rate as code 80230
- New code 80204 is priced at the same rate as code 80230
- New code 80210 is priced at the same rate as code 80199
- New code 0219U is to be gapfilled
- New code 81513 is priced at the same rate as code 87631
- New code 81514 is priced at the same rate as code 87506
- New code 81546 is priced at the same rate as code 81545
- New code 0208U is to be gapfilled
- New code 0014M is priced at the same rate as code 0003M*0.35
- New code 0166U is priced at the same rate as code 0003M
- New code 0139U is to be gapfilled
- New code 0170U is priced at the same rate as code 0090U
- New code 81554 -NEW-This code was approved as an ADLT
- New code 0164U is to be gapfilled
- New code 0168U is priced at the same rate as code 81420
- New code 0174U is to be gapfilled
- New code 0015M is to be gapfilled
- New code 0016M is to be gapfilled
- New code 0163U is to be gapfilled
- Reconsidered code 81307 is priced at the same rate as code 81317
- Reconsidered code 0071U is priced at the same rate as code 81238
- Reconsidered code 0101U is to be gapfilled
- Reconsidered code 0102U is to be gapfilled
- Reconsidered code 0103U is to be gapfilled
- Reconsidered code 0129U is to be gapfilled
- New code 81168 is priced at the same rate as code 81315
- New code 81278 is priced at the same rate as code 81315
- New code 81191 is priced at the same rate as code 81315
- New code 81192 is priced at the same rate as code 81315
- New code 81193 is priced at the same rate as code 81315
- New code 0209U is to be gapfilled
- New code 81194 is priced at the same rate as code 81315 TIMES 2.5
- New code 0153U is to be gapfilled
- New code 0155U is priced at the same rate as code 81309
- **New code 0177U is priced at the same rate as code 81309**
- New code 0157U is to be gapfilled
- New code 0158U is to be gapfilled
- New code 0159U is to be gapfilled
- New code 0160U is to be gapfilled
- New code 0161U is to be gapfilled
- New code 0162U is to be gapfilled

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- New code 81279 is priced at the same rate as code 81403
- New code 81338 is priced at the same rate as code 81402
- New code 81339 is priced at the same rate as code 81403
- New code 81347 is priced at the same rate as code 81120
- New code 81348 is priced at the same rate as code 81233
- New code 81357 is priced at the same rate as code 81120
- New code 81360 is priced at the same rate as code 81120
- New code 0171U is to be gapfilled
- New code 81351 is priced at the same rate as code 81298
- New code 81353 is priced at the same rate as code 81299
- New code 81352 is priced at the same rate as code 81334
- New code 0154U is priced at the same rate as code 81309 PLUS 81315
- New code 0156U is to be gapfilled
- New code 0179U is to be gapfilled
- New code 0195U is priced at the same rate as code 81215
- New code 0169U is priced at the same rate as code 0034U
- New code 0165U is to be gapfilled
- New code 0167U is priced at the same rate as code 84703
- New code 0178U is to be gapfilled
- New code 81419 is priced at the same rate as code 81443
- New code 0173U is to be gapfilled
- New code 0175U is to be gapfilled
- New code 0203U is priced at the same rate as code 0011M
- New code 0204U is priced at the same rate as code 81455
- New code 0205U is priced at the same rate as code 81330
- New code 0211U is priced at the same rate as code 0019U PLUS 0036U
- New code 0212U is to be gapfilled
- New code 0213U is to be gapfilled
- New code 0214U is to be gapfilled
- New code 0215U is to be gapfilled
- New code 0216U is to be gapfilled
- New code 0217U is to be gapfilled
- New code 0218U is priced at the same rate as code 81408 PLUS 81161
- New code 0176U is priced at the same rate as code 86828
- New code 0206U is to be gapfilled
- New code 0207U is to be gapfilled
- New code 0220U is to be gapfilled
- New code 82681 is priced at the same rate as code 82670
- New Code U0002QW is priced at the same rate as code U0002
- New Code 87635QW is priced at the same rate as code 87635
- New Code 87426QW is priced at the same rate as code 87426
- Existing code 0006U is deleted
- Existing code 0124U is deleted
- Existing code 0125U is deleted

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- Existing code 0126U is deleted
- Existing code 0127U is deleted
- Existing code 0128U is deleted
- Existing code 87450 is deleted

Laboratory Costs Subject to Reasonable Charge Payment in CY 2020

Hospital outpatient claims are paid under a reasonable charge basis (See Section 1842(b)(3) of the Act). In accordance with 42 CFR 405.502 through 42 CFR 405.508, the reasonable charge may not exceed the lowest of the actual charge or the customary or prevailing charge for the previous 12-month period ending June 30, updated by the inflation-indexed update. The inflation-indexed update is calculated using the change in the applicable Consumer Price Index (CPI) for the 12-month period ending June 30 of each year as set forth in 42 CFR 405.509(b)(1). The CPI update for CY 2021 is **0.60%**.

Manual instructions for determining the reasonable charge payment are in Chapter 23, Sections 80 through 80.8 of the Medicare Claims Processing Manual at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf>. If there is not sufficient charge data for a code, the instructions permit considering charges for other similar services and price lists.

Services described by HCPCS codes in the following list are performed for independent dialysis facility patients. Chapter 8, Section 60.3 of the Medicare Claims Processing Manual, available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c08.pdf>, instructs that the reasonable charge basis applies. However, when these services are performed for hospital-based renal dialysis facility patients, payment is made on a reasonable cost basis. Also, when these services are performed for hospital outpatients, payment is made under the hospital Outpatient Prospective Payment System (OPPS).

Laboratory Costs Subject to Reasonable Charge Payment in CY 2021

Code Category	Codes
Blood Products	P9010 P9011 P9012 P9016 P9017 P9019 P9020 P9021 P9022 P9023 P9031 P9032 P9033 P9034 P9035 P9036 P9037 P9038 P9039 P9040 P9044 P9050 P9051 P9052 P9053 P9054 P9055 P9056 P9057 P9058 P9059 P9060 P9070 P9071 P9073 P9100 Also, payment for the following codes should be applied to the blood deductible as instructed in Publication 100-01, Medicare General Information, Eligibility and Entitlement Manual, Chapter 3, Section 20.5 through 20.5.4: P9010 P9016 P9021 P9022 P9038 P9039 P9040 P9051 P9054 P9056 P9057 P9058 NOTE: Biologic products not paid on a cost or prospective payment basis are paid based on Section 1842(o) of the Act. The payment limits based on Section 1842(o), including the payment limits for codes P9041, P9045, P9046, and P9047, should be obtained from the Medicare Part B drug pricing files.

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Transfusion Medicine	86850 86860 86870 86880 86885 86886 86890 86891 86900 86901 86902 86904 86905 86906 86920 86921 86922 86923 86927 86930 86931 86932 86945 86950 86960 86965 86970 86971 86972 86975 86976 86977 86978 86985
Reproductive Medicine Procedures	89250 89251 89253 89254 89255 89257 89258 89259 89260 89261 89264 89268 89272 89280 89281 89290 89291 89335 89337 89342 89343 89344 89346 89352 89353 89354 89356

New Codes Effective October 6, 2020

The listed new codes are on the national HCPCS file with an effective date of October 6, 2020, and do not need to be manually added to the HCPCS files by the MACs. These new codes are contractor-priced (where applicable) until they are nationally priced and undergoes the CLFS annual payment determination process in accordance with the Act § 1833(h)(8), § 1834A(c) and § 1834(A)(f).

- Code: 87636
 - Long Descriptor: Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
 - Short Descriptor: SARSCOV2 & INF A&B AMP PRB
 - Type of Service (TOS): 5
- Code: 87637
 - Long Descriptor: Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
 - Short Descriptor: SARSCOV2&INF A&B&RSV AMP PRB
 - TOS: 5
- Code: 87811
 - Long Descriptor: Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
 - Short Descriptor: SARS-COV-2 COVID19 W/OPTIC
 - TOS: 5

Proprietary Laboratory Analysis (PLAs)

The listed new codes have been added to the national HCPCS file with an effective date of October 6, 2020, and do not need to be manually added to the HCPCS files by the MACs. However, these new codes are contractor-priced until they are addressed at the annual Clinical Laboratory Public Meeting, which will take place in June or July 2021 as they were received after the 2020 public meeting. MACs only price PLA codes for laboratories within their jurisdiction.

- Code: 0240U
 - Long Descriptor: Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected

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- Short Descriptor: NFCT DS VIR RESP RNA 3 TRGT
- Laboratory Name: Xpert® Xpress SARS-CoV-2/Flu/RSV (SARS-CoV-2 & Flu targets only), Cepheid
- TOS: 5
- Code: 0241U
 - Long Descriptor: Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
 - Short Descriptor: NFCT DS VIR RESP RNA 4 TRGT
 - Laboratory Name: Xpert® Xpress SARS-CoV-2/Flu/RSV (all targets), Cepheid
 - TOS: 5

New Codes Effective November 10, 2020

The listed new code will be added to the national HCPCS file with an effective date of November 10, 2020, and does not need to be manually added to the HCPCS files by the MACs. However, the new code is contractor-priced (where applicable) until it is nationally priced and undergoes the CLFS annual payment determination process in accordance with the Act § 1833(h)(8), § 1834A(c) and § 1834(A)(f).

- Code: 87428
 - Long Descriptor: Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
 - Short Descriptor: SARSCOV & INF VIR A&B AG IA
 - TOS: 5

New Codes Effective January 1, 2021

Per the above discussion in the COVID-19 Policy Updates section, Payment for High Throughput Technologies, we added the listed new code to the national HCPCS file with an effective date of January 1, 2021, and doesn't need to be manually added to the HCPCS files by the MACs. Such tests, as identified by U0005, in accordance with CMS Ruling CMS-2020-02-R, shall be paid at the rate of \$25.

This new code is:

- Code: U0005
 - Long Descriptor: Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (List separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2.
 - Short Descriptor: Infec agen detec ampli probe
 - Type of Service: 5

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Proprietary Laboratory Analysis (PLAs)

New Codes Effective January 1, 2021

PLAs: The following new codes have been added to the national HCPCS file with an effective date of January 1, 2021. These new codes are contractor-priced until they are addressed at the annual Clinical Laboratory Public Meeting, which will take place in June or July of 2021, as they were received after the 2020 public meeting. MACs will only price PLA codes for laboratories within their jurisdiction.

- CPT Code; 0227U
 - Long Descriptor: Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation
 - Short Descriptor: RX ASY PRSMV 30+RX/METABLT
 - Laboratory: Comprehensive Screen, Aspent Health
- CPT Code: 0228U
 - Long Descriptor: Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer
 - Short Descriptor: ONC PRST8 MA MOLEC PRFL ALG
 - Laboratory: PanGIA Prostate, Genetics Institute of America, Entopsis, LLC
- CPT Code: 0229U
 - Long Descriptor: BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis
 - Short Descriptor: BCAT1 PROMOTER MTHYLTN ALYS
 - Laboratory: Colvera®, Clinical Genomics Pathology Inc
- CPT Code: 0230U
 - Long Descriptor: AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
 - Short Descriptor: AR FULL SEQUENCE ANALYSIS
 - Laboratory: Genomic Unity® AR Analysis, Variantyx Inc, Variantyx Inc
- CPT Code: 0231U
 - Long Descriptor: CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, Short Tandem Repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions
 - Short Descriptor: CACNA1A FULL GENE ANALYSIS
 - Laboratory: Genomic Unity® CACNA1A Analysis, Variantyx Inc, Variantyx Inc
- CPT Code: 0232U
 - Long Descriptor: CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, Short Tandem Repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
 - Short Descriptor: CSTB FULL GENE ANALYSIS
 - Laboratory: Genomic Unity® CSTB Analysis, Variantyx Inc, Variantyx Inc

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- CPT Code: 0233U
 - Long Descriptor: FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
 - Short Descriptor: FXN GENE ANALYSIS
 - Laboratory: Genomic Unity® FXN Analysis, Variantyx Inc, Variantyx Inc
- CPT Code: 0234U
 - Long Descriptor: MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
 - Short Descriptor: MECP2 FULL GENE ANALYSIS
 - Laboratory: Genomic Unity® MECP2 Analysis, Variantyx Inc, Variantyx Inc
- CPT Code: 0235U
 - Long Descriptor: PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
 - Short Descriptor: PTEN FULL GENE ANALYSIS
 - Laboratory: Genomic Unity® PTEN Analysis, Variantyx Inc, Variantyx Inc
- CPT Code: 0236U
 - Long Descriptor: SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
 - Short Descriptor: SMN1&SMN2 FULL GENE ANALYSIS
 - Laboratory: Analysis, Variantyx Inc, Variantyx Inc
- CPT Code: 0237U
 - Long Descriptor: Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
 - Short Descriptor: CAR ION CHNLPTHY GEN SEQ PNL
 - Laboratory: Genomic Unity® Cardiac Ion Channelopathies Analysis, Variantyx Inc, Variantyx Inc
- CPT Code: 0238U
 - Long Descriptor: Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
 - Short Descriptor: ONC LNCH SYN GEN DNA SEQ ALY
 - Laboratory: Genomic Unity® Lynch Syndrome Analysis, Variantyx Inc, Variantyx Inc
- CPT Code: 0239U
 - Long Descriptor: Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations
 - Short Descriptor: TRGT GEN SEQ ALYS PNL 311+
 - Laboratory: FoundationOne® Liquid CDx, FOUNDATION MEDICINE, INC, FOUNDATION MEDICINE, INC

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Additional Information

The official instruction, CR 12080, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10575CP.pdf>.

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

Document History

Date of Change	Description
January 20, 2021	We revised this article to reflect a revised CR 12080, that CMS issued on January 20, 2021. In the CR, CMS changed the payment determination for code 0177U in the crosswalk from 81310 to 81309. We made that same change as shown in red print on page 6. Also, we changed the CR release date, transmittal number, and the web address of the CR. All other information remains the same.
December 18, 2020	Initial article released.

MLN Connects™



MLN Connects contains a week's worth of Medicare-related messages instead of many different messages being sent to you throughout the week. This notification process ensures planned, coordinated messages are delivered timely about Medicare-related topics.

MLN Connects™ for January 28, 2021

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2021-01-28-mlnc>

MLN Connects™ for February 4, 2021

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2021-02-04-mlnc>

MLN Connects™ for February 11, 2021

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2021-02-11-mlnc>

MLN Connects™ for February 18, 2021

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2021-02-18-mlnc>

CMS Offers FREE Medicare Training for Providers

CMS Web Training

The Centers for Medicare & Medicaid Services (CMS) has launched a series of education and training programs designed to leverage emerging Internet and satellite technologies to offer just-in-time training to Medicare providers and suppliers throughout the United States. Many of these programs include free, downloadable computer/Web based training courses. These courses are also available on CD-ROM.

<https://www.cms.gov/MLNGenInfo>

Railroad Medicare Customer Information and Outreach

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Provider Contact Center
888-355-9165

Interactive Voice Response (IVR) System
877-288-7600

Telephone Reopenings
888-355-9165

**Electronic Data Interchange (EDI)
Technical Support**
888-355-9165

Beneficiary Contact Center
800-833-4455
TTY 877-566-3572

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