Local Coverage Determination (LCD) and Article Update History for Jurisdiction L

April 11, 2024

The following billing and coding articles have been revised:

* [Billing and Coding: Removal of Benign Skin Lesions (A57113)](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57113)
* [Billing and Coding: Transesophageal Echocardiography (TEE) (A56505)](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56505)

April 4, 2024

The following billing and coding articles have been revised:

* [Billing and Coding: Allergy Testing (A56558)](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56558)
* [Billing and Coding: Botulinum Toxins (A58423)](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58423)
* [Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=53252)
* [Billing and Coding: Molecular Pathology and Genetic Testing (A58917)](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58917)

April 1, 2024

The following Local Coverage Determination (LCD) which was posted for notice February 15, 2024, became effective March 31, 2024:

* [Allergen Immunotherapy (L36240)](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=36240)

The comment period is now closed for the Proposed LCDs listed below. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Articles will be posted to our website when the final LCDs are posted for notice.

* [Cervical Fusion (DL39793)](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39792&ver=48&bc=0)
* [Facet Joint Interventions for Pain Management (DL34892)](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39778&ver=44&bc=0)
* [Implantable Continuous Glucose Monitors (I-CGM) (DL38617)](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39781&ver=12&bc=0)

March 18, 2024

The following article which was posted for notice on February 1 is now effective:

* [Self-Administered Drug Exclusion List (A53127)](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=53127&ver=143&bc=0)

As a reminder, the comment period for the following proposed LCDs is currently open and will close on March 30. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* [Cervical Fusion (DL39793)](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39792&ver=48&bc=0)
* [Facet Joint Interventions for Pain Management (DL34892)](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39778&ver=44&bc=0)
* [Implantable Continuous Glucose Monitors (I-CGM) (DL38617)](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39781&ver=12&bc=0)

March 7, 2024

The following billing and coding articles have been revised:

* Billing and Coding: Immune Globulin (A56786)
* Billing and Coding: Mohs Micrographic Surgery (MMS) (A53883)

As a reminder, the comment period for the following proposed LCDs is currently open and will close on March 30. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Cervical Fusion (DL39793)
* Facet Joint Interventions for Pain Management (DL34892)
* Implantable Continuous Glucose Monitors (I-CGM) (DL38617)

February 29, 2024

The following LCD has been revised:

* Psychiatric codes (L35101)

The following billing and coding article has been revised:

* Billing and Coding: Biomarkers for Oncology (A52986)

February 15, 2024

The following LCD, which was posted for comment on September 28, 2023, has been posted for notice. The LCD will become effective March 31, 2024:

* Allergen Immunotherapy (L36240)

The following response to comments article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Allergen Immunotherapy (A59574)

The following proposed LCDs have been posted for comment. The comment period will end on March 30, 2024; however, you are encouraged to submit your comments as soon as possible. When submitting your comments, we encourage you to submit literature/evidence supporting your recommendations for consideration. When submitting literature you MUST submit the full-text article(s).

* Cervical Fusion (DL39793)
* Billing and Coding: Cervical Fusion (DA59668)
* Facet Joint Interventions for Pain Management (DL34892)
* Billing and Coding: Facet Joint Interventions for Pain Management (DA56670)
* Implantable Continuous Glucose Monitors (I-CGM) (DL38617)
* Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM) (DA58110)

The following billing and coding article has been revised:

* Billing and Coding: Removal of Benign Skin Lesions (A57113)

February 1, 2024

The following article has been revised to reflect the 2024 annual CPT/HCPCS code updates effective for dates of service on and after January 1, 2024 and to reflect changes that will become effective March 17, 2024:

* Self-Administered Drug Exclusion List (A53127)

January 29, 2024

The following LCD which was posted for notice on December 14, 2023 is now effective. The related billing and coding article for this LCD is also now effective:

* Peripheral Venous Ultrasound (L35451)
* Billing and Coding: Peripheral Venous Ultrasound (A52993)

January 25, 2024

The following articles have been revised to reflect the 2024 Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2024:

* Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring (A59268)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Biomarkers Overview (A56541)
* Billing and Coding: Botulinum Toxins (A58423)
* Billing and Coding: Genetic Testing for Cardiovascular Disease (A58795)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)
* Billing and Coding: Monitored Anesthesia Care (A57361)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Billing and Coding: Psychiatric Codes (A57130)
* Billing and Coding: Removal of Benign Skin Lesions (A57113)
* Billing and Coding: Routine Foot Care (A52996)
* Billing and Coding: Wound Care (A53001)

January 17, 2024

The following article which was posted for notice on November 30, 2023, became effective on January 14, 2024:

* Self-Administered Drug Exclusion List (A53127)

December 28, 2023

The following billing and coding article has been added:

* Billing and Coding: Treatment of Abnormal Uterine Bleeding with Intrauterine Device (Hormone-Eluting) (A59620)

The following LCD and billing and coding articles have been retired:

* Neuromuscular Junction Testing (L34996)
* Billing and Coding: Neuromuscular Junction Testing (A56785)
* Billing and Coding: Complex Drug Administration Coding (A59073)

December 21, 2023

The following billing and coding article has been revised:

* Billing and Coding: Removal of Benign Skin Lesions (A57113)

December 14, 2023

The following LCD which was posted for comment on August 3, 2023, has been posted for notice. The LCD and related billing and coding article will become effective January 28, 2024.

* Peripheral Venous Ultrasound (L35451)
* Billing and Coding: Peripheral Venous Ultrasound (A52993)

The following response to comments article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Peripheral Venous Ultrasound (A59601)

The following billing and coding article has been revised:

* Billing and Coding: eVox System and Other Electroencephalograph Testing for Memory Loss (A56440)

The following LCD, related billing and coding article and response to comments article have been retired:

* Thrombolytic Agents (L35428)
* Billing and Coding: Thrombolytic Agents (A55237)
* Response to Comments: Thrombolytic Agents (A58012)

December 11, 2023

The following LCD which was posted for notice on October 26, 2023 became effective on December 10, 2023. The related billing and coding article for this LCD is also now effective:

* Nerve Conduction Studies and Electromyography (L35081)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)

November 30, 2023

The following billing and coding articles have been revised:

* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Billing and Coding: Facet Joint Interventions for Pain Management (A56670)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)

The following Article has been revised and will become effective January 14, 2024:

* Self-Administered Drug Exclusion List (A53127)

November 16, 2023

The following billing and coding articles have been revised:

* Billing and Coding: Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)
* Billing and Coding: Epidural Steroid Injections for Pain Management (A56681)
* Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56633)
* Billing and Coding: Surgical Treatment of Nails (A52998)

November 13, 2023

The comment period is now closed for the Proposed LCD listed below. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Article will be posted to our website when the final LCD is posted for notice.

* Allergen Immunotherapy (DL36240)

November 9, 2023

The following billing and coding article has been revised:

* Billing and Coding: Botulinum Toxins (A58423)

November 2, 2023

The following billing and coding articles have been revised:

* Billing and Coding: Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)
* Billing and Coding: Botulinum Toxins (A58423)

The following LCD and related Billing and Coding Article have been retired:

* Implantable Infusion Pump (L35112)
* Billing and Coding: Implantable Infusion Pump (A56778)

The following Billing and Coding Article has been retired:

* Billing and Coding: Compounded Drugs Used in an Implantable Infusion Pump (A54100)

October 26, 2023

The following LCD posted for comment on June 1, 2023 has been posted for notice. The LCD and related Billing and Coding Article will become effective December 10, 2023.

* Nerve Conduction Studies and Electromyography (L35081)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Nerve Conduction Studies and Electromyography (A59566)

As a reminder, the comment period for the following proposed LCD is currently open and will close on November 11, 2023. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Allergen Immunotherapy (DL36240)

Submit Comments

The following Billing and Coding Articles have been revised to reflect the Annual ICD-10 Code updates effective for dates of service on and after October 1, 2023:

* Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring (A59268)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Billing and Coding: Bariatric Surgical Management of Morbid Obesity (A56422)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Cardiac Rhythm Device Evaluation (A56602)
* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)
* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)
* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Billing and Coding: Electroretinography (ERG) (A56672)
* Billing and Coding: Intensity Modulated Radiation Therapy (IMRT) (A56725)
* Billing and Coding: Intraoperative Neurophysiological Testing (A56722)
* Billing and Coding: Magnetic Resonance Angiography (MRA) (A56085)
* Billing and Coding: Monitored Anesthesia Care (A57361)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
* Billing and Coding: Neurophysiology Evoked Potentials (NEPs) (A56773)
* Billing and Coding: Oximetry Services (A57205)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Billing and Coding: Psychiatric Codes (A57130)
* Billing and Coding: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (A54982)
* Billing and Coding: Speech Language Pathology (SLP) Services: Communication Disorders (A54111)
* Billing and Coding: Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (A56631)
* Billing and Coding: Transesophageal Echocardiography (TEE) (A56505)
* Billing and Coding: Vestibular and Audiologic Function Studies (A57434)

October 19, 2023

The following LCD has been revised:

* Epidural Steroid Injections for Pain Management (L36920)

October 5, 2023

The following Local Coverage Articles have been revised:

* Billing and Coding: Hemophilia Factor Products (A56433)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)
* Self-Administered Drug Exclusion List: (A53127)

A Document Note has been added to the following Articles:

* Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring (A59268)
* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)

September 29, 2023

Please note: The Skin Substitute Grafts/Cellular and/or Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041/A54117) will not become effective on 10/01/2023.

A new Proposed LCD will be published for comment and presented at an Open Meeting in the near future.

In the meantime, current coverage has not changed. The following LCD and article remain in effect.

* [Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35041&ver=113)
* [Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=54117&ver=86)

The Novitas Medical Policy team has evaluated all active local coverage articles for any impact in response to the 2024 annual ICD-10-CM code update. The following is a list of the impacted articles. The revised articles will be published to the MCD and on the Novitas website towards the end of October. Please continue to watch our website for updates.

* Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring (A59268)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Billing and Coding: Bariatric Surgical Management of Morbid Obesity (A56422)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Cardiac Rhythm Device Evaluation (A56602)
* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)
* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)
* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Billing and Coding: Electroretinography (ERG) (A56672)
* Billing and Coding: Intensity Modulated Radiation Therapy (IMRT) (A56725)
* Billing and Coding: Intraoperative Neurophysiological Testing (A56722)
* Billing and Coding: Magnetic Resonance Angiography (MRA) (A56085)
* Billing and Coding: Monitored Anesthesia Care (A57361)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
* Billing and Coding: Neurophysiology Evoked Potentials (NEPs) (A56773)
* Billing and Coding: Oximetry Services (A57205)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Billing and Coding: Psychiatric Codes (A57130)
* Billing and Coding: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (A54982)
* Billing and Coding: Speech Language Pathology (SLP) Services: Communication Disorders (A54111)
* Billing and Coding: Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (A56631)
* Billing and Coding: Transesophageal Echocardiography (TEE) (A56505)
* Billing and Coding: Vestibular and Audiologic Function Studies (A57434)

September 28, 2023

The following LCD and related Billing and Coding Article, which were posted for notice on August 3, 2023, will not become effective at this time. Please refer to below NOTE:

* Skin Substitute Grafts/Cellular and/or Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041)
* Billing and Coding: Skin Substitute Grafts/Cellular and/or Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (A54117)

NOTE: Please refer to the current LCD and related Article located on our website:

* [Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)](https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35041&ver=113)
* [Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=54117&ver=86)

The following proposed LCD has been posted for comment. The comment period will end on November 11, 2023; however, you are encouraged to submit your comments as soon as possible. When submitting your comments, we encourage you to submit literature/evidence supporting your recommendations for consideration.

* Allergen Immunotherapy (DL36240)

Submit Comments

The following billing and coding articles have been revised:

* Billing and Coding: eVox® System and Other Electroencephalograph Testing for Memory Loss (A56440)
* Billing and Coding: Mohs Micrographic Surgery (MMS) (A53883)

The following LCD and related Billing and Coding Article have been retired:

* 3D Interpretation and Reporting of Imaging Studies (L35408)
* Billing and Coding: 3D Interpretation and Reporting of Imaging Studies (A56526)

September 18, 2023

The comment period is now closed for the following Proposed LCD. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Article and finalized Billing and Coding Article will be related to the final LCD when it is posted for notice.

* Peripheral Venous Ultrasound (DL35451)

September 11, 2023

The comment period is now closed for the following Proposed LCD. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Article and finalized Billing and Coding Article will be related to the final LCD when it is posted for notice.

* Genetic Testing for Oncology (DL39365)

September 7, 2023

As a reminder, the comment period for the following proposed LCD is currently open and will close on September 16, 2023. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Peripheral Venous Ultrasound (DL35451)

Submit Comments

September 5, 2023

The following article which was posted for notice on July 20, 2023, became effective on September 3, 2023:

* Self-Administered Drug Exclusion List (A53127)

August 31, 2023

As a reminder, the comment period for the following proposed LCD is currently open and will close on September 9, 2023. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Genetic Testing for Oncology (DL39365)

Submit Comments

The following billing and coding articles have been revised:

* Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring (A59268)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)

August 17, 2023

The following LCD and related Billing and Coding Article have been retired:

* Non-Vascular Extremity Ultrasound (L35409)
* Billing and Coding: Non-Vascular Extremity Ultrasound (A55037)

August 3, 2023

The following LCD which posted for comment on April 14, 2022, and on August 11, 2022, has been posted for notice. The LCD and related Billing and Coding Article will become effective September 17, 2023.

* Skin Substitute Grafts/Cellular and/or Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041)
* Billing and Coding: Skin Substitute Grafts/Cellular and/or Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (A54117)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Skin Substitute Grafts/Cellular and/or Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (A59517)

The following proposed LCD has been posted for comment. The comment period will end on September 16, 2023; however, you are encouraged to submit your comments as soon as possible. When submitting your comments, we encourage you to submit literature/evidence supporting your recommendations for consideration.

* Peripheral Venous Ultrasound (DL35451)
* Billing and Coding: Peripheral Venous Ultrasound (DA52993)

Submit Comments

The following Billing and Coding Articles have been revised:

* Billing and Coding: Botulinum Toxins (A58423)
* Billing and Coding: Complex Drug Administration Coding (A59073)
* Billing and Coding: Thrombolytic Agents (A55237)

July 27, 2023

The following proposed LCD has been posted for comment. The comment period will end on September 9, 2023; however, you are encouraged to submit your comments as soon as possible. When submitting your comments, we encourage you to submit literature/evidence supporting your recommendations for consideration.

* Genetic Testing for Oncology (DL39365)

Submit Comments

The following Draft Billing and Coding Article is related to the above Proposed LCD.

* Genetic Testing for Oncology (DA59125)

July 20, 2023

The following Billing and Coding Articles have been revised:

* Billing and Coding: Genetic Testing for Cardiovascular Disease (A58795)
* Billing and Coding: Immune Globulin (A56786)
* Billing and Coding: Hemophilia Factor Products (A56433)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56633)
* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Billing and Coding: Platelet Rich Plasma (A58808)

The following Article has been revised to reflect the July 2023 CPT/HCPCS Code Quarterly updates and will become effective September 3, 2023:

* Self-Administered Drug Exclusion List (A53127)

July 17, 2023

The comment period is now closed for the following Proposed LCD. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Article and finalized Billing and Coding Article will be related to the final LCD when it is posted for notice.

* Nerve Conduction Studies and Electromyography (DL35081)

July 13, 2023

The following LCD and related Billing and Coding Article have been retired:

* Spinal Cord Stimulation (Dorsal Column Stimulation) (L35450)
* Billing and Coding: Spinal Cord Stimulation (Dorsal Column Stimulation) (A57023)

As a reminder, the comment period for the following proposed LCD is currently open and will close on July 15, 2023. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Nerve Conduction Studies and Electromyography (DL35081)

Submit Comments

July 6, 2023

The following LCD and related Billing and Coding Article, which was posted for Notice on June 2, 2023, will not become effective on July 17, 2023 as previously communicated. A new Proposed LCD will be published for comment and presented at an Open Meeting in the near future. Please continue to watch our website for updates.

* Genetic Testing for Oncology (L39365)
* Billing and Coding: Genetic Testing for Oncology (A59125)

The following LCDs will remain in effect at this time:

* Biomarkers for Oncology (L35396)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Biomarkers Overview (L35062)
* Billing and Coding: Biomarkers Overview (A56541)
* BRCA1 and BRCA2 Genetic Testing (L36715)
* Billing and Coding: BRCA1 and BRCA2 Genetic Testing (A56542)
* Loss-of Heterozygosity Based Topographic Genotyping with Pathfinder TG (L34864)
* Billing and Coding: Loss-of Heterozygosity Based Topographic Genotyping with Pathfinder TG (A56897)

The following Billing and Coding Article has been revised:

* Billing and Coding: Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (A57072)

As a reminder, the comment period for the following proposed LCD is currently open and will close on July 15, 2023. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Nerve Conduction Studies and Electromyography (DL35081)

Submit Comments

June 26, 2023

The following articles which were posted for notice on May 11, 2023 are now effective:

* Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (A57618)
* Self-Administered Drug Exclusion List (A53127)

June 15, 2023

The following Billing and Coding Article has been revised:

* Billing and Coding: Removal of Benign Skin Lesions (A57113)

The following LCD and related Billing and Coding Article have been retired:

* Barium Swallow Studies, Modified (L35433)
* Billing and Coding: Barium Swallow Studies, Modified (A56589)

June 12, 2023

The following LCD, which was posted for notice on April 27, 2023, became effective on June 11, 2023. The related billing and coding article for this LCD is also now effective:

* Ambulatory Electrocardiograph (AECG) Monitoring (L39490)
* Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring (A59268)

The following Billing and Coding Article, which was revised and published on April 27, 2023, is now effective:

* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)

June 8, 2023

The following Billing and Coding Article has been revised:

* Billing and Coding: Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)

The following Billing and Coding Article has been revised and will become effective June 11, 2023:

* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)

The following LCD and related Billing and Coding Article has been retired:

* Pulmonary Function Testing (L35360)
* Billing and Coding: Pulmonary Function Testing (A57320)

The following LCDs and related Billing and Coding Articles are being retired effective for dates of service on and after June 11, 2023:

* Cardiac Event Detection Monitoring (L34953)
* Billing and Coding: Cardiac Event Detection Monitoring (A56600)
* Real-Time, Outpatient Cardiac Telemetry (L34997)
* Billing and Coding: Real-Time, Outpatient Cardiac Telemetry (A52995)

June 2, 2023

The following LCD posted for comment on June 9, 2022 has been posted for notice. The LCD and related Billing and Coding Article will become effective July 17, 2023.

* Genetic Testing for Oncology (L39365)
* Billing and Coding: Genetic Testing for Oncology (A59125)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response To Comments: Genetic Testing for Oncology (A59417)

June 1, 2023

The following proposed LCD has been posted for comment. The comment period will end on July 15, 2023; however, you are encouraged to submit your comments as soon as possible. When submitting your comments, we encourage you to submit literature/evidence supporting your recommendations for consideration.

* Nerve Conduction Studies and Electromyography (DL35081)

Submit Comments

The following Draft Billing and Coding Article is related to the above Proposed LCD.

* Billing and Coding: Nerve Conduction Studies and Electromyography (DA54095)

The following Billing and Coding Article has been revised:

* Billing and Coding: Immune Globulin (A56786)

May 22, 2023

Novitas and First Coast greatly appreciate the comments and evidence we received as a result of the multi-jurisdictional Contractor Advisory Committee (CAC) meeting that was held on February 28, 2023, regarding Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) for Non-implantable Devices.  After careful consideration, Novitas Solutions and First Coast Service Options will not develop a Local Coverage Determination (LCD) for RPM and RTM for Non-implantable Devices. All the information and feedback received, along with any new evidence that becomes available, will be carefully considered if we decide to develop an LCD in the future.

Please keep in mind that Novitas and First Coast do not have a policy to match every procedure code, diagnosis code, or service reportable to Medicare. In some instances, we may have an LCD that is not applicable to all providers or services. In the absence of an LCD, NCD, or CMS Manual Instruction; reasonable and necessary guidelines still apply to any service reported to Medicare.

May 11, 2023

Although not required, Novitas is providing a 45-day notice of the revisions to the following article before the changes become effective on June 25, 2023:

* Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (A57618)

The following Article has been revised and will become effective June 25, 2023:

* Self-Administered Drug Exclusion List (A53127)

The following LCD and related Billing and Coding Article have been retired:

* Non-Coronary Vascular Stents (L35084)
* Billing and Coding: Non-Coronary Vascular Stents (A56365)

May 4, 2023

The following Proposed LCD and related Draft Billing and Coding Article have been retired and will not be finalized. Please refer to the current LCD and related Article located on our website:

* Nerve Stimulators for Chronic Intractable Pain (DL39404)
* Billing and Coding: Nerve Stimulators for Chronic Intractable Pain (DA59188)

April 27, 2023

The following LCD, which posted for comment on October 13, 2022, has been posted for notice. The LCD and related Billing and Coding Article will become effective June 11, 2023.

* Ambulatory Electrocardiograph (AECG) Monitoring (L39490)
* Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring (A59268)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Ambulatory Electrocardiograph (AECG) Monitoring (A59366)

The following Billing and Coding Article has been revised to become effective June 11.

* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)

The following Billing and Coding Article has been revised:

* Billing and Coding: Pharmacogenomics Testing (A58801)

The following LCDs and related Billing and Coding Articles have been retired:

* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (L34977)
* Billing and Coding: Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (A56530)
* Flow Cytometry (L35032)
* Billing and Coding: Flow Cytometry (A56676)

The following Billing and Coding Article has been retired:

* Billing and Coding: Ventricular Assist Device (VAD) Supply or Accessory (A54910)

April 20, 2023

The following Billing and Coding Articles have been revised:

* Billing and Coding: Botulinum Toxins (A58423)
* Billing and Coding: Complex Drug Administration Coding (A59073)
* Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A56642)
* Billing and Coding: Intraoperative Neurophysiological Testing (A56722)
* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)
* Billing and Coding: Respiratory Pathogen Panel Testing (A58575)

April 13, 2023

The following Billing and Coding Article has been revised:

* Billing and Coding: Surgical Treatment of Nails (A52998)

The following LCD and related Billing and Coding Article have been retired:

* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Billing and Coding: Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)

The following Proposed LCD and related Draft Billing and Coding Article have been retired and will not be finalized. Please refer to the current LCD and related Article located on our website:

* Controlled Substance Monitoring and Drugs of Abuse Testing (DL35006)
* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (DA56645)

April 6, 2023

The following Billing and Coding Articles have been revised:

* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)
* Billing and Coding: Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (A57414)

The following LCDs and related Billing and Coding Articles have been retired:

* Hydration Therapy (L34960)
* Billing and Coding: Hydration Therapy (A56634)
* Therapy and Rehabilitation Services (PT, OT) (L35036)
* Billing and Coding: Therapy and Rehabilitation Services (PT, OT) (A57703)

The following Billing and Coding Article has been retired:

* Billing and Coding: Information Regarding Uses, Including Off-Label Uses of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases (A53121)

March 27, 2023

The following Local Coverage Article, which was posted for notice on February 9, 2023, is now effective:

* Self-Administered Drug Exclusion List (A53127)

March 23, 2023

The following articles have been retired:

* Billing and Coding: Acute Care: Inpatient, Observation and Treatment Room Services (A52985)
* Billing and Coding: Laboratory Panels (A56473)
* Billing and Coding: Prepackaged Kits (A54515)
* Billing and Coding: Rezum® Procedure (A55352)

March 9, 2023

The following Billing and Coding Article has been revised:

* Billing and Coding: Pharmacogenomics Testing (A58801)

February 23, 2023

The following Billing and Coding Articles have been revised:

* Billing and Coding: Allergy Testing (A56558)
* Billing and Coding: Information Regarding Uses, Including Off-Label Uses of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases (A53121)

February 9, 2023

The following Article has been revised and will become effective March 27, 2023:

* Self-Administered Drug Exclusion List (A53127)

The following Billing and Coding Article has been revised:

* Billing and Coding: Facet Joint Interventions for Pain Management (A56670)

The following LCDs and related Billing and Coding Articles have been retired:

* Ambulance Services (Ground Ambulance) (L35162)
* Billing and Coding: Ambulance Services (Ground Ambulance) (A54574)
* Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control (L35011)
* Billing and Coding: Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control (A57712)

February 6, 2023

The following LCD, which was posted for notice on December 22, 2022, became effective on February 5, 2023. The related billing and coding article for this LCD is also now effective:

* Immune Globulin (L35093)
* Billing and Coding: Immune Globulin (A56786)

January 26, 2023

The following articles have been revised to reflect the 2023 Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2023:

* Billing and Coding: Acute Care: Inpatient, Observation and Treatment Room Services (A52985)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Billing and Coding: Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device) (A55240)
* Billing and Coding: Autonomic Function Tests (A54954)
* Billing and Coding: Bariatric Surgical Management of Morbid Obesity (A56422)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)
* Billing and Coding: Complex Drug Administration Coding (A59073)
* Billing and Coding: Endovenous Stenting (A56414)
* Billing and Coding: eVox® System and Other Electroencephalograph Testing for Memory Loss (A56440)
* Billing and Coding: Facet Joint Interventions for Pain Management (A56670)
* Billing and Coding: Frequency of Hemodialysis (A55723)
* Billing and Coding: Frequency of Laboratory Tests (A56420)
* Billing and Coding: Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)
* Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM) (A58110)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Information Regarding Uses, Including Off-Label Uses of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases (A53121)
* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
* Billing and Coding: Non-Vascular Extremity Ultrasound (A55037)
* Billing and Coding: Outpatient Sleep Studies (A56923)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Billing and Coding: Prolonged Drug and Biological Infusions Started Incident to a Physician’s Service Using an External Pump (A55134)
* Billing and Coding: Psychiatric Codes (A57130)
* Billing and Coding: Respiratory Pathogen Panel Testing (A58575)
* Billing and Coding: Therapy and Rehabilitation Services (PT, OT) (A57703)
* Billing and Coding: Urodynamic Services - Non-invasive (A58541)

The following LCD and related article have been retired effective for dates of service on and after January 1, 2023:

* Evaluation and Management Services Provided in a Nursing Facility (L35068)
* Billing and Coding: Evaluation and Management Services Provided in a Nursing Facility (A56712)

December 30, 2022

The Novitas Solutions’ Medical Policy team has evaluated all active Local Coverage Articles for any impact in response to the 2023 Annual HCPCS/CPT Code Update. The following is a list of the impacted Articles. The revised Articles will be published to the Medicare Coverage Database and on our Website in January. Please continue to watch our website for updates.

* Billing and Coding: Acute Care: Inpatient, Observation and Treatment Room Services (A52985)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Billing and Coding: Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device) (A55240)
* Billing and Coding: Autonomic Function Tests (A54954)
* Billing and Coding: Bariatric Surgical Management of Morbid Obesity (A56422)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)
* Billing and Coding: Complex Drug Administration Coding (A59073)
* Billing and Coding: Endovenous Stenting (A56414)
* Billing and Coding: eVox® System and Other Electroencephalograph Testing for Memory Loss (A56440)
* Billing and Coding: Facet Joint Interventions for Pain Management (A56670)
* Billing and Coding: Frequency of Hemodialysis (A55723)
* Billing and Coding: Frequency of Laboratory Tests (A56420)
* Billing and Coding: Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)
* Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM) (A58110)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases (A53121)
* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
* Billing and Coding: Non-Vascular Extremity Ultrasound (A55037)
* Billing and Coding: Outpatient Sleep Studies (A56923)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Billing and Coding: Prolonged Drug and Biological Infusions Started Incident to a Physician’s Service Using an External Pump (A55134)
* Billing and Coding: Psychiatric Codes (A57130)
* Billing and Coding: Respiratory Pathogen Panel Testing (A58575)
* Billing and Coding: Therapy and Rehabilitation Services (PT, OT) (A57703)
* Billing and Coding: Urodynamic Services - Non-invasive (A58541)

December 22, 2022

The following LCD posted for comment on August 11, 2022, has been posted for notice. The LCD and related Billing and Coding Article will become effective February 5, 2023.

* Immune Globulin (L35093)
* Billing and Coding: Immune Globulin (A56786)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Immune Globulin (A59283)

The following Billing and Coding Article has been revised:

* Billing and Coding: Allergen Immunotherapy (A56538)

December 12, 2022

The following Local Coverage Determination (LCD) which was posted for notice on October 27, 2022 is now effective. The related billing and coding article for this LCD is also now effective:

* Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (L34998)
* Billing and Coding: Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (A57072)

December 8, 2022

The following Billing and Coding articles have been revised:

* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Intravenous Immune Globulin (IVIG) (A56786)

November 28, 2022

The comment period is now closed for the following Proposed LCDs. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Articles and finalized Billing and Coding Articles will be related to the final LCDs when they are posted for notice.

* Ambulatory Electrocardiograph (AECG) Monitoring (DL39490)
* Controlled Substance Monitoring and Drugs of Abuse Testing (DL35006)

November 18, 2022

As a reminder, the comment period for the following proposed LCDs is currently open and will close on November 26, 2022. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Ambulatory Electrocardiograph (AECG) Monitoring (DL39490)
* Controlled Substance Monitoring and Drugs of Abuse Testing (DL35006)

Submit Comments

November 17, 2022

The following Billing and Coding articles have been revised:

* Billing and Coding: Biomarkers Overview (A56541)
* Billing and Coding: eVox® System and Other Electroencephalograph Testing for Memory Loss (A56440)

The following LCD and related Billing and Coding Article have been retired:

* Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (L34822)
* Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (A56776)

November 14, 2022

The following articles which were posted for notice on September 29, 2022 became effective November 14, 2022.

* Billing and Coding: Esketamine (A59249)
* Self-Administered Drug Exclusion List (A53127)

October 27, 2022

The following LCD posted for comment on June 9, 2022, has been posted for notice. The LCD and related Billing and Coding Article will become effective December 11, 2022.

* Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (L34998)
* Billing and Coding: Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (A57072)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response To Comments: Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (A59262)

October 20, 2022

The following Billing and Coding Articles have been revised to reflect the Annual ICD-10 Code updates effective for dates of service on and after October 1, 2022:

* Billing and Coding: Ambulance Services (Ground Ambulance) (A54574)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Billing and Coding: Cardiac Event Detection Monitoring (A56600)
* Billing and Coding: Cardiac Rhythm Device Evaluation (A56602)
* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)
* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)
* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Billing and Coding: Flow Cytometry (A56676)
* Billing and Coding: Frequency of Hemodialysis (A55723)
* Billing and Coding: Intensity Modulated Radiation Therapy (IMRT) (A56725)
* Billing and Coding: Intraoperative Neurophysiological Testing (A56722)
* Billing and Coding: Intravenous Immune Globulin (IVIG) (A56786)
* Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (A56776)
* Billing and Coding: Magnetic Resonance Angiography (MRA) (A56805)
* Billing and Coding: Monitored Anesthesia Care (A57361)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
* Billing and Coding: Oximetry Services (A57205)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Billing and Coding: Psychiatric Codes (A57130)
* Billing and Coding: Pulmonary Function Testing (A57320)
* Billing and Coding: Real-Time, Outpatient Cardiac Telemetry (A52995)
* Billing and Coding: Speech Language Pathology (SLP) Services: Communication Disorders (A54111)
* Billing and Coding: Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (A56631)
* Billing and Coding: Transesophageal Echocardiography (TEE) (A56505)

The following Billing and Coding Article has been revised effective for dates of service on and after October 1, 2022:

* Billing and Coding: Hemophilia Factor Products (A56433)

The following LCD has been retired effective October 1, 2022:

* Hemophilia Factor Products (L35111)

October 17, 2022

The following LCD, which was posted for notice on September 1, 2022, became effective on October 16, 2022. The related billing and coding article for this LCD is also effective:

* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Amplification Techniques (NAATs) (L38229)
* Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A56642)

October 13, 2022

The following proposed LCDs have been posted for comment. The comment period will end on November 26, 2022; however, you are encouraged to submit your comments as soon as possible. When submitting your comments, we encourage you to submit literature/evidence supporting your recommendations for the Novitas Solutions Contractor Medical Directors to consider.

* Ambulatory Electrocardiograph (AECG) Monitoring (DL39490)
* Controlled Substance Monitoring and Drugs of Abuse Testing (DL35006)

Submit Comments

The following Draft Billing and Coding Articles are related to the above Proposed LCDs.

* Billing and Coding: Ambulatory Electrocardiograph (AECG) Monitoring (DA59268)
* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (DA56645)

The following Billing and Coding article has been revised.

* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)

October 6, 2022

The following Billing and Coding Articles have been revised:

* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)

September 29, 2022

The following Billing and Coding Article has been added to become effective November 14, 2022:

* Billing and Coding: Esketamine (A59249)

The following Article has been revised and will become effective November 14, 2022:

* Self-Administered Drug Exclusion List (A53127)

The following Billing and Coding Article has been revised:

* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)

September 27, 2022

The Novitas Solutions Medical Policy Team has evaluated all active Local Coverage Articles for any impact in response to the 2023 Annual ICD-10 Code Update. The following is a list of the impacted articles. The revised articles will be published to the Medicare Coverage Database and on the Novitas Website in the middle of October. Please continue to watch our website for updates.

* Billing and Coding: Ambulance Services (Ground Ambulance) (A54574)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Billing and Coding: Cardiac Event Detection Monitoring (A56600)
* Billing and Coding: Cardiac Rhythm Device Evaluation (A56602)
* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)
* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)
* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Billing and Coding: Flow Cytometry (A56676)
* Billing and Coding: Frequency of Hemodialysis (A55723)
* Billing and Coding: Intensity Modulated Radiation Therapy (IMRT) (A56725)
* Billing and Coding: Intraoperative Neurophysiological Testing (A56722)
* Billing and Coding: Intravenous Immune Globulin (IVIG) (A56786)
* Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (A56776)
* Billing and Coding: Magnetic Resonance Angiography (MRA) (A56805)
* Billing and Coding: Monitored Anesthesia Care (A57361)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
* Billing and Coding: Oximetry Services (A57205)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Billing and Coding: Psychiatric Codes (A57130)
* Billing and Coding: Pulmonary Function Testing (A57320)
* Billing and Coding: Real-Time, Outpatient Cardiac Telemetry (A52995)
* Billing and Coding: Speech Language Pathology (SLP) Services: Communication Disorders (A54111)
* Billing and Coding: Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (A56631)
* Billing and Coding: Transesophageal Echocardiography (TEE) (A56505)

September 26, 2022

The comment period is now closed for the following Proposed LCDs. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Articles and finalized Billing and Coding Articles will be related to the final LCDs when they are posted for notice.

* Immune Globulin (DL35093)
* Nerve Stimulators for Chronic Intractable Pain (DL39404)
* Skin Substitutes for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (DL35041)

September 19, 2022

The following Local Coverage Article, which was posted for notice on August 4, 2022, is now effective:

* Self-Administered Drug Exclusion List (A53127)

September 16, 2022

As a reminder, the comment period for the following proposed LCDs is currently open and will close on September 24, 2022. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Immune Globulin (DL35093)
* Nerve Stimulators for Chronic Intractable Pain (DL39404)
* Skin Substitutes for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (DL35041)

Submit Comments

September 6, 2022

The comment period is now closed for the following Proposed LCD. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Article and finalized Billing and Coding Article will be related to the final LCD when it is posted for notice.

* Genetic Testing for Oncology (DL39365)

September 1, 2022

The following LCD posted for comment on April 14, 2022 has been posted for notice. The LCD and related Billing and Coding Article will become effective October 16, 2022.

* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (L38229)
* Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A56642)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A59197)

The following LCD has been revised:

* Trigger Point Injections (L35010)

The following LCD posted for comment on April 14, 2022 was reposted for comment on August 11, 2022. The comment period will end on September 24, 2022.

* Skin Substitutes for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (DL35041)

The following Draft Billing and Coding Article is related to the above Proposed LCD.

* Billing and Coding: Skin Substitutes for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (DA54117)

August 26, 2022

As a reminder, the comment period for the following proposed LCD is currently open and will close on September 6, 2022. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Genetic Testing for Oncology (DL39365)

August 11, 2022

The following proposed LCDs have been posted for comment. The comment period will end on September 24, 2022; however, you are encouraged to submit your comments as soon as possible. When submitting your comments, we encourage you to submit literature/evidence supporting your recommendations for the Novitas Solutions Contractor Medical Directors to consider.

* Immune Globulin (DL35093)
* Nerve Stimulators for Chronic Intractable Pain (DL39404)
* Skin Substitutes for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (DL35041)

The following Draft Billing and Coding Articles are related to the above Proposed LCDs.

* Billing and Coding: Immune Globulin (DA56786)
* Billing and Coding: Nerve Stimulators for Chronic Intractable Pain (DA59188)
* Billing and Coding: Skin Substitutes for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (DA54117)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Complex Drug Administration Coding (A59073)
* Billing and Coding: Monitored Anesthesia Care (A57361)

August 4, 2022

The following Billing and Coding articles have been revised to reflect the July 2022 CPT/HCPCS Code Quarterly updates and/or in response to inquiries:

* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM) (A58110)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases (A53121)
* Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (A56776)
* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Billing and Coding: Respiratory Pathogen Panel Testing (A58575)

The following Article has been revised effective for dates of service on and after September 19, 2022.

* Self-Administered Drug Exclusion List: (A53127)

July 28, 2022

As indicated on July 25, 2022, the comment period for Genetic Testing for Oncology has been extended until September 6, 2022, due to changes that are being made to the final billing and coding article. Detailed information regarding the changes to the article is now visible on the document notes at the top of the proposed LCD and Draft Article.

Please refer to the Related Local Coverage Documents section at the bottom of the Proposed LCD for changes made to the draft article (DA59125, Billing and Coding: Genetic Testing for Oncology).

* Genetic Testing for Oncology (DL39365)
* Billing and Coding: Genetic Testing for Oncology (DA59125)

July 25, 2022

The comment period for the following Proposed LCD has been extended until September 6, 2022, due to changes that will be made to the Final Related Billing and Coding Article. The change in the comment end date along with detailed information regarding the changes to the article will be visible on the Medicare Coverage Database (MCD) and our website on July 28, 2022. The information will be located on the Document Note at the top of the proposed LCD and on the Document Note at the top of the draft Article. Please check our website on July 28, 2022, for this information.

Please do not re-submit comments already submitted, but we welcome additional comments related to the changes.

* Genetic Testing for Oncology (DL39365)

The comment period is now closed for the following Proposed LCD. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Article and finalized Billing and Coding Article will be related to the final LCD when it is posted for notice.

* Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (DL34998)

July 14, 2022

As a reminder, the comment period for the following proposed LCDs is currently open and will close on July 23, 2022. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Genetic Testing for Oncology (DL39365)
* Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (DL34998)

June 30, 2022

As a reminder, the comment period for the following proposed LCDs is currently open and will close on July 23, 2022. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Genetic Testing for Oncology (DL39365)
* Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (DL34998)

June 23, 2022

The following billing and coding article has been revised.

* Billing and Coding: Lower Extremity Major Joint Replacement (Hip and Knee) (A56796)

June 9, 2022

The following proposed LCDs have been posted for comment. The comment period will end on July 23, 2022; however, you are encouraged to submit your comments as soon as possible. When submitting your comments, we encourage you to submit literature/evidence supporting your recommendations for the Novitas Solutions Contractor Medical Directors to consider.

* Genetic Testing for Oncology (DL39365)
* Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (DL34998)

The following Draft Billing and Coding Articles are related to the above Proposed LCDS.

* Billing and Coding: Genetic Testing for Oncology (DA59125)
* Billing and Coding: Transcranial Magnetic Stimulation (TMS) in the Treatment of Adults with Major Depressive Disorder (DA57072)

The following billing and coding article has been revised:

* Billing and Coding: Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for the Treatment of Ophthalmological Diseases (A53121)

June 2, 2022

The following articles have been revised and will become effective June 6, 2022:

* Billing and Coding: Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)
* Billing and Coding: Complex Drug Administration Coding (A59073)
* Billing and Coding: Surgical Treatment of Nails (A52998)
* Self-Administered Drug Exclusion List (A53127)

May 31, 2022

The comment period is now closed for the following Proposed LCDs. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Articles and finalized Billing and Coding Articles will be related to the final LCDs when they are posted for notice.

* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (DL38229)
* Skin Substitutes for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (DL35041)

May 19, 2022

The following billing and coding article has been retired:

* Billing and Coding: Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Physician Requirements (A55758)

The following LCDs have been revised:

* Ambulance Services (Ground Ambulance) (L35162)
* Cosmetic and Reconstructive Surgery (L35090)
* Implantable Continuous Glucose Monitors (I-CGM) (L38617)

As a reminder, the comment period for the following Proposed Local Coverage Determinations (LCDs) is currently open and will close on May 28, 2022. Please consider including literature/evidence in support of your request with your comments. We encourage you to submit your comments as soon as possible.

* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (DL38229)
* Skin Substitutes for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (DL35041)

Submit Comments

May 5, 2022

The following billing and coding articles have been revised:

* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Billing and Coding: eVox® System and Other Electroencephalograph Testing for Memory Loss (A56440)
* Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A56642)
* Billing and Coding: Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases (A53121)
* Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (A56776)
* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)
* Billing and Coding: Respiratory Pathogen Panel Testing (A58575)

Please refer to the sticky note on the following for revisions:

* Self-Administered Drug Exclusion List (effective 6/6/2022) (A53127)

The following LCD has been revised:

* Therapy and Rehabilitation Services (PT, OT) (L35036)

April 21, 2022

The following LCD has been revised:

* Implantable Continuous Glucose Monitors (I-CGM) (L38617)

The following billing and coding article has been added and will become effective June 6, 2022:

* Billing and Coding: Complex Drug Administration Coding (A59073)

The following Local Coverage Article has been revised effective for dates of service on and after June 6, 2022:

* Self-Administered Drug Exclusion List (A53127)

April 14, 2022

The following Proposed Local Coverage Determinations (LCDs) have been posted for comments. The comment period will end on May 28, 2022; however, you are encouraged to submit your comments as soon as possible.

* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (DL38229)
* Skin Substitutes for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (DL35041)

Submit Comments

The following Draft Billing and Coding Articles are related to the above Proposed LCDS.

* Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (DA56642)
* Billing and Coding: Skin Substitutes for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (DA54117)

April 7, 2022

The following billing and coding article has been revised:

* Billing and Coding: Removal of Benign Skin Lesions (A57113)

March 24, 2022

The following billing and coding articles have been revised:

* Billing and Coding: Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)
* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (A56776)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)

The following billing and coding article has been retired:

* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)

March 10, 2022

The following billing and coding articles have been revised:

* Billing and Coding: Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF) for The Treatment of Ophthalmological Diseases (A53121)
* Billing and Coding: Rezum® Procedure (A55352)

February 24, 2022

The following billing and coding article has been revised:

* Billing and Coding: Epidural Steroid Injections for Pain Management (A56681)

February 17, 2022

The following billing and coding articles have been revised:

* Billing and Coding: Allergy Testing (A56558)
* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)
* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Billing and Coding: Hydration Therapy (A56634)

February 10, 2022

The following billing and coding articles have been revised:

* Billing and Coding: Botulinum Toxins (A58423)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)
* Billing and Coding: Platelet Rich Plasma (A58808)

January 31, 2022

The following Local Coverage Determinations (LCDs) which were posted for notice on December 16, 2021 are now effective. The related billing and coding articles for these LCDs are also now effective:

* Genetic Testing for Cardiovascular Disease (L39082)
* Billing and Coding: Genetic Testing for Cardiovascular Disease (A58795)
* Surgical Treatment of Nails (L34887)
* Billing and Coding: Surgical Treatment of Nails (A52998)

January 27, 2022

The following billing and coding articles have been revised:

* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)
* Billing and Coding: Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (A57752)

January 20, 2022

The following articles have been revised to reflect the 2022 Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2022:

* Billing and Coding: Acute Care: Inpatient, Observation and Treatment Room Services (A52985)
* Billing and Coding: Allergy Testing (A56558)
* Billing and Coding: Autonomic Function Tests (A54954)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Colon Capsule Endoscopy (CCE) (A58414)
* Billing and Coding: Endovenous Stenting (A56414)
* Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (A56938)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56633)
* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)
* Billing and Coding: Monitored Anesthesia Care (A57361)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Billing and Coding: Respiratory Pathogen Panel Testing (A58575)
* Billing and Coding: Vestibular and Audiologic Function Studies (A57434)
* Billing and Coding: Wireless Capsule Endoscopy (A57753)

The following LCD has been revised:

* Epidural Steroid Injections for Pain Management (L36920)

The following article has been retired:

* Billing and Coding: Isolated Ultrafiltration for Management of Fluid Overload in Cardiac Disease (A53126)

January 13, 2022

The following billing and coding article has been revised:

* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)

December 30, 2021

The following billing and coding article has been revised:

* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)

December 28, 2021

The Novitas Solutions’ Medical Policy team has evaluated all active Local Coverage Articles for any impact in response to the 2022 Annual HCPCS/CPT Code Update. The following is a list of the impacted Articles. The revised Articles will be published to the Medicare Coverage Database and on our Website in January. Please continue to watch our website for updates.

* Billing and Coding: Acute Care: Inpatient, Observation and Treatment Room Services (A52985)
* Billing and Coding: Allergy Testing (A56558)
* Billing and Coding: Autonomic Function Tests (A54954)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Colon Capsule Endoscopy (CCE) (A58414)
* Billing and Coding: Endovenous Stenting (A56414)
* Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (A56938)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56633)
* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)
* Billing and Coding: Monitored Anesthesia Care (A57361)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Billing and Coding: Respiratory Pathogen Panel Testing (A58575)
* Billing and Coding: Vestibular and Audiologic Function Studies (A57434)
* Billing and Coding: Wireless Capsule Endoscopy (A57753)

December 16, 2021

The following Local Coverage Determinations (LCDs) posted for comment on July 29, 2021 have been posted for notice. The LCDs and related Billing and Coding Articles will become effective January 30, 2022:

* Genetic Testing for Cardiovascular Disease (L39082)
* Billing and Coding: Genetic Testing for Cardiovascular Disease (A58795)
* Surgical Treatment of Nails (L34887)
* Billing and Coding: Surgical Treatment of Nails (A52998)

The following Response to Comments Articles contain summaries of all comments received and Novitas’ responses:

* Response to Comments: Genetic Testing for Cardiovascular Disease (A58955)
* Response to Comments: Surgical Treatment of Nails (A58961)

The following LCD has been revised:

* Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L35038)

December 13, 2021

The following Local Coverage Determination (LCDs) which were posted for notice on October 28, 2021 are now effective. The related billing and coding articles for these LCDs are also now effective:

* Epidural Steroid Injections for Pain Management (L36920)
* Billing and Coding: Epidural Steroid Injections for Pain Management (A56681)
* Pharmacogenomics Testing (L39063)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Platelet Rich Plasma (L39068)
* Billing and Coding: Platelet Rich Plasma (A58808)

December 9, 2021

The following billing and coding article has been revised:

* Billing and Coding: Removal of Benign Skin Lesions (A57113)

The following LCD has been revised and will become effective December 12, 2021:

* Biomarkers Overview (L35062)

The following billing and coding articles have been revised and will become effective December 12, 2021:

* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Biomarkers Overview (A56541)
* Billing and Coding: Epidural Steroid Injections for Pain Management (A56681)
* Billing and Coding: Pharmacogenomics Testing (A58801)

November 29, 2021

The following billing and coding article has been revised:

* Billing and Coding: Non-Coronary Vascular Stents (A56365)

November 18, 2021

The following LCDs have been revised:

* Non-Coronary Vascular Stents (L35084)
* Trigger Point Injections (L35010)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Allergy Testing (A56558)
* Billing and Coding: Non-Coronary Vascular Stents (A56365)

November 11, 2021

The following billing and coding articles have been revised:

* Billing and Coding: Diagnostic Colonoscopy (A58428)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)

The following billing and coding article has been revised and will become effective on December 12, 2021:

* Billing and Coding: Platelet Rich Plasma (A58808)

November 8, 2021

The following billing and coding article is now effective:

* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)

November 4, 2021

The following Billing and Coding article has been revised and will become effective November 8, 2021:

* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)

October 28, 2021

The following Local Coverage Determinations (LCDs) posted for comment on June 10, 2021 have been posted for notice. The LCDs and related Billing and Coding Articles will become effective December 12, 2021:

* Epidural Steroid Injections for Pain Management (L36920)
* Billing and Coding: Epidural Steroid Injections for Pain Management (A56681)
* Pharmacogenomics Testing (L39063)
* Billing and Coding: Pharmacogenomics Testing (A58801)
* Platelet Rich Plasma (L39068)
* Billing and Coding: Platelet Rich Plasma (A58808)

The following Response to Comments Articles contain summaries of all comments received and Novitas’ responses:

* Response to Comments: Epidural Steroid Injections for Pain Management (A58926)
* Response to Comments: Pharmacogenomics Testing (A58929)
* Response to Comments: Platelet Rich Plasma (A58923)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (A57618)
* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (A57600)

October 21, 2021

The following Billing and Coding Articles have been revised:

* Billing and Coding: Allergy Testing (A56558)
* Billing and Coding: Botulinum Toxins (A58423)

The following Local Coverage Article has been revised:

* Self-Administered Drug Exclusion List: (A53127)

October 14, 2021

The following Billing and Coding Articles have been revised to reflect the Annual ICD-10 Code Updates effective for dates of service on and after October 1, 2021.

* Billing and Coding: Ambulance Services (Ground Ambulance) (A54574)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Billing and Coding: Bariatric Surgical Management of Morbid Obesity (A56422)
* Billing and Coding: Barium Swallow Studies, Modified (A56589)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: BRCA1 and BRCA2 Genetic Testing (A56542)
* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)
* Billing and Coding: Flow Cytometry (A56676)
* Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (A56938)
* Billing and Coding: Intensity Modulated Radiation Therapy (IMRT) (A56725)
* Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (A56776)
* Billing and Coding: Monitored Anesthesia Care (A57361)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
* Billing and Coding: Oximetry Services (A57205)
* Billing and Coding: Psychiatric Codes (A57130)
* Billing and Coding: Pulmonary Function Testing (A57320)
* Billing and Coding: Routine Foot Care (A52996)
* Billing and Coding: Trigger Point Injections (A57751)
* Billing and Coding: Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (A57414)
* Billing and Coding: Vestibular and Audiologic Function Studies (A57434)

In addition to the ICD-10-CM revisions, the following billing and coding article has been revised in response to an inquiry.

* Billing and Coding: Respiratory Pathogen Panel Testing (A58575)

The following Billing and Coding Article has been revised:

* Billing and Coding: Spinal Cord Stimulation (Dorsal Column Stimulation) (A57023)

October 7, 2021

The following Billing and Coding Article has been added and will become effective November 8, 2021:

* Billing and Coding: Molecular Pathology and Genetic Testing (A58917)

September 30, 2021

The following Billing and Coding article has been revised:

* Billing and Coding: Biomarkers for Oncology (A52986)

The Novitas Solutions medical policy team has evaluated all active Local Coverage Determinations (LCDs) and Local Coverage Articles for any impact in response to the 2022 Annual ICD-10 Code Update. The following is a list of the impacted articles. The revised articles will be published to the Medicare Coverage Database and on the Novitas Website in the middle of October. Please continue to watch our website for updates.

* Billing and Coding: Ambulance Services (Ground Ambulance) (A54574)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Billing and Coding: Bariatric Surgical Management of Morbid Obesity (A56422)
* Billing and Coding: Barium Swallow Studies, Modified (A56589)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: BRCA1 and BRCA2 Genetic Testing (A56542)
* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)
* Billing and Coding: Flow Cytometry (A56676)
* Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (A56938)
* Billing and Coding: Intensity Modulated Radiation Therapy (IMRT) (A56725)
* Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (A56776)
* Billing and Coding: Monitored Anesthesia Care (A57631)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
* Billing and Coding: Oximetry Services (A57205)
* Billing and Coding: Psychiatric Codes (A57130)
* Billing and Coding: Pulmonary Function Testing (A57320)
* Billing and Coding: Respiratory Pathogen Panel Testing (A58575)
* Billing and Coding: Routine Foot Care (A52996)
* Billing and Coding: Trigger Point Injections (A57751)
* Billing and Coding: Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (A57414)
* Billing and Coding: Vestibular and Audiologic Function Studies (A57434)

September 13, 2021

The comment period is now closed for the following Proposed LCDs. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Articles and finalized Billing and Coding Articles will be related to the final LCDs when they are posted for notice.

* Genetic Testing for Cardiovascular Disease (DL39082)
* Surgical Treatment of Nails (DL34887)

September 9, 2021

The following LCD has been revised:

* Cataract Extraction (including Complex Cataract Surgery) (L35091)

The following Billing and Coding Article has been revised:

* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)

September 7, 2021

As a reminder, the comment period for the following Proposed Local Coverage Determinations (LCDs) is currently open and will close on September 11, 2021. We encourage you to submit your comments as soon as possible.

* Genetic Testing for Cardiovascular Disease (DL39082)
* Surgical Treatment of Nails (DL34887)

Submit Comments

August 12, 2021

The following Billing and Coding Articles have been revised:

* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)
* Billing and Coding: Diagnostic Colonoscopy (A58428)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)

The following Billing and Coding Article has been added and will become effective September 13, 2021:

* Billing and Coding: Tetanus Immunization (A58872)

The following Billing and Coding Article has been retired:

* Billing and Coding: Implantable Automatic Defibrillators (A56355)

July 29, 2021

The following Proposed Local Coverage Determinations (LCDs) have been posted for comments. The comment period will end on September 11, 2021; however, you are encouraged to submit your comments as soon as possible.

* Genetic Testing for Cardiovascular Disease (DL39082)
* Surgical Treatment of Nails (DL34887)

The following Draft Billing and Coding Articles are related to the above Proposed LCDs.

* Billing and Coding: Genetic Testing for Cardiovascular Disease (DA58795)
* Billing and Coding: Surgical Treatment of Nails (DA52998)

July 26, 2021

The comment period is now closed for the following Proposed Local Coverage Determinations. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Article and finalized Billing and Coding Article will be related to the final LCD when it is posted for notice.

* Epidural Procedures for Pain Management (DL36920)
* Pharmacogenomics Testing (DL39063)
* Platelet Rich Plasma (DL39068)

July 19, 2021

As a reminder, the comment period for the following Proposed Local Coverage Determinations (LCDs) is currently open and will close on July 24, 2021. We encourage you to submit your comments as soon as possible.

* Epidural Procedures for Pain Management (DL36920)
* Pharmacogenomics Testing (DL39063)
* Platelet Rich Plasma (DL39068)

July 12, 2021

The following LCDs and related billing and coding articles, as applicable, are now effective:

* Allergen Immunotherapy (L36240)
* Billing and Coding: Allergen Immunotherapy (A56538)
* Allergy Testing (L36241)
* Billing and Coding: Allergy Testing (A56558)
* Cataract Extraction (including Complex Cataract Surgery (L35091)
* Billing and Coding: Cataract Extraction (including Complex Cataract Surgery) (A56615)
* Cosmetic and Reconstructive Surgery (L35090)
* Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)
* Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (L35130)
* Respiratory Pathogen Panel Testing (L38916)
* Billing and Coding: Respiratory Pathogen Panel Testing (A58575)

July 8, 2021

Search Enhancement

We are pleased to announce that a search enhancement has been added to the Local Coverage Determination (LCD) and Article Indexes (Active, Proposed and Retired). A new search box has been added above each LCD/Article Index table. This convenient tool will look for a direct word match within the title, for the LCD or Article number, or for a CPT/HCPCS code listed in the index. You can find our new search tool on the website [here](https://www.novitas-solutions.com/webcenter/portal/MedicareJL/LCD?type=active). Our Medical Policy Search Tool continues to be available for more advanced searches of LCDs and Articles.

The following LCDs have been retired:

* Co-Management of Surgical Procedures (L34862)
* Prostate Mapping Biopsy (L35009)

The following billing and coding articles have been revised:

* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Billing and Coding: Diagnostic Colonoscopy (A58428)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)

The following Billing and Coding articles have been retired:

* Billing and Coding: Co-Management of Surgical Procedures (A52989)
* Billing and Coding: Prostate Mapping Biopsy (A56966)

June 29, 2021

As a reminder, the comment period for the following Proposed Local Coverage Determinations (LCDs) is currently open and will close on July 24, 2021. We encourage you to submit your comments as soon as possible.

* Epidural Procedures for Pain Management (DL36920)
* Pharmacogenomics Testing (DL39063)
* Platelet Rich Plasma (DL39068)

June 10, 2021

The following Proposed Local Coverage Determinations (LCDs) have been posted for comments. The comment period will end on July 24, 2021; however, you are encouraged to submit your comments as soon as possible.

* Epidural Procedures for Pain Management (DL36920)
* Pharmacogenomics Testing (DL39063)
* Platelet Rich Plasma (DL39068)

The following Draft Billing and Coding Articles are related to the above Proposed LCDs.

* Billing and Coding: Epidural Procedures for Pain Management (DA56681)
* Billing and Coding: Pharmacogenomics Testing (DA58801)
* Billing and Coding: Platelet Rich Plasma (DA58808)

The following LCD has been revised:

* Facet Joint Interventions for Pain Management (L34892)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Botulinum Toxins (A58423)
* Billing and Coding: Diagnostic Colonoscopy (A58428)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)

May 27, 2021

The following Local Coverage Determinations (LCDs) posted for comment on January 14, 2021 have been posted for notice. The LCDs and related Billing and Coding Articles, as applicable, will become effective July 11, 2021:

* Allergen Immunotherapy (L36240)
* Billing and Coding: Allergen Immunotherapy (A56538)
* Allergy Testing (L36241)
* Billing and Coding: Allergy Testing (A56558)
* Cataract Extraction (including Complex Cataract Surgery (L35091)
* Billing and Coding: Cataract Extraction (including Complex Cataract Surgery) (A56615)
* Cosmetic and Reconstructive Surgery (L35090)
* Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)
* Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (L35130)
* Respiratory Pathogen Panel Testing (L38916)
* Billing and Coding: Respiratory Pathogen Panel Testing (A58575)

The following Response to Comments Articles contain summaries of all comments received and Novitas’ responses:

* Response to Comments: Allergen Immunotherapy (A58754)
* Response to Comments: Allergy Testing (A58750)
* Response to Comments: Cataract Extraction (including Complex Cataract Surgery) (A58764)
* Response to Comments: Cosmetic and Reconstructive Surgery (A58771)
* Response to Comments: Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (A58685)
* Response to Comments: Respiratory Pathogen Panel Testing (A58769)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (A57618)
* Billing and Coding: Facet Joint Interventions for Pain Management (A56670)

May 13, 2021

The following LCDs have been revised:

* Bariatric Surgical Management of Morbid Obesity (L35022)
* Hydration Therapy (L34960)
* Independent Diagnostic Testing Facility (IDTF) (L35448)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)
* Billing and Coding: Hemophilia Factor Products (A56433)
* Billing and Coding: Non-Coronary Vascular Stents (A56365)
* Billing and Coding: Non-Invasive Peripheral Venous Studies (A52993)

April 26, 2021

The following LCDs and related billing and coding articles are now effective:

* Cardiology Non-emergent Outpatient Stress Testing (L35083)
* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)
* Facet Joint Interventions for Pain Management (L34892)
* Billing and Coding: Facet Joint Interventions for Pain Management (A56670)

The following Billing and Coding Article is now effective:

* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)

April 22, 2021

The following Future Local Coverage Determination (LCD) and related Billing and Coding Article, which become effective April 25, 2021, have been revised:

* Facet Joint Interventions for Pain Management (L34892)
* Billing and Coding: Facet Joint Interventions for Pain Management (A56670)

The following Billing and Coding Article has been revised and will become effective April 25, 2021:

* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)
* Billing and Coding: Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (A57414)

April 8, 2021

The following Billing and Coding Article has been revised:

* Billing and Coding: Hemophilia Factor Products (A56433)

April 5, 2021

The following Local Coverage Article which was revised and  posted on February 18, 2021 is now effective:

* Self-Administered Drug Exclusion List (A53127)

April 1, 2021

The following Billing and Coding Article has been revised:

* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)

March 29, 2021

The following Local Coverage Determination (LCD) which was posted for notice on February 11, 2021 is now effective. The related billing and coding article for this LCD is also now effective.

* Colon Capsule Endoscopy (CCE) (L38807)
* Billing and Coding: Colon Capsule Endoscopy (CCE) (A58414)

March 22, 2021

The following Local Coverage Determination (LCDs) which were posted for notice on February 4, 2021 are now effective. The related billing and coding articles for these LCDs are also now effective:

* Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (L35004)
* Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (A57618)
* Botulinum Toxins (L38809)
* Billing and Coding: Botulinum Toxins (A58423)
* Diagnostic Colonoscopy (L38812)
* Billing and Coding: Diagnostic Colonoscopy (A58428)

March 11, 2021

The following Local Coverage Determinations (LCDs) posted for comment on October 29, 2020 have been posted for notice. The LCDs and related Billing and Coding Articles will become effective April 25, 2021:

* Cardiology Non-emergent Outpatient Stress Testing (L35083)
* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (A56423)
* Facet Joint Interventions for Pain Management (L34892)
* Billing and Coding: Facet Joint Interventions for Pain Management (A56670)

The following Response to Comments Articles contain summaries of all comments received and Novitas’ responses:

* Response to Comments: Cardiology Non-emergent Outpatient Stress Testing (A58661)
* Response to Comments: Facet Joint Interventions for Pain Management (A58667)

The following Billing and Coding articles have been revised:

* Billing and Coding: Hydration Therapy (A56634)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities (A55229)

March 1, 2021

The comment period is now closed for the following Proposed Local Coverage Determinations. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Article and finalized Billing and Coding Article will be related to the final LCD when it is posted for notice.

* Allergen Immunotherapy (DL36240)
* Allergy Testing (DL36241)
* Cataract Extraction (including Complex Cataract Surgery) (DL35091)
* Cosmetic and Reconstructive Surgery (DL35090)
* Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (DL35130)
* Respiratory Pathogen Panel Testing (DL38916)

February 25, 2021

The following LCDs have been revised:

* Intensity Modulated Radiation Therapy (IMRT) (L36711)
* Outpatient Sleep Studies (L35050)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Non-Invasive Peripheral Venous Studies (A52993)
* Billing and Coding: Non-Vascular Extremity Ultrasound (A55037)

February 18, 2021

The following Billing and Coding Article has been revised:

* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)

The following Local Coverage Article has been revised effective for dates of service on and after April 5, 2021:

* Self-Administered Drug Exclusion List (A53127)

As a reminder, the comment period for the following Proposed Local Coverage Determinations (LCDs) is currently open and will close on February 27, 2021. We encourage you to submit your comments as soon as possible.

* Allergen Immunotherapy (DL36240)
* Allergy Testing (DL36241)
* Cataract Extraction (including Complex Cataract Surgery) (DL35091)
* Cosmetic and Reconstructive Surgery (DL35090)
* Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (DL35130)
* Respiratory Pathogen Panel Testing (DL38916)

February 11, 2021

The following LCD which was posted for comment on August 27, 2020, has been posted for notice. The LCD and related Billing and Coding Article will become effective March 28, 2021:

* Colon Capsule Endoscopy (CCE) (L38807)
* Billing and Coding: Colon Capsule Endoscopy (CCE) (A58414)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Colon Capsule Endoscopy (A58606)

The following articles have been revised to reflect the 2021 Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2021:

* Billing and Coding: Acute Care: Inpatient, Observation and Treatment Room Services (A52985)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)
* Billing and Coding: Epidural Injections for Pain Management (A56681)
* Billing and Coding: eVox® System and Other Electroencephalograph Testing for Memory Loss (A56440)
* Billing and Coding: Hemophilia Factor Products (A56433)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Multiple Imaging in Oncology (A56848)
* Billing and Coding: Neurophysiology Evoked Potentials (NEPs) (A56773)
* Billing and Coding: Pulmonary Function Testing (A57320)
* Billing and Coding: Vestibular and Audiologic Function Studies (A57434)

February 4, 2021

The following Local Coverage Determinations (LCDs) posted for comment on September 24, 2020 have been posted for notice. The LCDs and related Billing and Coding Articles will become effective March 21, 2021:

* Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (L35004)
* Billing and Coding: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (A57618)
* Botulinum Toxins (L38809)
* Billing and Coding: Botulinum Toxins (A58423)
* Diagnostic Colonoscopy (L38812)
* Billing and Coding: Diagnostic Colonoscopy (A58428)

The following Response to Comments Articles contain summaries of all comments received and Novitas’ responses:

* Response to Comments: Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (A58586)
* Response to Comments: Botulinum Toxins (A58584)
* Response to Comments: Diagnostic Colonoscopy (A58612)

January 21, 2021

The following Billing and Coding article has been revised:

* Billing and Coding: Speech Language Pathology (SLP) Services: Communication Disorders (A54111)

January 14, 2021

The following Proposed Local Coverage Determinations (LCDs) have been posted for comments. The comment period will end on February 27, 2021; however, you are encouraged to submit your comments as soon as possible.

* Allergen Immunotherapy (DL36240)
* Allergy Testing (DL36241)
* Cataract Extraction (including Complex Cataract Surgery) (DL35091)
* Cosmetic and Reconstructive Surgery (DL35090)
* Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (DL35130)
* Respiratory Pathogen Panel Testing (DL38916)

The following Draft Billing and Coding Articles are related to the above Proposed LCDs.

* Billing and Coding: Allergen Immunotherapy (DA56538)
* Billing and Coding: Allergy Testing (DA56558)
* Billing and Coding: Cataract Extraction (including Complex Cataract Surgery) (DA56615)
* Billing and Coding: Cosmetic and Reconstructive Surgery (DA56587)
* Billing and Coding: Respiratory Pathogen Panel Testing (DA58575)

January 7, 2021

The following Billing and Coding Article has been revised:

* Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (A57600)

The following Local Coverage Article has been revised:

* Self-Administered Drug Exclusion List (A53127)

December 29, 2020

Due to extenuating circumstances, the Annual HCPCS/CPT Code Update has been delayed. The following is a preliminary list of Billing and Coding Articles that will be revised in response to the update. Due to the delay, it is anticipated that the revisions will be published to the Medicare Coverage Database (MCD) and our website in early February. Please continue to watch our website for further updates.

* Billing and Coding: Acute Care: Inpatient, Observation and Treatment Room Services (A52985)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)
* Billing and Coding: eVox® System and Other Electroencephalograph Testing for Memory Loss (A56440)
* Billing and Coding: Hemophilia Factor Products (A56433)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: Neurophysiology Evoked Potentials (NEPs) (A56773)
* Billing and Coding: Vestibular and Audiologic Function Studies (A57434)

December 28, 2020

The following Local Coverage Determinations (LCDs) are now effective:

* Endovenous Stenting (L37893)
* Transurethral Waterjet Ablation of the Prostate (L38712)
* Treatment of Chronic Venous Insufficiency of the Lower Extremities (L34924)

The following Billing and Coding Articles are now effective:

* Billing and Coding: Transurethral Waterjet Ablation of the Prostate (A58243)
* Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities (A55229)

December 17, 2020

The following Local Coverage Determination (LCD) has been revised:

* Non-Invasive Peripheral Venous Studies (L35451)

The following Billing and Coding Article has been revised:

* Billing and Coding: Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Physician Requirements (A55758)

December 14, 2020

The following Local Coverage Determination (LCD) which was posted for notice on October 29, 2020 is now effective. The companion article for this LCD is also now effective:

* Biomarkers for Oncology (L35396)
* Billing and Coding: Biomarkers for Oncology (A52986)

The comment period is now closed for the following Proposed Local Coverage Determinations. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Article and finalized Billing and Coding Article will be related to the final LCD when it is posted for notice.

* Cardiology Non-emergent Outpatient Stress Testing (DL35083)
* Facet Joint Interventions for Pain Management (DL34892)

December 10, 2020

The following Local Coverage Determination and related Billing and Coding Article have been revised:

* BRCA1 and BRCA2 Genetic Testing (L36715)
* Billing and Coding: BRCA1 and BRCA2 Genetic Testing (A56542)

The following Billing and Coding Article has been revised:

* Billing and Coding: Hydration Therapy (A56634)

December 3, 2020

As a reminder, the comment period for the following Proposed Local Coverage Determinations (LCDs) is currently open and will close on December 12, 2020. We encourage you to submit your comments as soon as possible.

* Cardiology Non-emergent Outpatient Stress Testing (DL35083)
* Facet Joint Interventions for Pain Management (DL34892)

November 12, 2020

The following Local Coverage Determinations (LCDs) posted for comment on June 25, 2020 have been posted for notice. The LCDs and related Billing and Coding Articles will become effective December 27, 2020:

* Transurethral Waterjet Ablation of the Prostate (L38712)
* Billing and Coding: Transurethral Waterjet Ablation of the Prostate (A58243)
* Treatment of Chronic Venous Insufficiency of the Lower Extremities (L34924)
* Billing and Coding: Treatment of Chronic Venous Insufficiency of the Lower Extremities (A55229)

The following LCD posted for comment on June 25, 2020 has been posted for notice and will become effective December 27, 2020.

* Endovenous Stenting (L37893)

The following Response to Comments Articles contain summaries of all comments received and Novitas’ responses:

* Response to Comments: Endovenous Stenting (A58394)
* Response to Comments: Transurethral Waterjet Ablation of the Prostate (A58377)
* Response to Comments: Treatment of Chronic Venous Insufficiency of the Lower Extremities (A58378)

The following Billing and Coding Article has been revised:

* Billing and Coding: Thrombolytic Agents (A55237)

The following Billing and Coding Article has been added:

* Billing and Coding: Urodynamic Services - Non-invasive (A58541)

November 9, 2020

The comment period is now closed for the following Proposed Local Coverage Determinations (LCDs). Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Articles and finalized Billing and Coding Articles will be published and related to the final LCDs when they are posted for notice.

* Blepharoplasty and Surgical Procedures of the Brow (DL35004)
* Botulinum Toxins (DL38809)
* Diagnostic Colonoscopy (DL38812)

The comment period remains open until December 12, 2020 for the following proposed LCDs.

* Cardiology Non-emergent Outpatient Stress Testing (DL35083)
* Facet Joint Interventions for Pain Management (DL34892)

October 29, 2020

The following Proposed Local Coverage Determinations (LCDs) have been posted for comments. The comment period will end on December 12, 2020; however, you are encouraged to submit your comments as soon as possible.

* Cardiology Non-emergent Outpatient Stress Testing (DL35083)
* Facet Joint Interventions for Pain Management (DL34892)

The following Draft Billing and Coding Articles are related to the above Proposed LCDs.

* Billing and Coding: Cardiology Non-emergent Outpatient Stress Testing (DA56423)
* Billing and Coding: Facet Joint Interventions for Pain Management (DA56670)

The following Local Coverage Determination (LCD) posted for comment on October 31, 2019 has been posted for notice. The LCD and related Billing and Coding Article will become effective December 13, 2020:

* Biomarkers for Oncology (L35396)
* Billing and Coding: Biomarkers for Oncology (A52986)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Biomarkers for Oncology (A58529)

As a reminder, the comment period for the following Proposed Local Coverage Determinations (LCDs) is currently open and will close on November 7, 2020. We encourage you to submit your comments as soon as possible.

* Blepharoplasty and Surgical Procedures of the Brow (DL35004)
* Botulinum Toxins (DL38809)
* Diagnostic Colonoscopy (DL38812)

October 15, 2020

The following Billing and Coding Article has been revised:

* Billing and Coding: Psychiatric Codes (A57130)

October 12, 2020

The following Local Coverage Determination (LCD) which was posted for notice on August 27, 2020 is now effective. The companion article for this LCD is also now effective:

* Implantable Continuous Glucose Monitors (I-CGM) (L38617)
* Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM) (A58110)

The comment period is now closed for the following Proposed Local Coverage Determination. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Article and finalized Billing and Coding Article will be related to the final LCD when it is posted for notice.

* Colon Capsule Endoscopy (CCE) (DL38807)
* Billing and Coding: Colon Capsule Endoscopy (CCE) (DA58414)

October 1, 2020

The following Billing and Coding Articles have been revised to reflect the Annual ICD-10 Code Updates effective for dates of service on and after October 1, 2020.

* Billing and Coding: Allergen Immunotherapy (A56538)
* Billing and Coding: Allergy Testing (A56558)
* Billing and Coding: Ambulance Services (Ground Ambulance) (A54574)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Billing and Coding: Bariatric Surgical Management of Morbid Obesity (A56422)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)
* Billing and Coding: Epidural Injections for Pain Management (A56681)
* Billing and Coding: Flow Cytometry (A56676)
* Billing and Coding: Hydration Therapy (A56634)
* Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (A56938)
* Billing and Coding: Intravenous Immune Globulin (IVIG) (A56786)
* Billing and Coding: Magnetic Resonance Angiography (MRA) (A56805)
* Billing and Coding: Monitored Anesthesia Care (A57361)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
* Billing and Coding: Neurophysiology Evoked Potentials (NEPs) (A56773)
* Billing and Coding: Oximetry Services (A57205)
* Billing and Coding: Psychiatric Codes (A57130)
* Billing and Coding: Pulmonary Function Testing (A57320)
* Billing and Coding: Routine Foot Care (A52996)
* Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (A57600)
* Billing and Coding: Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (A57414)

The following LCD and related Billing and Coding Article have been retired:

* Chiropractic Services (L35424)
* Billing and Coding: Chiropractic Services (A52987)

The following Billing and Coding Article that was published on August 27, 2020 is now effective:

* Billing and Coding: Chiropractic Services (A58345)

September 24, 2020

The following Proposed Local Coverage Determinations (LCDs) have been posted for comments. The comment period will end on November 7, 2020; however you are encouraged to submit your comments as soon as possible.

* Blepharoplasty and Surgical Procedures of the Brow (DL35004)
* Botulinum Toxins (DL38809)
* Diagnostic Colonoscopy (DL38812)

The following Draft Billing and Coding Articles are related to the above Proposed LCDs.

* Billing and Coding: Blepharoplasty and Surgical Procedures of the Brow (DA57618)
* Billing and Coding: Botulinum Toxins (DA58423)
* Billing and Coding: Diagnostic Colonoscopy (DA58428)

The following Billing and Coding article has been revised:

* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)

The following LCD and related Billing and Coding Article have been retired:

* Corus® CAD Test  (L36713)
* Billing and Coding: Corus® CAD Test (A56608)

August 27, 2020

The following Proposed Local Coverage Determination (LCD) has been posted for comments. The comment period will end on October 10, 2020, however you are encouraged to submit your comments as soon as possible.

* Colon Capsule Endoscopy (CCE) (DL38807)

Submit Comments

The following Draft Billing and Coding Article is related to the above Proposed LCD.

* Billing and Coding: Colon Capsule Endoscopy (CCE) (DA58414)

The following Local Coverage Determination (LCD) posted for comment on April 30, 2020 has been posted for notice. The LCD and related Billing and Coding Article will become effective October 11, 2020:

* Implantable Continuous Glucose Monitors (I-CGM) (L38617)
* Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM) (A58110)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Implantable Continuous Glucose Monitors (I-CGM) (A58415)

The following Future Billing and Coding Article, which will replace the current Billing and Coding Article: Chiropractic Services (A52987), has been published and will become effective October 01, 2020:

* Billing and Coding: Chiropractic Services (A58345)

The following LCDs and related Billing and Coding Articles have been retired:

* Hyperbaric Oxygen (HBO) Therapy (L35021)
* Billing and Coding: Hyperbaric Oxygen (HBO) Therapy (A56714)
* Reflectance Confocal Microscopy (L37375)
* Billing and Coding: Reflectance Confocal Microscopy (A56969)

August 13, 2020

The following Billing and Coding Article has been revised, consistent with CPT guidelines, to clarify that non-graft wound dressings (e.g., gel, powder, ointment, foam, liquid) or injected skin substitutes should not be reported with skin replacement surgery application codes. Claims received on and after August 13, 2020 reporting non-graft wound dressings with a surgery application code will be rejected.

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)

The following Local Coverage Determinations (LCDs) have been revised:

* Cardiac Rhythm Device Evaluation (L34833)
* Speech-Language Pathology (SLP) Services: Communication Disorders (L35070)

The following Billing and Coding Articles have been revised:

* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A56642)
* Non-Invasive Peripheral Venous Studies (A52993)

The following LCDs and their related Billing and Coding Articles have been retired:

* Molecular Diagnostics: Genitourinary Infectious Disease Testing (L35015)
* Billing and Coding: Molecular Diagnostics: Genitourinary Infectious Disease Testing (A56791)
* Sacral Nerve Stimulation (L35449)
* Billing and Coding: Sacral Nerve Stimulation (A57617)

August 10, 2020

The comment period is now closed for the following Proposed Local Coverage Determinations. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Articles and finalized Billing and Coding Articles will be related to the final LCDs when they are posted for notice.

* Endovenous Stenting (DL37893)
* Transurethral Waterjet Ablation of the Prostate (DL38712)
* Treatment of Chronic Venous Insufficiency of the Lower Extremities (DL34924)

July 30, 2020

The following Billing and Coding articles have been revised to reflect the July 2020 CPT/HCPCS Code Quarterly updates effective for dates of service on and after July 1, 2020:

* Billing and Coding: Allergy Testing (A56558)
* Billing and Coding: Hemophilia Factor Products (A56433)
* Billing and Coding: Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)

As a reminder, the comment period for the following Proposed Local Coverage Determinations (LCDs) is currently open and will close on August 8, 2020. We encourage you to submit your comments as soon as possible to allow ample time for us to review them thoroughly.

* Endovenous Stenting (DL37893)
* Transurethral Waterjet Ablation of the Prostate (DL38712)
* Treatment of Chronic Venous Insufficiency of the Lower Extremities (DL34924)

Submit Comments

July 23, 2020

The following Local Coverage Determination (LCD) and its related Billing and Coding Article has been revised:

* Trigger Point Injections (L35010)
* Billing and Coding: Trigger Point Injections (A57751)

The following LCD has been revised:

* Wound Care (L35125)

The following Billing and Coding Article has been revised:

* Billing and Coding: Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device) (A55240)

The following LCDs and related Billing and Coding Articles have been retired:

* Nusinersen (Spinraza) (L37682)
* Billing and Coding: Nusinersen (Spinraza) (A56860)
* Strapping (L36423)
* Billing and Coding: Strapping (A56804)

July 16, 2020

As a reminder, the comment period for the following Proposed Local Coverage Determinations (LCDs) is currently open and will close on August 8, 2020. We encourage you to submit your comments as soon as possible to allow ample time for us to review them thoroughly.

* Endovenous Stenting (DL37893)
* Transurethral Waterjet Ablation of the Prostate (DL38712)
* Treatment of Chronic Venous Insufficiency of the Lower Extremities (DL34924)

Submit Comments

July 13, 2020

The following Local Coverage Determinations (LCDs) which were posted for notice on May 28, 2020 are now effective. The related Billing and Coding articles for these LCDs are also now effective:

* Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (L38495)
* Billing and Coding: Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (A57839)
* Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (L35130)
* Billing and Coding: Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (A57752)

July 2, 2020

The following LCDs and related Billing and Coding Articles have been revised:

* Allergy Testing (L36241)
* Billing and Coding: Allergy Testing (A56558)
* Assays for Vitamins and Metabolic Function (L34914)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Biomarkers for Oncology (L35396)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Biomarkers Overview (L35062)
* Billing and Coding: Biomarkers Overview (A56541)
* Magnetic Resonance Angiography (MRA) (L34865)
* Billing and Coding: Magnetic Resonance Angiography (MRA) (A56805)
* Pulmonary Function Testing (L35360)
* Billing and Coding: Pulmonary Function Testing (A57320)

The following LCDs have been revised:

* Epidural Injections for Pain Management (L36920)
* Psychiatric Codes (L35101)

The following Billing and Coding Article has been revised:

* Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)

The following LCDs and the related Billing and Coding Articles have been retired effective for dates of service on and after July 1, 2020:

* In Vitro Chemosensitivity & Chemoresistance Assays (L36634)
* Billing and Coding: In Vitro Chemosensitivity & Chemoresistance Assays (A56710)
* Microvascular Therapy (L36434)
* Billing and Coding: Microvascular Therapy (A54343)
* Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (L36419)
* Billing and Coding: Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (A56856)
* Services That Are Not Reasonable and Necessary (L35094)
* Billing and Coding: Services That Are Not Reasonable and Necessary (A56967)
* Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim® Therapy (L34891)
* Billing and Coding: Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim® Therapy (A57656)

June 25, 2020

The following Proposed Local Coverage Determinations (LCDs) have been posted for comments. The comment period will end on August 8, 2020, however you are encouraged to submit your comments as soon as possible to allow ample time for us to review them thoroughly.

* Endovenous Stenting (DL37893)
* Transurethral Waterjet Ablation of the Prostate (DL38712)
* Treatment of Chronic Venous Insufficiency of the Lower Extremities (DL34924)

Submit Comments

The following Draft Billing and Coding Articles are related to the above Proposed LCDs.

* Billing and Coding: Treatment of Chronic Insufficiency of the Lower Extremities (DA55229)
* Billing and Coding: Transurethral Waterjet Ablation of the Prostate (DA58243)

The following Billing and Coding Article has been revised:

* Billing and Coding: Endovenous Stenting (A56414)

The following LCD and related Billing and Coding Article have been retired:

* Lacrimal Punctum Plugs (L35095)
* Billing and Coding: Lacrimal Punctum Plugs (A56780)

June 15, 2020

The comment period is now closed for the following Proposed Local Coverage Determination. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Article and finalized Billing and Coding Article will be related to the final LCD when it is posted for notice.

* Implantable Continuous Glucose Monitors (I-CGM) (DL38617)

June 4, 2020

As a reminder, the comment period for the following Proposed Local Coverage Determination (LCD) is currently open and will close on June 13, 2020. We encourage you to submit your comments as soon as possible to allow ample time for us to review them thoroughly.

* Implantable Continuous Glucose Monitors (I-CGM) (DL38617)
Submit Comments

The following Draft Billing and Coding Article is related to the above Proposed LCD.

* Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM) (DA58110)

The following Billing and Coding Article has been added:

* Billing and Coding: Screening for Cervical Cancer with Human Papillomavirus (HPV)( A58216)

The following Billing and Coding Article has been revised:

* Billing and Coding: Epidural Injections for Pain Management (A56681)

May 28, 2020

The following Local Coverage Determinations (LCDs) posted for comment on December 26, 2019 have been posted for notice. The LCDs and related Billing and Coding Articles will become effective July 12, 2020:

* Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (L38495)
* Billing and Coding: Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (A57839)
* Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (L35130)
* Billing and Coding: Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (A57752)

The following Response to Comments Articles contain summaries of all comments received and Novitas’ responses:

* Response to Comments: Magnetic-Resonance-Guided-Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (A58049)
* Response to Comments: Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (A58195)

May 26, 2020

The following Local Coverage Determination (LCD) posted for notice on April 9, 2020 became effective May 24, 2020. The related Billing and Coding Article also became effective May 24, 2020.

* Thrombolytic Agents (L35428)
* Billing and Coding: Thrombolytic Agents (A55237)

May 21, 2020

The following Billing and Coding Article has been revised. It will become effective on May 24, 2020 with its corresponding Local Coverage Determination L35428 which was posted for notice on April 9, 2020.

* Billing and Coding: Thrombolytic Agents (A55237)

May 15, 2020

As a reminder, the comment period for the following Proposed Local Coverage Determination (LCD) is currently open and will close on June 13, 2020. We encourage you to submit your comments as soon as possible to allow ample time for us to review them thoroughly.

* Implantable Continuous Glucose Monitors (I-CGM) (DL38617)
Submit Comments

May 14, 2020

The following Billing and Coding Article has been revised:

* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)

May 7, 2020

The following Billing and Coding Article has been revised:

* Billing and Coding: Services That Are Not Reasonable and Necessary (A56967)

April 30, 2020

The following Proposed Local Coverage Determination (LCD) has been posted for comments. The comment period will end on June 13, 2020, however you are encouraged to submit your comments as soon as possible to allow ample time for us to review them thoroughly.

* Implantable Continuous Glucose Monitors (I-CGM) (DL38617)

Submit Comments

The following Draft Billing and Coding Article is related to the above Proposed LCD.

* Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM) (DA58110)

The following LCD has been revised:

* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (L34977)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Allergy Testing (A56558)
* Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56633)

The following Billing and Coding Articles have been retired:

* Billing and Coding: NCD on Pneumatic Compression Therapy (A53133)
* Billing and Coding: Ophthalmic Biometry for Intraocular Lens (IOL) Power Calculation (A53131)
* Billing and Coding: Use of Vaccines or Inoculations for Treatment of Injury or Exposure (A53130)

April 23, 2020

The following Local Coverage Article has been revised. Due to the current public health emergency the effective date for the addition of Tremfya® (J1628) and Stelara® (J3357) will be deferred until 45 days after the public health emergency ends. Please continue to watch our website for updates.

* Self-Administered Drug Exclusion List (A53127)

April 16, 2020

The following Local Coverage Determination (LCD) and related Billing and Coding Article have been revised:

* Services That Are Not Reasonable and Necessary (L35094)
* Billing and Coding: Services That Are Not Reasonable and Necessary (A56967)

April 9, 2020

The following Local Coverage Determination (LCD) posted for comment on October 31, 2019 has been posted for notice. The LCD and related Billing and Coding Article will become effective May 24, 2020:

* Thrombolytic Agents (L35428)
* Billing and Coding: Thrombolytic Agents (A55237)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Thrombolytic Agents (A58012)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Implantable Automatic Defibrillators (A56355)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)

March 19, 2020

The following Local Coverage Determination (LCD) has been revised:

* Ambulance Services (Ground Ambulance) (L35162)

The following Local Coverage Article has been revised and is posted for notice. The article will become effective May 3, 2020:

* Self-Administered Drug Exclusion List (A53127)

March 16, 2020

The following Local Coverage Determination (LCD) which was posted for notice on January 30, 2020 is now effective. The companion article for this LCD is also now effective:

* Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38385)
* Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (A56938)

March 12, 2020

The following Billing and Coding Article has been revised:

* Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)

February 13, 2020

The following Local Coverage Determinations (LCDs) have been revised:

* Hemophilia Factor Products (L35111)
* Hyperbaric Oxygen (HBO) Therapy (L35021)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Billing and Coding: Biomarkers Overview (A56541)
* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Billing and Coding: Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases (A53121)
* Billing and Coding: Intensity Modulated Radiation Therapy (IMRT) (A56725)
* Billing and Coding: Intravenous Immune Globulin (IVIG) (A56786)
* Billing and Coding: Non-Coronary Vascular Stents (A56365)

February 10, 2020

The comment period is now closed for the following Proposed Local Coverage Determinations. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Articles and finalized Billing and Coding Articles will be related to the final LCDs when they are posted for notice.

* Magnetic-Resonance-Guided-Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (DL38495)
* Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (DL35130)

February 3, 2020

The comment period will close on February 8, 2020 for the following Proposed Local Coverage Determinations (LCDs):

* Magnetic-Resonance-Guided-Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (DL38495)
* Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (DL35130)

Submit Comments

January 30, 2020

The following Local Coverage Determination (LCD) posted for comment on August 29, 2019 has been posted for notice. The LCD and related Billing and Coding Article will become effective March 15, 2020:

* Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38385)
* Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (A56938)

The following Response to Comments Article contains summaries of all comments received and Novitas’ responses:

* Response to Comments: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (A57928)

January 16, 2020

The following Local Coverage Determination (LCD) has been revised.

* Wound Care (L35125)

The following articles have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2020:

* Billing and Coding: Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (A56530)
* Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Billing and Coding: Barium Swallow Studies, Modified (A56589)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Cardiac Rhythm Device Evaluation (A56602)
* Billing and Coding: Cataract Extraction (including Complex Cataract Surgery) (A56615)
* Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)
* Billing and Coding: Endovascular Repair of Aortic and/or Iliac Aneurysms (A53124)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)
* Billing and Coding: Non-Invasive Peripheral Venous Studies (A52993)
* Billing and Coding: Pulmonary Function Testing (A57320)
* Billing and Coding: Services That Are Not Reasonable and Necessary (A56967)
* Billing and Coding: Speech Language Pathology (SLP) Services: Communication Disorders (A54111)
* Billing and Coding: Therapy and Rehabilitation Services (PT, OT) (A57703)
* Billing and Coding: Wound Care (A53001)

December 30, 2019

The following Local Coverage Determinations (LCDs) which were posted for notice on November 14, 2019 are now effective. The related Billing and Coding articles for these LCDs are also now effective:

* 4Kscore Test Algorithm (L37792)
* Billing and Coding: 4Kscore Test Algorithm (A56653)
* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs)( L38229)
* Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A56642)
* Micro-Invasive Glaucoma Surgery (MIGS) (L38223)
* Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56633)

Please Note: Billing and Coding: 4Kscore Test Algorithm Article (A56281) will be retired effective 12/29/2019. Please refer to A56653 for services on and after 12/30/2019.

December 26, 2019

The following Local Coverage Determinations (LCDs) has have been posted for comments. The comment period will end on February 8, 2020.

* Magnetic-Resonance-Guided-Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (DL38495)
* Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (DL35130)

Submit Comments

The following Draft Billing and Coding articles are related to the above Proposed LCDs.

* Billing and Coding: Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (DA57839)
* Billing and Coding: Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (DA57752)

December 20, 2019

New Look to Local Coverage Determinations (LCDs) and Billing and Coding Articles

Consistent with the instruction in Change Request (CR) 10901, the Medical Policy Team has been working to relocate all coding information from our Local Coverage Determinations (LCDs) into related Billing and Coding Articles. This project was completed on November 21, 2019. Therefore, you will now find all coding information in Billing and Coding Articles. In order to better assist you in finding the related Billing and Coding Article, a link has been placed at the bottom of the LCDs.

The Novitas Solutions Medical Policy team has evaluated all active Local Coverage Articles for any impact in response to the 2020 Annual HCPCS/CPT Code Update. The following is a list of the impacted Articles. The revised Articles will be published to the Medicare Coverage Database and on our Website in January. Please continue to watch our website for updates.

* A56530 - Billing and Coding: Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters
* A54117 - Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds
* A56589 - Billing and Coding: Barium Swallow Studies, Modified
* A52986 - Billing and Coding: Biomarkers for Oncology
* A56602 - Billing and Coding: Cardiac Rhythm Device Evaluation
* A56615 - Billing and Coding: Cataract Extraction (including Complex Cataract Surgery)
* A56587 - Billing and Coding: Cosmetic and Reconstructive Surgery
* A53124 - Billing and Coding: Endovascular Repair of Aortic and/or Iliac Aneurysms
* A53252 - Billing and Coding: Independent Diagnostic Testing Facility (IDTF)
* A53134 - Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions
* A52993 - Billing and Coding: Non-Invasive Peripheral Venous Studies
* A57320 - Billing and Coding: Pulmonary Function Testing
* A56967 - Billing and Coding: Services That Are Not Reasonable and Necessary
* A54111 - Billing and Coding: Speech-Language Pathology (SLP) Services: Communication Disorders
* A57703 - Billing and Coding: Therapy and Rehabilitation Services (PT, OT)
* A53001 - Billing and Coding: Wound Care

December 16, 2019

The comment period is now closed for the following Proposed Local Coverage Determinations. Comments received will be reviewed by our Contractor Medical Directors. The Response to Comments Articles and finalized Billing and Coding Articles will be related to the final LCDs when they are posted for notice.

* Biomarkers for Oncology (DL35396)
* Thrombolytic Agents (DL35428)

December 9, 2019

The comment period will close on December 15, 2019 for the following Proposed Local Coverage Determinations (LCDs):

* Biomarkers for Oncology (DL35396)
* Thrombolytic Agents (DL35428)

Submit Comments

December 2, 2019

The following Local Coverage Article which was posted for notice on October 17, 2019 is now effective:

* Self-Administered Drug Exclusion List (A53127)

November 21, 2019

The following Local Coverage Determinations have been revised. The related Billing and Coding articles have also been revised or added.

* Electroretinography (ERG) (L37371)
* Billing and Coding: Electroretinography (ERG) (A56672)
* Endovenous Stenting (L37893)
* Billing and Coding: Endovenous Stenting (A56414)
* Epidural Injections for Pain Management (L36920)
* Billing and Coding: Epidural Injections for Pain Management (A56681)
* Evaluation and Management Services Provided in a Nursing Facility (L35068)
* Billing and Coding: Evaluation and Management Services Provided in a Nursing Facility (A56712)
* Facet Joint Interventions for Pain Management (L34892)
* Billing and Coding: Facet Joint Interventions for Pain Management (A56670)
* Nusinersen (Spinraza) (L37682)
* Billing and Coding: Nusinersen (Spinraza) (A56860)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L35035)
* Billing and Coding: Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (A56631)
* Trigger Point Injections (L35010)
* Billing and Coding: Trigger Point Injections (A57751)
* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (L35130)
* Billing and Coding: Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (A57752)
* Wireless Capsule Endoscopy (L35089)
* Billing and Coding: Wireless Capsule Endoscopy (A57753)
* Wound Care (L35125)
* Billing and Coding: Wound Care (A53001)

The following LCD has been revised:

* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (L38229)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device) (A55240)
* Billing and Coding: Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Physician Requirements
(A55758)
* Billing and Coding: Compounded Drugs Used in an Implantable Infusion Pump (A54100)
* Billing and Coding: Endovascular Repair of Aortic and/or Iliac Aneurysms (A53124)
* Billing and Coding: eVox® System and Other Electroencephalograph Testing for Memory Loss (A56440)
* Billing and Coding: Isolated Ultrafiltration for Management of Fluid Overload in Cardiac Disease (A53126)
* Billing and Coding: Laboratory Panels (A56473)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)
* Billing and Coding: NCD on Pneumatic Compression Therapy (A53133)
* Billing and Coding: Ophthalmic Biometry for Intraocular Lens (IOL) Power Calculation (A53131)
* Billing and Coding: Prepackaged Kits (A54515)
* Billing and Coding: Prolonged Drug and Biological Infusions Started Incident To a Physician’s Service Using an External Pump (A55134)
* Billing and Coding: Rezum® Procedure (A55352)
* Billing and Coding: Use of Vaccines or Inoculations for the Treatment of Injury or Exposure (A53130)
* Billing and Coding: Ventricular Assist Device (VAD) Supply or Accessory (A54910)

The following LCD and the related Billing and Coding Article have been retired for dates of service on and after November 21, 2019:

* Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (L37796)
* Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (A56268)

November 14, 2019

The following Local Coverage Determinations (LCDs) posted for comment on June 27, 2019 have been posted for notice. The LCDs and related Billing and Coding Articles will become effective December 30, 2019:

* 4Kscore Test Algorithm (L37792)
* Billing and Coding: 4Kscore Test Algorithm (A56653)
* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs)( L38229)
* Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A56642)
* Micro-Invasive Glaucoma Surgery (MIGS) (L38223)
* Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56633)

The following Response to Comment Articles contain summaries of all comments received and Novitas’ responses:

* Response to Comments: 4Kscore Test Algorithm (A57729)
* Response to Comments: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A57732)
* Response to Comments: Micro-Invasive Glaucoma Surgery (MIGS) (A57735)

The following Local Coverage Determinations have been revised. The related Billing and Coding articles, if applicable, have been added or revised.

* Allergen Immunotherapy (L36240)
* Billing and Coding: Allergen Immunotherapy (A56538)
* Ambulance Services (Ground Ambulance) (L35162)
* Billing and Coding: Ambulance Services (Ground Ambulance) (A54574)
* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (L34977)
* Billing and Coding: Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (A56530)
* Autonomic Function Tests (L35395)
* Billing and Coding: Autonomic Function Tests (A54954)
* Barium Swallow Studies, Modified (L35433)
* Billing and Coding: Barium Swallow Studies, Modified (A56589)
* Biomarkers for Oncology (L35396)
* Flow Cytometry (L35032)
* Billing and Coding: Flow Cytometry (A56676)
* Hemophilia Factor Products (L35111)
* Billing and Coding: Hemophilia Factor Products (A56433)
* Hyperbaric Oxygen (HBO) Therapy (L35021)
* Billing and Coding: Hyperbaric Oxygen (HBO) Therapy (A56714)
* Implantable Infusion Pump (L35112)
* Billing and Coding: Implantable Infusion Pump (A56778)
* In Vitro Chemosensitivity & Chemoresistance Assays (L36634)
* Billing and Coding: In Vitro Chemosensitivity & Chemoresistance Assays (A56710)
* Intensity Modulated Radiation Therapy (IMRT) (L36711)
* Billing and Coding: Intensity Modulated Radiation Therapy (IMRT) (A56725)
* Intraoperative Neurophysiological Testing (L35003)
* Billing and Coding: Intraoperative Neurophysiological Testing (A56722)
* Intravenous Immune Globulin (IVIG) (L35093)
* Billing and Coding: Intravenous Immune Globulin (IVIG) (A56786)
* Lacrimal Punctum Plugs (L35095)
* Billing and Coding: Lacrimal Punctum Plugs (A56780)
* Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG ® (L34864)
* Billing and Coding: Loss-of-Heterozygosity Based Topographic Genotyping with Pathfinder TG® (A56897)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L36007)
* Billing and Coding: Lower Extremity Major Joint Replacement (Hip and Knee) (A56796)
* Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (L34822)
* Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (A56776)
* Microvascular Therapy (L36434)
* Billing and Coding: Microvascular Therapy (MVT) (A54343)
* Mohs Micrographic Surgery (MMS) (L34961)
* Billing and Coding: Mohs Micrographic Surgery (MMS) (A53883)
* Multiple Imaging in Oncology (L35391)
* Billing and Coding: Multiple Imaging in Oncology (A56848)
* Neuromuscular Junction Testing (L34996)
* Billing and Coding: Neuromuscular Junction Testing (A56785)
* Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (L36419)
* Billing and Coding: Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (A56856)
* Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control (L35011)
* Billing and Coding: Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control (A57712)
* Therapy and Rehabilitation Services (PT, OT) (L35036)
* Billing and Coding: Therapy and Rehabilitation Services (PT, OT) (A57703)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L34924)
* Billing and Coding: Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (A55229)

The following Billing and Coding Articles have been revised:

* Billing and Coding: 3D Interpretation and Reporting of Imaging Studies (A56526)
* Billing and Coding: Acute Care: Inpatient, Observation and Treatment Room Services (A52985)

November 7, 2019

The following Local Coverage Determinations (LCDs) and related Billing and Coding articles have been revised.

* Biomarkers Overview (L35062)
* Billing and Coding: Biomarkers Overview (A56541)
* Blood Glucose Monitoring in a Skilled Nursing Facility (SNF) (L34834)
* Billing and Coding: Blood Glucose Monitoring in a Skilled Nursing Facility (SNF) (A56591)
* BRCA1 and BRCA2 Genetic Testing (L36715)
* Billing and Coding: BRCA1 and BRCA2 Genetic Testing (A56542)
* Cataract Extraction (including Complex Cataract Surgery) (L35091)
* Billing and Coding: Cataract Extraction (including Complex Cataract Surgery) (A56615)
* Chiropractic Services (L35424)
* Billing and Coding: Chiropractic Services (A52987)
* Co-Management of Surgical Procedures (L34862)
* Billing and Coding: Co-Management of Surgical Procedures (A52989)
* Corus® CAD Test (L36713)
* Billing and Coding: Corus® CAD Test (A56608)
* Cosmetic and Reconstructive Surgery (L35090)
* Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)
* C-Reactive Protein High Sensitivity Testing (hsCRP) (L34856)
* Billing and Coding: C-Reactive Protein High Sensitivity Testing (hsCRP) (A56643)
* Diagnostic Abdominal Aortography and Renal Angiography (L35092)
* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Frequency of Laboratory Tests (L35099)
* Billing and Coding: Frequency of Laboratory Tests (A56420)

The following Billing and Coding article has been revised.

* Billing and Coding: Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)

October 31, 2019

The following Local Coverage Determinations (LCDs) have been revised in response to reconsideration requests and are now posted as Proposed LCDs. The Proposed LCDs are open for comments related to the current revisions only. Please refer to the Synopsis of Changes, Summary of Evidence and Analysis of Evidence sections for information pertinent to the revisions that are open for comment. The comment period will end on December 15, 2019.

* Biomarkers for Oncology (DL35396)
* Thrombolytic Agents (DL35428)

Submit Comments

The following draft Billing and Coding articles are related to the above Proposed LCDs. The articles contain the applicable CPT/HCPCS codes, ICD-10 Codes and billing and coding information.

* Billing and Coding: Biomarkers for Oncology (DA52986)
* Billing and Coding: Thrombolytic Agents (DA55237)

The following Local Coverage Determinations (LCDs) have been revised. The related Billing and Coding articles for these LCDs have been added or revised.

* 3D Interpretation and Reporting of Imaging Studies (L35408)
* Billing and Coding: 3D Interpretation and Reporting of Imaging Studies (A56526)
* 4Kscore Test Algorithm (L37792)
* Billing and Coding: Coding for 4Kscore Test Algorithm (A56281)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Billing and Coding: Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)
* Nerve Conduction Studies and Electromyography (L35081)
* Billing and Coding: Nerve Conduction Studies and Electromyography (A54095)
* Sacral Nerve Stimulation (L35449)
* Billing and Coding: Sacral Nerve Stimulation (A57617)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)
* Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (A57600)
* Speech-Language Pathology (SLP) Services: Communication Disorders (L35070)
* Billing and Coding: Speech-Language Pathology (SLP) Services: Communication Disorders (A54111)
* Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim® Therapy (L34891)
* Billing and Coding: Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim® Therapy (A57656)
* Surgery: Blepharoplasty (L35004)
* Billing and Coding: Surgery: Blepharoplasty (A57618)

The following Billing and Coding article has been revised.

* Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)

October 17, 2019

In response to the annual ICD-10 code update, the following Billing and Coding articles have been added or revised. The related Local Coverage Determinations (LCDs) have been revised to remove the codes and place them into the Billing and Coding articles.

* Billing and Coding: Monitored Anesthesia Care (A57361)
* Monitored Anesthesia Care (L35049)
* Billing and Coding: Oximetry Services (A57205)
* Oximetry Services (L35434)
* Billing and Coding: Pulmonary Function Testing (A57320)
* Pulmonary Function Testing (L35360)
* Billing and Coding: Real-Time, Outpatient Cardiac Telemetry (A52995)
* Real-Time, Outpatient Cardiac Telemetry (L34997)
* Billing and Coding: Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (A57414)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L35350)
* Billing and Coding: Vestibular and Audiologic Function Studies (A57434)
* Vestibular and Audiologic Function Studies (L35007)

In response to the 2020 annual ICD-10 code update, the following Billing and Coding Articles have been revised. Related LCDs, as applicable, have undergone a system change to remove the coding sections.

* Billing and Coding: Allergy Testing (A56558)
* Allergy Testing (L36241)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Assays for Vitamins and Metabolic Function (L34914)
* Billing and Coding: Bariatric Surgical Management of Morbid Obesity (A56422)
* Bariatric Surgical Management of Morbid Obesity (L35022)
* Billing and Coding: Cardiac Event Detection Monitoring (A56600)
* Cardiac Event Detection Monitoring (L34953)
* Billing and Coding: Cardiac Rhythm Device Evaluation (A56602)
* Cardiac Rhythm Device Evaluation (L34833)
* Billing and Coding: Cardiovascular Nuclear Medicine (A56423)
* Cardiovascular Nuclear Medicine (L35083)
* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)
* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* Billing and Coding: Implantable Automatic Defibrillators (A56355)
* Billing and Coding: Magnetic Resonance Angiography (MRA) (A56805)
* Magnetic Resonance Angiography (MRA)( L34865)
* Billing and Coding: Molecular Diagnostics: Genitourinary Infectious Disease Testing (A56791)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing (L35015)
* Billing and Coding: NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)
* Billing and Coding: Neurophysiology Evoked Potentials (NEPs) (A56773)
* Neurophysiology Evoked Potentials (NEPs) (L34975)
* Billing and Coding: Non-Coronary Vascular Stents (A56365)
* Non-Coronary Vascular Stents (L35084)
* Billing and Coding: Non-Invasive Peripheral Venous Studies (A52993)
* Non-Invasive Peripheral Venous Studies (L35451)
* Billing and Coding: Non-Vascular Extremity Ultrasound (A55037)
* Non-Vascular Extremity Ultrasound (L35409)
* Billing and Coding: Routine Foot Care (A52996)
* Routine Foot Care (L35138)
* Billing and Coding: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (A54982)
* Billing and Coding: Strapping (A56804)
* Strapping (L36423)
* Billing and Coding: Thrombolytic Agents (A55237)
* Thrombolytic Agents (L35428)
* Billing and Coding: Transesophageal Echocardiography (TEE) (A56505)
* Transesophageal Echocardiography (TEE) (L35016)

The following Billing and Coding Articles have been revised. The related LCDs have been revised to remove the coding sections.

* Billing and Coding: Hydration Therapy (A56634)
* Hydration Therapy (L34960)
* Billing and Coding: Non-Invasive Cerebrovascular Arterial Studies (A52992)
* Non-Invasive Cerebrovascular Arterial Studies (L35397)

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The Self-Administered Drug Exclusion List, A53127 has been revised and is posted for notice. The article will become effective December 2, 2019

Modifier JB Use for Drugs/Biologicals included on the Self-Administered Drug Exclusion List

Several drugs/biologicals that are considered self-administered and included on the Novitas Self-Administered Drug (SAD) Exclusion List may be administered intravenously or subcutaneously. Effective with claims submitted for dates of service on or after December 2, 2019, Novitas will require the use of the Healthcare Common Procedure Coding System (HCPCS) modifier when reporting subcutaneous administration of a drug/biological that is included on the Novitas Self-Administered Drug (SAD) Exclusion List.

Further information regarding Self-Administered Drugs is found on the Medical Policy Drugs & Biologicals: Self-Administered Drug Exclusions page.

October 14, 2019

The comment period is now closed for the following Proposed Local Coverage Determination (LCD). Comments received will be reviewed by our Contractor Medical Directors and a Response to Comments Article and a finalized Billing and Coding Article will be posted to our website and related to the LCD when it is posted for notice.

* Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (DL38385)

October 10, 2019

The following Draft Articles have replaced the Future Effective Articles and have been related to the Proposed LCDs:

* Billing and Coding: 4Kscore Test Algorithm (DA56653)
* 4Kscore Test Algorithm (DL37792)
* Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (DA56642)
* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (DL38229)
* Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (DA56938)
* Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (DL38385)
* Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (DA56633)
* Micro-Invasive Glaucoma Surgery (MIGS) (DL38223)

October 8, 2019

The comment period will close on October 13, 2019 for the following Proposed Local Coverage Determination (LCD):

* Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (DL38385)

Submit Comments

September 27, 2019

The Novitas Solutions medical policy team has evaluated all active Local Coverage Determinations (LCDs) and Local Coverage Articles for any impact in response to the 2020 Annual ICD-10 Code Update. The following is a list of the impacted LCDs and Articles. The revised Articles will be published to the Medicare Coverage Database and on the Novitas Website in the middle of October. Please continue to watch our website for updates.

|  |  |
| --- | --- |
| Number | Article/LCD Name |
| A56558 | Billing and Coding: Allergy Testing |
| A56416 | Billing and Coding: Assays for Vitamins and Metabolic Function |
| A56422 | Billing and Coding: Bariatric Surgical Management of Morbid Obesity |
| A56600 | Billing and Coding: Cardiac Event Detection Monitoring |
| A56602 | Billing and Coding: Cardiac Rhythm Device Evaluation |
| A56423 | Billing and Coding: Cardiovascular Nuclear Medicine |
| A56645 | Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing |
| A56355 | Billing and Coding: Implantable Automatic Defibrillators |
| A56805 | Billing and Coding: Magnetic Resonance Angiography (MRA) |
| A56791 | Billing and Coding: Molecular Diagnostics: Genitourinary Infectious Disease Testing |
| A53134 | NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions |
| A56773 | Billing and Coding: Neurophysiology Evoked Potentials (NEPs) |
| A56365 | Billing and Coding: Non-Coronary Vascular Stents |
| A52993 | Billing and Coding: Non-Invasive Peripheral Venous Studies |
| A55037 | Billing and Coding: Non-Vascular Extremity Ultrasound |
| A52996 | Billing and Coding: Routine Foot Care |
| A54982 | Single Chamber and Dual Chamber Permanent Cardiac Pacemakers - Coding and Billing |
| A56804 | Billing and Coding: Strapping |
| A55237 | Billing and Coding: Thrombolytic Agents |
| A56505 | Billing and Coding: Transesophageal Echocardiography (TEE) |
| L35049 | Monitored Anesthesia Care |
| L35434 | Oximetry Services |
| L35360 | Pulmonary Function Testing |
| L34997 | Real-Time, Outpatient Cardiac Telemetry |
| L35350 | Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) |
| L35007 | Vestibular and Audiologic Function Studies |

September 26, 2019

The following Local Coverage Determinations (LCDs) have been revised. The related Billing and Coding Articles for these LCDs have been added or revised.

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Frequency of Hemodialysis (L35014)
* Billing and Coding: Frequency of Hemodialysis (A55723)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Billing and Coding: Independent Diagnostic Testing Facility (IDTF) (A53252)
* Prostate Mapping Biopsy (L35009)
* Billing and Coding: Prostate Mapping Biopsy (A56966)
* Psychiatric Codes (L35101)
* Billing and Coding: Psychiatric Codes (A57130)
* Removal of Benign Skin Lesions (L34938)
* Billing and Coding: Removal of Benign Skin Lesions (A57113)
* Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder
(L34998)
* Billing and Coding: Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (A57072)
* Spinal Cord Stimulation (Dorsal Column Stimulation) (L35450)
* Billing and Coding: Spinal Cord Stimulation (Dorsal Column Stimulation) (A57023)
* Surgical Treatment of Nails (L34887)
* Billing and Coding: Surgical Treatment of Nails (A52998)

September 12, 2019

The following Local Coverage Determinations (LCDs) have been revised. The related Billing and Coding Articles for these LCDs have been added or revised:

* Debridement of Mycotic Nails (L35013)
* Billing and Coding: Debridement of Mycotic Nails (A56640)
* Outpatient Sleep Studies (L35050)
* Billing and Coding: Outpatient Sleep Studies (A56923)
* Reflectance Confocal Microscopy (L37375)
* Billing and Coding: Reflectance Confocal Microscopy (A56969)
* Services That Are Not Reasonable and Necessary (L35094)
* Billing and Coding: Services That Are Not Reasonable and Necessary (A56967)

The following Billing and Coding Articles have been revised:

* Billing and Coding: Biomarkers for Oncology (A52986)
* Billing and Coding: Implantable Automatic Defibrillators (A56355)
* Billing and Coding: Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases (A53121)

August 29, 2019

The following Proposed Local Coverage Determination (LCD) has been posted for comment. The comment period will end on October 13, 2019:

* Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (DL38385)

Submit Comments

The following future effective related billing and coding article has been added:

* Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (A56938)

August 22, 2019

The following Local Coverage Determinations (LCDs) have been revised. The related Billing and Coding Articles for these LCDs have been added or revised:

* Intravenous Immune Globulin (IVIG) (L35093)
* Billing and Coding: Intravenous Immune Globulin (IVIG) (A56786)
* Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG ® (L34864)
* Billing and Coding: Loss-of-Heterozygosity Based Topographic Genotyping with Pathfinder TG® (A56897)
* Microvascular Therapy (L36434)
* Billing and Coding: Microvascular Therapy (MVT) (A54343)
* Multiple Imaging in Oncology (L35391)
* Billing and Coding: Multiple Imaging in Oncology (A56848)
* Non-Vascular Extremity Ultrasound (L35409)
* Billing and Coding: Non-Vascular Extremity Ultrasound (A55037)
* Nusinersen (Spinraza) (L37682)
* Billing and Coding: Nusinersen (Spinraza) (A56860)
* Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (L36419)
* Billing and Coding: Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (A56856)
* Strapping (L36423)
* Billing and Coding: Strapping (A56804)

The following LCD has been revised:

* Facet Joint Interventions for Pain Management (L34892)

The following Billing and Coding Articles have been revised:

* Billing and Coding Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases (A53121)
* Billing and Coding: Implantable Automatic Defibrillators (A56355)

August 12, 2019

The comment period is now closed for the following Proposed Local Coverage Determinations (LCDs). Comments received will be reviewed by our Contractor Medical Directors and Response to Comments Articles will be posted to our website and related to the LCDs when they are posted for notice.

* 4Kscore Test Algorithm (DL37792)
* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATS) (DL38229)
* Micro-Invasive Glaucoma Surgery (MIGS) (DL38223)

August 8, 2019

The following Local Coverage Determinations (LCDs) have been revised. The related Billing and Coding Articles for these LCDs have been added:

* Implantable Infusion Pump (L35112)
* Billing and Coding: Implantable Infusion Pump (A56778)
* Intravenous Immune Globulin (IVIG) (L35093)
* Billing and Coding: Intravenous Immune Globulin (IVIG) (A56786)
* Lacrimal Punctum Plugs (L35095)
* Billing and Coding: Lacrimal Punctum Plugs (A56780)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L36007)
* Billing and Coding: Lower Extremity Major Joint Replacement (Hip and Knee) (A56796)
* Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (L34822)
* Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (A56776)
* Magnetic Resonance Angiography (MRA) (L34865)
* Billing and Coding: Magnetic Resonance Angiography (MRA) (A56805)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing (L35015)
* Billing and Coding: Molecular Diagnostics: Genitourinary Infectious Disease Testing (A56791)
* Neuromuscular Junction Testing (L34996)
* Billing and Coding: Neuromuscular Junction Testing (A56785)
* Neurophysiology Evoked Potentials (NEPs) (L34975)
* Billing and Coding: Neurophysiology Evoked Potentials (NEPs) (A56773)

The following Billing and Coding Article has been revised:

* Billing and Coding: Cardiovascular Nuclear Medicine (A56423)

August 2, 2019

The comment period will close on August 11, 2019 for the following Proposed Local Coverage Determinations (LCDs):

* 4Kscore Test Algorithm (DL37792)
* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATS) (DL38229)
* Micro-Invasive Glaucoma Surgery (MIGS) (DL38223)

Submit Comments

July 25, 2019

The following Local Coverage Determinations (LCDs) have been revised. The related Billing and Coding articles for these LCDs have been added:

* Evaluation and Management Services Provided in a Nursing Facility (L35068)
* Billing and Coding: Evaluation and Management Services Provided in a Nursing Facility (A56712)
* Flow Cytometry (L35032)
* Billing and Coding: Flow Cytometry (A56676)
* Hyperbaric Oxygen (HBO) Therapy (L35021)
* Billing and Coding: Hyperbaric Oxygen (HBO) Therapy (A56714)
* Intensity Modulated Radiation Therapy (IMRT) (L36711)
* Billing and Coding: Intensity Modulated Radiation Therapy (IMRT) (A56725)
* Intraoperative Neurophysiological Testing (L35003)
* Billing and Coding: Intraoperative Neurophysiological Testing (A56722)
* In Vitro Chemosensitivity & Chemoresistance Assays (L36634)
* Billing and Coding: In Vitro Chemosensitivity & Chemoresistance Assays (A56710)

The following Local Coverage Determination (LCD) has been revised

* Services That Are Not Reasonable and Necessary (L35094)

The following Local Coverage Article has been revised:

* Billing and Coding: Hemophilia Factor Products (A56433)

July 11, 2019

The following Local Coverage Determinations (LCDs) have been revised. The related Billing and Coding articles for these LCDs have been added:

* Debridement of Mycotic Nails (L35013)
* Billing and Coding: Debridement of Mycotic Nails (A56640)
* Diagnostic Abdominal Aortography and Renal Angiography (L35092)
* Billing and Coding: Diagnostic Abdominal Aortography and Renal Angiography (A56682)
* Electroretinography (ERG) (L37371)
* Billing and Coding: Electroretinography (ERG) (A56672)
* Epidural Injections for Pain Management (L36920)
* Billing and Coding: Epidural Injections for Pain Management (A56681)
* Facet Joint Interventions for Pain Management (L34892)
* Billing and Coding: Facet Joint Interventions for Pain Management (A56670)
* Hydration Therapy (L34960)
* Billing and Coding: Hydration Therapy (A56634)

The following Local Coverage Article has been revised:

* Independent Diagnostic Testing Facility (IDTF) (A53252)

July 4, 2019

The following Local Coverage Determination (LCD) has been revised. The related Billing and Coding article has also been revised:

* Frequency of Hemodialysis (L35014)
* Billing and Coding: Frequency of Hemodialysis (A55723)

June 27, 2019

The following Proposed Local Coverage Determinations (LCDs) have been posted for comment. The comment period will end on August 11, 2019:

* 4Kscore Test Algorithm (DL37792)
* Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (DL38229)
* Micro-Invasive Glaucoma Surgery (MIGS) (DL38223)

Submit Comments

The following future effective related billing and coding articles have been added:

* Billing and Coding: 4Kscore Test Algorithm (A56653)
* Billing and Coding: Gastrointestinal Pathogen (GIP) Panels Utilizing Multiplex Nucleic Acid Amplification Techniques (NAATs) (A56642)
* Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56633)

The following Local Coverage Determinations (LCDs) have been revised. The related Billing and Coding articles for these LCDs have been added or revised:

* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)
* C-Reactive Protein High Sensitivity Testing (hsCRP) (L34856)
* Billing and Coding: C-Reactive Protein High Sensitivity Testing (hsCRP) (A56643)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L35035)
* Billing and Coding: Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (A56631)

The following Local Coverage Articles have been revised:

* Billing and Coding: Ambulance Services (Ground Ambulance) (A54574)
* Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)

June 13, 2019

The following Local Coverage Determinations (LCDs) have been revised. The related Billing and Coding articles for these LCDs have been added or revised:

* Biomarkers for Oncology (L35396)
* Billing and Coding: Biomarkers for Oncology (A52986)
* Blood Glucose Monitoring in a Skilled Nursing Facility (SNF) (L34834)
* Billing and Coding: Blood Glucose Monitoring in a Skilled Nursing Facility (SNF) (A56591)
* Cardiac Event Detection Monitoring (L34953)
* Billing and Coding: Cardiac Event Detection Monitoring (A56600)
* Cardiac Rhythm Device Evaluation (L34833)
* Billing and Coding: Cardiac Rhythm Device Evaluation (A56602)
* Cataract Extraction (including Complex Cataract Surgery) (L35091)
* Billing and Coding: Cataract Extraction (including Complex Cataract Surgery) (A56615)
* Corus® CAD Test (L36713)
* Billing and Coding: Corus® CAD Test (A56608)

June 10, 2019

Ongoing Revisions to LCD Format

Consistent with Change Request (CR) 10901 language from National Coverage Determinations and/or CMS manuals must be removed from our Local Coverage Determinations (LCDs) and replaced with the applicable references. Also HCPCS/CPT codes and ICD-10 codes will be removed from LCDs and placed in Local Coverage Articles.

This change began with the LCD revisions on February 14, 2019 with an expectation of completion by December 31, 2019. The above changes will alter the look of our LCDs; however, the “Revision History Information” will continue to provide a clear explanation for any modifications.

May 30, 2019

The following Local Coverage Determinations (LCDs) have been revised. The related Billing and Coding articles for these LCDs have been added or revised:

* Barium Swallow Studies, Modified (L35433)
* Billing and Coding: Barium Swallow Studies, Modified (A56589)
* Biomarkers Overview (L35062)
* Billing and Coding: Biomarkers Overview (A56541)
* BRCA1 and BRCA2 Genetic Testing (L36715)
* Billing and Coding: BRCA1 and BRCA2 Genetic Testing (A56542)
* Cosmetic and Reconstructive Surgery (L35090)
* Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)

The following articles have been revised:

* Billing and Coding: Bariatric Surgical Management of Morbid Obesity (A56422)
* Independent Diagnostic Testing Facility (IDTF) (A53252)

May 20, 2019

The following Local Coverage Determinations (LCDs) which were posted for notice on April 4, 2019 are now effective. The related Billing and Coding articles for these LCDs are also now effective:

* Endovenous Stenting (L37893)
* Billing and Coding: Endovenous Stenting (A56414)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Billing and Coding: Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)

May 16, 2019

The following Local Coverage Determinations have been revised:

* 3D Interpretation and Reporting of Imaging Studies (L35408)
* Allergen Immunotherapy (L36240)
* Allergy Testing (L36241)
* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (L34977)
* Non-Coronary Vascular Stents (L35084)

The following Local Coverage Article has been revised:

* Billing and Coding: Non-Coronary Vascular Stents (A56365)

The following Local Coverage Articles have been added:

* Billing and Coding: 3D Interpretation and Reporting of Imaging Studies (A56526)
* Billing and Coding: Allergen Immunotherapy (A56538)
* Billing and Coding: Allergy Testing (A56558)
* Billing and Coding: Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (A56530)

May 2, 2019

Implementation of the following Local Coverage Determination (LCD) is being delayed.  This LCD will not become effective on May 7, 2019. Please watch our website for updates regarding this LCD.

* Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (L37796)

Implementation of the following Local Coverage Article is being delayed. This article will not become effective on May 7, 2019. Please watch our website for updates regarding this article.

* Coding Article for Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (A56268)

April 25, 2019

The following Local Coverage Determinations have been revised:

* Hemophilia Factor Products (L35111)
* Mohs Micrographic Surgery (MMS) (L34961)
* Thrombolytic Agents (L35428)
* Transesophageal Echocardiography (TEE) (L35016)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L35350)
* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (L35130)
* Vestibular and Audiologic Function Studies (L35007)

The following Local Coverage Articles have been revised and the titles have been changed:

* Billing and Coding: Mohs Micrographic Surgery (MMS) (A53883)
* Billing and Coding: Thrombolytic Agents (A55237)

The following Local Coverage Articles have been added:

* Billing and Coding: Hemophilia Factor Products (A56433)
* Billing and Coding: Transesophageal Echocardiography (TEE) (A56505)

April 18, 2019

The following Local Coverage Determinations have been revised:

* Outpatient Sleep Studies (L35050)
* Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (L34998)
* Sacral Nerve Stimulation (L35449)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)
* Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control (L35011)
* Surgical Treatment of Nails (L34887)
* Therapy and Rehabilitation Services (PT, OT) (L35036)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L35035)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L34924)
* Wound Care (L35125)

The following Local Coverage Articles have been revised:

* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)
* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Billing and Coding: Surgical Treatment of Nails (A52998)
* Billing and Coding: Wound Care (A53001)
* Endovascular Repair of Aortic and/or Iliac Aneurysms (A53124)

April 11, 2019

The following Local Coverage Determinations have been revised:

* Hydration Therapy (L34960)
* Hyperbaric Oxygen (HBO) Therapy (L35021)
* Intravenous Immune Globulin (IVIG) (L35093)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L36007)
* Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (L34822)
* Monitored Anesthesia Care (L35049)
* Routine Foot Care (L35138)

The following Local Coverage Article has been added:

* Billing and Coding: Laboratory Panels (A56473)

The following Local Coverage Article has been revised and the title has been changed:

* Billing and Coding: Routine Foot Care (A52996)

**April 4, 2019**

The following Local Coverage Determinations (LCDs) posted for comment on September 20, 2018 and presented at the October 2018 Contractor Advisory Committee (CAC) Meeting have been posted for notice. They will become effective May 20, 2019:

* Endovenous Stenting (L37893)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)

The following related Local Coverage Articles will become effective on May 20, 2019:

* Billing and Coding: Endovenous Stenting (A56414)
* Billing and Coding: Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)

The following Local Coverage Articles contain summaries of comments received and Novitas’ responses:

* Response to Comments: Endovenous Stenting (A56415)
* Response to Comments: Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A56412)

The following Local LCD has been revised:

* Biomarkers for Oncology (L35396)

The following related Local Coverage Article has been revised and has a title change:

* Billing and Coding: Biomarkers for Oncology (A52986)

The following LCD has been revised:

* Psychiatric Codes (L35101)

The following Local Coverage Article has been added:

* Billing and Coding: eVox® System and Other Electroencephalograph Testing for Memory Loss (A56440)

March 28, 2019

The following Local Coverage Determinations have been revised:

* Assays for Vitamins and Metabolic Function (L34914)
* Bariatric Surgical Management of Morbid Obesity (L35022)
* Cardiovascular Nuclear Medicine (L35083)
* Cataract Extraction (including Complex Cataract Surgery) (L35091)
* Chiropractic Services (L35424)
* Frequency of Laboratory Tests (L35099)

The following Local Coverage Article has been revised. (Please note that the Article title has been changed):

* Billing and Coding: Chiropractic Services (A52987)

The following Local Coverage Articles have been added:

* Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)
* Billing and Coding: Bariatric Surgical Management of Morbid Obesity (A56422)
* Billing and Coding: Cardiovascular Nuclear Medicine (A56423)
* Billing and Coding: Frequency of Laboratory Tests (A56420)

March 21, 2019

The following Local Coverage Determination (LCD) which was posted for notice on January 31, 2019 is now effective. The companion article for this LCD is also now effective:

* 4Kscore Test Algorithm (L37792)
* Coding for 4Kscore Test Algorithm (A56281)

The following Local Coverage Determination (LCD) which was posted for notice on January 31, 2019 has been placed on hold. The LCD will not become effective on March 21, 2019. The new Notice Period End date for this LCD is now May 6, 2019 and it will become effective May 7, 2019.

* Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (L37796)

The following article will now become effective May 7, 2019 to coincide with the new effective date of Local Coverage Determination (LCD) L37796:

* Coding Article for Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (A56268)

The following Local Coverage Determinations have been revised:

* Ambulance Services (Ground Ambulance) (L35162)
* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Autonomic Function Tests (L35395)
* Non Invasive Cerebrovascular Arterial Studies (L35397)
* Non Invasive Peripheral Venous Studies (L35451)
* Non-Coronary Vascular Stents (L35084)

The following Local Coverage Articles have been revised. (Please note that the Article titles have been changed):

* Billing and Coding: Ambulance Services (Ground Ambulance) (A54574)
* Billing and Coding: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Billing and Coding: Autonomic Function Tests (A54954)
* Billing and Coding: Non Invasive Cerebrovascular Arterial Studies (A52992)
* Billing and Coding: Non Invasive Peripheral Venous Studies (A52993)

The following article has been added:

* Billing and Coding Article: Non Coronary Vascular Stents (A56365)

March 15, 2019

The following JL Local Coverage Determination (LCD) has been placed on hold and will not become effective on March 21, 2019.  Please watch our website for updates regarding this LCD and its effective date.

* Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (L37796)

The following JL Local Coverage Article has been placed on hold and will not become effective on March 21, 2019. Please watch our website for updates regarding this Article and its effective date.

* Coding Article for Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (A56268)

March 13, 2019

Multi-jurisdictional Contractor Advisory Committee (CAC) via Webex on March 20, 2019

As previously communicated on February 22, 2019 the Medicare Administrative Contractors (MACs) will host a multi-jurisdictional Contractor Advisory Committee (CAC) via Webex on March 20, 2019, 1-4 pm EST hosted by National Government Services.

The conference will be by teleconference only. Please plan to record your voting responses during the meeting directly on the voting questions Word document and return them to Novitas Solutions at MedicalAffairs@novitas-solutions.com.

You may join Webex by calling 844-824-1430 and entering the conference ID 4983205.

Click here for additional information regarding this meeting.

March 1, 2019

The following Local Coverage Determination (LCD) which was posted for notice on January 10, 2019 is now effective:

* Frequency of Hemodialysis (L35014)

The following Coding Article is now effective:

* Coding for Hemodialysis Sessions (A55723)

February 28, 2019

The following Local Coverage Determination (LCD) has been revised:

* Psychiatric Codes (L35101)

In response to Change Request 10901, the following Local Coverage Determination (LCD) has been revised to remove the Current Procedural Terminology (CPT) Codes:

* Independent Diagnostic Testing Facility (IDTF) (L35448)

The following Local Coverage Article has been revised:

* Independent Diagnostic Testing Facility (IDTF) (A53252)

The following article has been added.  It will become effective March 26, 2019

* Billing and Coding Article: Implantable Automatic Defibrillators  (A56355)

February 22, 2019

As previously communicated on February 15, 2019 the Medicare Administrative Contractors (MACs) will host a multi-jurisdictional Contractor Advisory Committee (CAC) via Webex on March 20, 2019, 1-4 pm EST which will be led by National Government Services.

The purpose of the meeting is to obtain advice from CAC members and subject matter experts (SMEs) regarding the strength of published evidence on Percutaneous Vertebral Augmentation (PVA) for osteoporotic Vertebral Compression Fracture (VCF). In addition to discussion, the CAC and SME panel will vote on pre-distributed questions. The public is invited to attend as observers.

Ever since two high profile, methodologically controversial, randomized controlled trials (RCTs) found no benefit of percutaneous vertebroplasty over sham in 2009, there has been a lack of consensus on the appropriate management of osteoporotic VCF, particularly the role of PVA. After several recent publications further question the value of PVA, Contractor Medical Directors (CMDs) thought it appropriate to reassess current Medicare coverage. CAC panels do not make coverage determinations, but MACs benefit from their advice.

E-mail correspondence regarding this meeting with additional information is being sent to the Novitas CAC members. Any Novitas CAC member or SME located within the Novitas jurisdiction interested in participating in this multi-jurisdictional meeting should contact Novitas Solutions at MedicalAffairs@novitas-solutions.com.

Tentative questions that the CAC members and SMEs will be asked to provide advice on are in the Voting Questions link below along with a bibliography listing in the Vertebral Augmentation Bibliography link below. Final questions and an agenda will be posted to the Novitas Website March 13, 2019.

* Voting Questions
* Vertebral Augmentation Bibliography

February 21, 2019

The Centers for Medicare & Medicaid (CMS) issued Change Request 10865, Transmittal 213 on February 15, 2019, revising the implementation date for NCD 20.4 Implantable Cardiac Defibrillators (ICDs) to March 26, 2019. The Medicare Administrative Contractors (MACs) are instructed to implement NCD 20.4 at the local level; therefore, Novitas is publishing a related Billing and Coding Article on the Medicare Coverage Database (MCD) to assist providers with the proper reporting of these services. The Article will be published on the MCD and Novitas’ website on February 28, 2019.

The effective date of the following Local Coverage Determination (LCD) posted for notice on January 31, 2019 has been changed from February 28, 2019 to March 1, 2019. A note has been added to the LCD to reflect this change.

* Frequency of Hemodialysis (L35014)

The effective date for the following Local Coverage Article has been changed from February 28, 2019 to March 1, 2019. A note has been added to the Article to reflect this change.

* Coding for Hemodialysis Sessions (A55723)

February 15, 2019

Medicare Administrative Contractors (MACs) will host a multi-jurisdictional Contractor Advisory Committee (CAC) via Webex on March 20, 2019, 1-4 pm EST

The purpose of the meeting is to obtain advice from CAC members and subject matter experts (SMEs) regarding the strength of published evidence on Percutaneous Vertebral Augmentation (PVA) for osteoporotic Vertebral Compression Fracture (VCF). In addition to discussion, the CAC and SME panel will vote on pre-distributed questions. The public is invited to attend as observers.

Ever since two high profile, methodologically controversial, randomized controlled trials (RCTs) found no benefit of percutaneous vertebroplasty over sham in 2009, there has been a lack of consensus on the appropriate management of osteoporotic VCF, particularly the role of PVA. After several recent publications further question the value of PVA, Contractor Medical Directors (CMDs) thought it appropriate to reassess current Medicare coverage. CAC panels do not make coverage determinations, but MACs benefit from their advice.

A participant Disclosure Statement, background material, and tentative questions will be posted by 2/22; the agenda (including final questions and Webex details) will be posted 3/13/19.

February 14, 2019

Consistent with the new LCD process outlined in the Medicare Program Integrity Manual, Chapter 13, Section 13.5.1, language from statute, regulations, rulings interpretive manuals, etc. has been removed from the coverage and indications section of the revised Local Coverage Determinations (LCDs) listed below and replaced with the applicable references.

The following JL Local Coverage Determinations (LCDs) have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2019:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Biomarkers for Oncology (L35396)
* Biomarkers Overview (L35062)
* BRCA1 and BRCA2 Genetic Testing (L36715)
* Cardiac Rhythm Device Evaluation (L34833)
* Electroretinography (ERG) (L37371)
* Hemophilia Factor Products (L35111)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (L36419)
* Psychiatric Codes (L35101)
* Services That Are Not Reasonable and Necessary (L35094)
* Speech-Language Pathology (SLP) Services: Communication Disorders (L35070)
* Spinal Cord Stimulation (Dorsal Column Stimulation) (L35450)

The following JL Local Coverage Articles have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2019:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Billing and Coding for Rezum® Procedure (A55352)
* Biomarkers for Oncology (A52986)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)
* Independent Diagnostic Testing Facility (IDTF) (A53252)
* Self-Administered Drug Exclusion List (A53127)
* Speech-Language Pathology (SLP) Services: Communication Disorders (A54111)

January 31, 2019

The following Proposed Local Coverage Determinations (LCDs) posted for comment on May 17, 2018 and presented at the June 2018 Contractor Advisory Committee (CAC) Meeting have been posted for notice. They will become effective March 21, 2019.

* 4Kscore Test Algorithm (L37792)
* Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (L37796)

The following Local Coverage Articles will become effective March 21, 2019:

* Coding for 4Kscore Test Algorithm (A56281)
* Coding Article for Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (A56268)

The following Articles contain summaries of comments received and Novitas’ responses:

* Response to Comments: 4Kscore Test Algorithm (A56282)
* Response to Comments: Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (A56269)

January 10, 2019

The following Proposed Local Coverage Determination (LCD) posted for comment on September 14, 2017, and presented at the October 2017 Contractor Advisory Committee (CAC) Meeting has been posted for notice. It will become effective February 28, 2019:

* Frequency of Hemodialysis (L35014)

The following article contains a summary of the comments received and responses to the Frequency of Hemodialysis Proposed LCD (DL35014):

* Response to Comments: Frequency of Hemodialysis (A56224)

The following Local Coverage Article has been revised and will become effective February 28, 2019:

* Coding for Hemodialysis Sessions (A55723)

January 9, 2019

Important Updates to the Medical Policy Center

In response to Change Request (CR) 10901, effective January 8, 2019 the Local Coverage Determination (LCD) process has changed. The Medical Policy Center located on the Novitas Solutions Website has been updated to reflect the new process. Important updates include changes to the Local Coverage Determination Process, the LCD Reconsideration Process, the Contractor Advisory Committee (CAC) Meetings and Open Meetings. Please visit our Website for the most up to date information related to the new LCD process.

January 3, 2019

The following JL Local Coverage Determination (LCD) is now effective after being posted for notice and has also been revised

* Facet Joint Interventions for Pain Management (L34892)

The following JL LCD has been revised:

* Epidural Injections for Pain Management (L36920)

December 28, 2018

The Novitas Solutions medical policy team has evaluated all active Local Coverage Determinations (LCDs) and Local Coverage Articles for any impact in response to the 2019 Annual HCPCS/CPT Code Update. The following is a list of the impacted LCDs and Articles.

The revised LCDs and Articles will be published to the Medicare Coverage Database and on our Website in February. Please continue to watch our website for updates.

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Billing and Coding for Rezum® Procedure (A55352)
* Biomarkers for Oncology (L35396)
* Biomarkers for Oncology (A52986)
* Biomarkers Overview (L35062)
* BRCA1 and BRCA2 Genetic Testing (L36715)
* Cardiac Rhythm Device Evaluation (L34833)
* Electroretinography (ERG) (L37371)
* Hemophilia Factor Products (L35111)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Independent Diagnostic Testing Facility (IDTF) (A53252)
* Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (L36419)
* Psychiatric Codes (L35101)
* Self-Administered Drug Exclusion List (A53127)
* Services That Are Not Reasonable and Necessary (L35094)
* Speech-Language Pathology (SLP) Services: Communication Disorders (L35070)
* Speech-Language Pathology (SLP) Services: Communication Disorders (A54111)
* Spinal Cord Stimulation (Dorsal Column Stimulation) (L35450)

December 20, 2018

The following JL Local Coverage Determination (LCD) has been revised:

* Intraoperative Neurophysiological Testing (L35003)

December 6, 2018

The hold has been lifted from the following JL Local Coverage Determination and it will become effective for dates of service on and after January 3, 2019.  No changes have been made to the content of this LCD since it was placed on hold. The LCD below reflects the effective date of January 3, 2019 and an updated revision history.

* Facet Joint Interventions for Pain Management (L34892)

The following JL Local Coverage Determinations have been revised:

* Hyperbaric Oxygen (HBO) Therapy (L35021)
* Intensity Modulated Radiation Therapy (IMRT) (L36711)

November 27, 2018

The hold is being lifted from the following JL Local Coverage Determination (LCD) and it will become effective for dates of service on and after January 3, 2019.  No changes are being made to the content of the LCD since it was placed on hold.  The LCD with the new revision effective date of January 3 will be posted to our website on December 6, 2018:

* Facet Joint Interventions for Pain Management (L34892)

November 9, 2018

The comment period is now closed for the following JL Draft Local Coverage Determinations (LCDs). Comments received will be reviewed by our Contractor Medical Directors and Response to Comments Articles will be posted to our website and related to the LCDs when they are posted for notice.

* Endovenous Stenting (DL37893)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (DL35427)

November 8, 2018

The following JL Local Coverage Determinations (LCDs) have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Intravenous Immune Globulin (IVIG) (L35093)
* Services That Are Not Reasonable and Necessary (L35094)

The following JL Local Coverage Articles have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)
* Single Chamber and Dual Chamber Permanent Cardiac Pacemakers – Coding and Billing (A54982)

November 1, 2018

The comment period will close on November 8, 2018 for the following JL Draft Local Coverage Determinations (LCDs):

* Endovenous Stenting (DL37893)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (DL35427)

Submit Comments

October 25, 2018

The following JL Local Coverage Determinations (LCDs) have been revised to reflect the Annual ICD-10-CM Code Updates effective for dates of service on and after October 1, 2018.

These LCDs may also contain other updates. Please refer to the revision histories for revision details.

* 3D Interpretation and Reporting of Imaging Studies (L35408)
* Assays for Vitamins and Metabolic Function (L34914)
* Bariatric Surgical Management of Morbid Obesity (L35022)
* Barium Swallow Studies, Modified (L35433)
* Biomarkers Overview (L35062)
* Cardiac Rhythm Device Evaluation (L34833)
* Chiropractic Services L35424
* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* Corus® CAD Test (L36713)
* C-Reactive Protein High Sensitivity Testing (hsCRP) (L34856)
* Intensity Modulated Radiation Therapy (IMRT) (L36711)
* Intraoperative Neurophysiological Testing (L35003)
* Magnetic Resonance Angiography (MRA) (L34865)
* Mohs Micrographic Surgery (MMS) (L34961)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing (L35015)
* Monitored Anesthesia Care (L35049)
* Nerve Conduction Studies and Electromyography (L35081)
* Neurophysiology Evoked Potentials (NEPs) (L34975)
* Non-Invasive Cerebrovascular Arterial Studies (L35397)
* Oximetry Services (L35434)
* Psychiatric Codes (L35101)
* Pulmonary Function Testing (L35360)
* Removal of Benign Skin Lesions (L34938)
* Surgery: Blepharoplasty (L35004)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L35035)
* Thrombolytic Agents (L35428)
* Transesophageal Echocardiography (TEE) (L35016)
* Trigger Point Injections (L35010)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L35350)

The following JL Local Coverage Articles have been revised to reflect the Annual ICD-10-CM Code Updates effective for dates of service on and after October 1, 2018.

These articles may also contain other updates. Please refer to the revision histories for revision details.

* Ambulance Services (Ground Ambulance) (A54574)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)

The following JL Local Coverage Article has been revised:

* Biomarkers for Oncology (A52986)

The following JL LCD has been retired for dates of service on and after October 25, 2018:

* Transoral Incisionless Fundoplication (L34999)

October 4, 2018

The following JL Local Coverage Determinations have been revised:

* Biomarkers for Oncology (L35396)
* BRCA1 and BRCA2 Genetic Testing (L36715)
* Cardiac Event Detection Monitoring (L34953)
* Services That Are Not Reasonable and Necessary (L35094)

The following JL Local Coverage Article has been revised:

* Biomarkers for Oncology (A52986)

The following JL Local Coverage Determinations have been retired:

* Infrared Photocoagulation (IRC) of Hemorrhoids (L34861)
* Oral Maxillofacial Prosthesis (L35047)
* Pharmacokinetic (PK) Testing for Chemotherapy Dosing (L35679)

September 25, 2018

Local Coverage Determinations and Local Coverage Articles affected by the Annual ICD-10 Code Update will be revised and posted to our Website and the Medicare Coverage Database on Thursday, October 25, 2018.

September 20, 2018

The following JL Draft Local Coverage Determinations (LCDs) have been posted for comment. The comment period will end on November 08, 2018:

* Endovenous Stenting (DL37893)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (DL35427)

Submit Comments

September 14, 2018

The following JL Local Coverage Determination (LCD) which was posted for notice on July 26, 2018 is now effective:

* Nusinersen (Spinraza) (L37682)

September 13, 2018

The following JL Local Coverage Determinations (LCDs) have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Services That Are Not Reasonable and Necessary (L35094)

The following JL Local Coverage Article has been revised:

* Independent Diagnostic Testing Facility (IDTF) (A53252)

August 16, 2018

The following JL Local Coverage Determination (LCD) has been placed on hold and will not become effective on August 16, 2018.  Please watch our website for updates regarding this LCD and its effective date.

* Facet Joint Interventions for Pain Management (L34892)

The following LCD will remain in effect until further notice:

* Paravertebral Facet and Sacroiliac Joint Injections (L34892)
* NOTE: Due to system limitations the LCD will continue to display as Superseded, please disregard the Superseded indication on this LCD and continue to watch our website for updates.

The following JL Local Coverage Determination (LCD) has been revised:

* Debridement of Mycotic Nails (L35013)

August 9, 2018

The following JL Local Coverage Determinations (LCDs) have been revised:

* Ambulance Services (Ground Ambulance) (L35162)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L36007)
* Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (L34822)

July 26, 2018

The following JL Draft Local Coverage Determination (LCD) posted for comment on January 18, 2018 and presented at the February 2018 Contractor Advisory Committee (CAC) Meeting has been posted for notice. It will become effective September 14, 2018:

* Nusinersen (Spinraza) (L37682)

Comments Received and Contractor Responses

The following JL Local Coverage Determinations (LCDs) have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Biomarkers for Oncology (L35396)
* Intravenous Immune Globulin (IVIG) (L35093)

The following JL Local Coverage Articles have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Biomarkers for Oncology (A52986)

July 14, 2018

The comment period is now closed for the following JL Draft Local Coverage Determinations (LCDs). Comments received will be reviewed by our Contractor Medical Directors and Response to Comments Articles will be posted to our website and related to the LCDs when they are posted for notice.

* DL37792 - 4Kscore Test
* DL37796 - Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins

July 12, 2018

The following JL Local Coverage Determinations (LCDs) have been revised:

* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Non-Invasive Peripheral Venous Studies (L35451)

July 5, 2018

It has come to our attention that the JL Draft LCD Comment Form has not been functioning properly. If you have submitted comments for the following draft LCDs in the past week please resubmit your comment either by:

Email: draftlcdcomments@novitas-solutions.com

or by fax at (717) 728-8767

* DL37792 - 4Kscore Test
* DL37796 - Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins

The comment period for these two Draft LCDs will be extended to July 13, 2018 to allow time for resubmissions and to ensure that adequate time has been provided for comments.

We apologize for any inconvenience this may have caused.

June 28, 2018

The following JL Draft Local Coverage Determination (LCD) posted for comment on January 18, 2018 and presented at the February 2018 Contractor Advisory Committee (CAC) Meeting has been posted for notice. It will become effective August 16, 2018:

* Facet Joint Interventions for Pain Management (L34892)

Comments Received and Contractor Responses

The comment period will close on July 5, 2018 for the following JL Draft Local Coverage Determinations (LCDs):

* 4Kscore Test (DL37792)
* Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (DL37796)

Submit Comments

June 14, 2018

The following JL Local Coverage Determinations (LCDs) have been revised:

* Cardiac Rhythm Device Evaluation (L34833)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Non-Invasive Cerebrovascular Arterial Studies (L35397)
* Non-Vascular Extremity Ultrasound (L35409)
* Psychiatric Codes (L35101)
* Services That Are Not Reasonable and Necessary (L35094)

The following JL Local Coverage Articles have been revised:

* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)
* Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device) (A55240)

May 17, 2018

The following JL Draft Local Coverage Determinations (LCDs) have been posted for comment. The comment period will end on July 5, 2018:

* 4Kscore Test (DL37792)
* Sclerotherapy and Endovenous Non-Thermal Treatment of Varicose Veins (DL37796)

Submit Comments

May 10, 2018

The following JL Local Coverage Determinations (LCDs) have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* C-Reactive Protein High Sensitivity Testing (hsCRP) (L34856)
* Diagnostic Abdominal Aortography and Renal Angiography (L35092)
* Electroretinography (ERG) (L37371)
* Intensity Modulated Radiation Therapy (IMRT) (L36711)
* Services That Are Not Reasonable and Necessary (L35094)

April 12, 2018

The following JL Local Coverage Determinations (LCDs) have been revised:

* Hyperbaric Oxygen (HBO) Therapy (L35021)
* Intraoperative Neurophysiological Testing (L35003)
* Services That Are Not Reasonable and Necessary (L35094)

The following JL Local Coverage Articles have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)

March 29, 2018

The following JL Local Coverage Determinations (LCDs) have been revised:

* Speech - Language Pathology (SLP) Services: Communication Disorders (L35070)
* Therapy and Rehabilitation Services (PT, OT) (L35036)

March 15, 2018

The following JL Local Coverage Article which was posted for notice on January 25, 2018 is now effective:

* Self-Administered Drug Exclusion List (A53127)

March 9, 2018

The comment period is now closed for the following JL Draft Local Coverage Determinations (LCDs). Comments received will be reviewed by our Contractor Medical Directors and Response to Comments Articles will be posted to our website and related to the LCDs when they are posted for notice.

* Facet Joint Interventions for Pain Management (DL34892)
* Nusinersen (Spinraza) (DL37682)

March 8, 2018

The following JL Local Coverage Determinations (LCDs) have been revised:

* Biomarkers for Oncology (L35396)
* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* Intravenous Immune Globulin (IVIG) (L35093)
* Lacrimal Punctum Plugs (L35095)
* Outpatient Sleep Studies (L35050)
* Trigger Point Injections (L35010)
* Wireless Capsule Endoscopy (L35089)

The following JL Local Coverage Articles have been revised:

* Biomarkers for Oncology (A52986)
* Independent Diagnostic Testing Facility (IDTF) (A53252)

March 2, 2018

The comment period will close on March 8, 2018 for the following JL Draft Local Coverage Determinations (LCDs):

* Facet Joint Interventions for Pain Management (DL34892)
* Nusinersen (Spinraza) (DL37682)

Submit Comments

February 8, 2018

The following JL Local Coverage Determinations (LCDs) have been revised:

* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* Frequency of Laboratory Tests (L35099)
* Hydration Therapy (L34960)
* Intensity Modulated Radiation Therapy (IMRT) (L36711)
* Intravenous Immune Globulin (IVIG) (L35093)
* Oral Maxillofacial Prosthesis (L35047)

January 25, 2018

The following JL Local Coverage Determinations (LCDs) have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2018:

* Allergy Testing (L36241)
* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Biomarkers for Oncology (L35396)
* Biomarkers Overview (L35062)
* BRCA1 and BRCA2 Genetic Testing (L36715)
* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* Epidural Injections for Pain Management (L36920)
* Hemophilia Factor Products (L35111)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Monitored Anesthesia Care (L35049)
* Neurophysiology Evoked Potentials (NEPs) (L34975)
* Non-Vascular Extremity Ultrasound (L35409)
* Pharmacokinetic (PK) Testing for Chemotherapy Dosing (L35679)
* Removal of Benign Skin Lesions (L34938)
* Services That Are Not Reasonable and Necessary (L35094)
* Speech - Language Pathology (SLP) Services: Communication Disorders (L35070)
* Therapy and Rehabilitation Services (PT, OT) (L35036)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L34924)

The following JL Local Coverage Determinations (LCDs) which were posted for notice on December 7, 2017 are now effective:

* Electroretinography (ERG) (L37371)
* Reflectance Confocal Microscopy (L37375)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L35035)

The following JL Local Coverage Articles have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2018:

* Acute Care: Inpatient, Observation and Treatment Room Services (A52985)
* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Billing and Coding for Rezum® Procedure (A55352)
* Biomarkers for Oncology (A52986)
* Endovascular Repair of Aortic and/or Iliac Aneurysms (A53124)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)
* Independent Diagnostic Testing Facility (IDTF) (A53252)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)
* Non-Vascular Extremity Ultrasound (A55037)
* Speech Language Pathology (SLP) Services: Communication Disorders (A54111)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (A55229)

The following JL Local Coverage Article has been posted for notice and will become effective March 15, 2018:

* Self-Administered Drug Exclusion List (A53127)

January 18, 2018

The following JL Draft Local Coverage Determinations (LCDs) have been posted for comment. The comment period will end on March 8, 2018:

* Facet Joint Interventions for Pain Management (DL34892)
* Nusinersen (Spinraza) (DL37682)

Submit Comments

January 11, 2018

Novitas’ Local Coverage Determinations (LCDs) have a new format. There are three new sections that provide insight into the rationale for the indications and limitations of coverage in Novitas’ LCDs:

1. Summary of Evidence
* Contains a summary of the pertinent literature and/or guidelines that were used to determine covered indications and limitations.
1. Analysis of Evidence (Rationale for Determination)
* A high level overview and conclusion based on all of the literature and guidelines reviewed.
* This section provides the reasoning or basis for the indications and limitations of coverage.
1. Bibliography
* A new subsection under the “Sources of Information” that includes all sources used to write the LCD.

The new sections have been added to accommodate the 21st Century Cures Act and will be included in all draft LCDs requiring a comment and notice period. Additionally, when draft LCDs are finalized, Novitas will include a hyperlink at the bottom of the LCD to a “Response to Comments (RTC)” Local Coverage Article that will provide a summary of all the comments received during the draft comment period along with Novitas’ responses. LCDs will continue to be developed and revised in accordance with the CMS Internet-Only Manual (IOM) Publication 100-08, Medicare Program Integrity Manual, Chapter 13.

The new LCD format and RTC Article provide increased clarity and transparency for a better understanding of the development of Local Coverage Determinations.

December 18, 2017

Novitas is currently reviewing all Local Coverage Determinations (LCDs) and Local Coverage Articles to identify any impact to the documents as a result of the 2018 Annual CPT/HCPCS Code Update. We anticipate posting the revised LCDs and Articles on January 25, 2018.

December 14, 2017

The following JL Local Coverage Determinations (LCDs) have been revised:

* Biomarkers Overview (L35062)
* Pulmonary Function Testing (L35360)
* Routine Foot Care (L35138)
* Vestibular and Audiologic Function Studies (L35007)

The following JL Local Coverage Determination has been retired effective December 1, 2017:

* Pain Management of Peripheral Nerves by Injection (L35107)

December 12, 2017

Clarification Regarding Biomarkers

Novitas considers any biomarker that is not addressed as specifically covered in any of our Local Coverage Determinations (LCDs) or any national policy to be not reasonable and necessary. Although this instruction is included in our Biomarkers for Oncology LCD (L35396), it has been determined that further clarification would be helpful. Therefore, the following statement from the Biomarkers for Oncology LCD is being added to the Novitas’ Biomarkers Overview LCD (L35062): “Biomarkers not addressed in this LCD or any other Novitas LCD will be considered not reasonable and necessary unless specifically covered by national policy.”

The above statement will display in the Biomarkers Overview LCD (L35062) on Novitas’ website and the Medicare Coverage Database (MCD) on December 14, 2017.

December 7, 2017

The following JL Draft Local Coverage Determination (LCD) posted for comment on January 19, 2017 and presented at the February 2017 Contractor Advisory Committee (CAC) Meeting has been posted for notice. It will become effective January 25, 2018:

* Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)

Comments Received and Contractor Responses

The following JL Draft Local Coverage Determinations (LCDs) posted for comment on May 18, 2017 and presented at the June 2017 Contractor Advisory Committee (CAC) Meeting have been posted for notice. They will become effective January 25, 2018:

* Electroretinography (ERG) (L37371)
* Reflectance Confocal Microscopy (L37375)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L35035)

Comments Received and Contractor Responses

November 9, 2017

The following JL Local Coverage Determinations (LCDs) have been revised:

* Biomarkers for Oncology (L35396)
* Epidural Injections for Pain Management (L36920)
* Intravenous Immune Globulin (IVIG) (L35093)
* Removal of Benign Skin Lesions (L34938)
* Services That Are Not Reasonable and Necessary (L35094)
* Spinal Cord Stimulation (Dorsal Column Stimulation) (L35450)
* Transoral Incisionless Fundoplication (L34999)

The following JL Local Coverage Articles have been revised:

* Biomarkers for Oncology (A52986)
* Wound Care (A53001)

The following JL Local Coverage Determination (LCD) which was posted for notice on September 21, 2017 is now effective:

* Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (L34998)

The following JL Local Coverage Determination (LCD) which was posted for notice on September 21, 2017 has been revised and is now effective:

* Wound Care (L35125)

November 3, 2017

The comment period is now closed for the JL Draft Local Coverage Determination (LCD) listed below. Comments received will be reviewed by our Contractor Medical Directors and a summary comment and response document will be posted to our website when the final LCD is posted for notice.

* Frequency of Hemodialysis (DL35014)

October 26, 2017

The comment period will close on November 2, 2017 for the following JL Draft Local Coverage Determination (LCD):

* Frequency of Hemodialysis (DL35014)

Submit Comments

October 12, 2017

The following JL Article has been added:

* Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Physician Requirements (A55758)

October 5, 2017

The following JL Local Coverage Determinations (LCDs) have been revised to reflect the Annual ICD-10-CM Code Updates effective for dates of service on and after October 1, 2017:

* Assays for Vitamins and Metabolic Function (L34914)
* Autonomic Function Tests (L35395)
* Bariatric Surgical Management of Morbid Obesity (L35022)
* Barium Swallow Studies, Modified (L35433)
* Biomarkers for Oncology (L35396)
* Biomarkers Overview (L35062)
* Cardiac Rhythm Device Evaluation (L34833)
* Cardiovascular Nuclear Medicine (L35083)
* Chiropractic Services (L35424)
* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* Epidural Injections for Pain Management (L36920)
* Flow Cytometry (L35032)
* Frequency of Dialysis (L35014)
* Frequency of Laboratory Tests (L35099)
* Intensity Modulated Radiation Therapy (IMRT) (L36711)
* Intraoperative Neurophysiological Testing (L35003)
* Intravenous Immune Globulin (IVIG) (L35093)
* Magnetic Resonance Angiography (MRA) (L34865)
* Monitored Anesthesia Care (L35049)
* Nerve Conduction Studies and Electromyography (L35081)
* Neuromuscular Junction Testing (L34996)
* Neurophysiology Evoked Potentials (NEPs) (L34975)
* Non-Invasive Cerebrovascular Arterial Studies (L35397)
* Non-Invasive Peripheral Venous Studies (L35451)
* Non-Vascular Extremity Ultrasound (L35409)
* Oximetry Services (L35434)
* Pain Management of Peripheral Nerves by Injection (L35107)
* Psychiatric Codes (L35101)
* Pulmonary Function Testing (L35360)
* Routine Foot Care (L35138)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)
* Speech - Language Pathology (SLP) Services: Communication Disorders (L35070)
* Strapping (L36423)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L35035)
* Thrombolytic Agents (L35428)
* Transesophageal Echocardiography (TEE) (L35016)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L34924)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L35350)

The following JL Local Coverage Articles have been revised to reflect the Annual ICD-10-CM Code Updates effective for dates of service on and after October 1, 2017:

* Ambulance Services (Ground Ambulance) (A54574)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)

The following JL Local Coverage Determination (LCD) has been revised:

* Hyperbaric Oxygen (HBO) Therapy (L35021)

The following JL Local Coverage Article has been revised:

* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)

October 2, 2017

Local Coverage Determinations (LCDs) and Local Coverage Articles affected by the Annual ICD-10 Code Update will be revised and posted on the Novitas Website and the Medicare Coverage Database (MCD) on Thursday October 5, 2017.

September 21, 2017

The following JL Draft Local Coverage Determinations (LCDs) posted for comment on January 19, 2017 and presented at the February 2017 Contractor Advisory Committee (CAC) Meeting have been posted for notice. They will become effective November 9, 2017:

* Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (L34998)
* Wound Care (L35125)

Comments Received and Contractor Responses

The following JL LCD is still being finalized and will become effective at a later date. Please continue to watch our website for updates:

* Scanning Computerized Ophthalmic Diagnostic Imaging (DL35038)

The following JL LCD is not being finalized. Continue to watch our website for further updates.

* Treatment of Varicose Veins of the Lower Extremities (DL34924)

September 14, 2017

The following JL Local Coverage Determination (LCD) has been revised:

* Sacral Nerve Stimulation (L35449)

The following JL Draft Local Coverage Determination (LCD) has been posted for comment. The comment period will end on November 2, 2017.

* Frequency of Hemodialysis (DL35014)

Submit Comments

The following JL Local Coverage Article has been added as a companion Article for DL35014, Frequency of Hemodialysis. The Article will become effective at the same time the Final policy becomes effective.

* Frequency of Hemodialysis (A55723)

The following JL Local Coverage Article has been revised:

* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)

August 28, 2017

The following JL Local Coverage Article which was posted for notice on July 13, 2017 is now effective:

* Self-Administered Drug Exclusion List (A53127)

August 24, 2017

The following JL Local Coverage Determination (LCD) has been revised:

* Services that Are Not Reasonable and Necessary (L35094)

August 10, 2017

The following JL Local Coverage Determinations (LCDs) have been revised;

* Allergy Testing (L36241)
* Barium Swallow Studies, Modified (L35433)
* Biomarkers for Oncology (L35396)
* Cataract Extraction (including Complex Cataract Surgery) (L35091)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Implantable Infusion Pump (L35112)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Intensity Modulated Radiation Therapy (IMRT) (L36711)
* Intravenous Immune Globulin (IVIG) (L35093)
* Magnetic Resonance Angiography (MRA) (L34865)
* Services That Are Not Reasonable and Necessary (L35094)

The following JL Local Coverage Article has been revised:

* Biomarkers for Oncology (A52986)

August 3, 2017

The following JL Local Coverage Article has been revised:

* Ventricular Assist Device (VAD) Supply or Accessory (A54910)

The following JL Local Coverage Article has been retired:

* Capsaicin Patch (A53122)

July 13, 2017

The following JL Local Coverage Determinations (LCDs) have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Bariatric Surgical Management of Morbid Obesity (L35022)
* Biomarkers for Oncology (L35396)
* Cardiovascular Nuclear Medicine (L35083)
* Psychiatric Codes (L35101)
* Removal of Benign Skin Lesions (L34938)

The following JL Local Coverage Determination (LCD) has been retired effective July 13, 2017:

* Coverage of Services and Procedures in Nursing Facilities (L34863)

The following JL Local Coverage Article has been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)

The following JL Local Coverage Article has been posted for notice and will become effective August 28, 2017:

* Self-Administered Drug Exclusion List (A53127)

July 7, 2017

The comment period is now closed for the JL Draft Local Coverage Determinations (LCDs) listed below. Comments received will be reviewed by our Contractor Medical Directors and a summary comment and response document will be posted to our website when the final LCDs are posted for notice.

* Electroretinography (ERG) (DL37371)
* Reflectance Confocal Microscopy (DL37375)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (DL35035)

July 6, 2017

The following JL Local Coverage Determination (LCD) has been revised and is now displaying properly:

* Epidural Injections for Pain Management (L36920)

June 29, 2017

The following JL Local Coverage Determination (LCD) has been revised:

* Services That Are Not Reasonable and Necessary (L35094)

The comment period will close on July 6, 2017 for the following JL Draft Local Coverage Determinations (LCDs):

* Electroretinography (ERG) (DL37371)
* Reflectance Confocal Microscopy (DL37375)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (DL35035)

Submit Comments

June 26, 2017

Epidural Injections for Pain Management (L36920)

It has been brought to our attention that LCD L36920, Epidural Injections for Pain Management is displaying incorrectly indicating that the policy is on hold. Please be advised that as communicated on June 8, 2017, L36920, Epidural Injections for Pain Management is effective and became effective June 8, 2017.

We apologize for any confusion that this may have caused and we are diligently working to have the notification on the LCD corrected as soon as possible. Please continue to watch our website for updates.

June 20, 2017

LCD L36711 – Intensity Modulated Radiation Therapy (IMRT)

Following review and discussion of L36711 Novitas will be making revisions to the policy. Please continue to watch our website.

As a reminder, the LCD Reconsideration Process is the appropriate mechanism for interested parties to request a revision to a LCD. The process is available only for final LCDs. The whole LCD or any provision of the LCD may be reconsidered. Any requests for revisions to LCD L36711 must be submitted via this process.

LCD Reconsideration Process Instructions

June 14, 2017

It has come to our attention that the Draft Local Coverage Determinations (LCDs) Submit Comments form has not been functioning properly. Your comments are important to us; therefore, if you submitted comments for the following draft LCDs using the form and did not receive an email acknowledging receipt of your comments, we encourage you to re-submit your comments. We apologize for any inconvenience.

* Electroretinography (ERG) (DL37371)
* Reflectance Confocal Microscopy (DL37375)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (DL35035)

Submit Comments

June 8, 2017

The following JL Local Coverage Determinations (LCDs) have been revised:

* Cosmetic and Reconstructive Surgery (L35090)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L36007)
* Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (L36419)
* Removal of Benign Skin Lesions (L34938)

The following JL Draft LCD which was posted for comment on December 8, 2016 is retired and will not be finalized at this time.

* Radiation Therapy for T1 Basal Cell and Squamous Cell Carcinoma of the Skin (DL36999)

The following JL Local Coverage Article has been revised:

* Biomarkers for Oncology (A52986)

The hold that was placed on the following LCD on April 27, 2017 has been lifted and the LCD is effective as of June 8, 2017:

* Epidural Injections for Pain Management (L36920)

May 25, 2017

Open Comment Period for Draft Policies

Novitas Solutions recently posted the following draft Local Coverage Determinations (LCDs) for public comment. This is an important opportunity to provide feedback on any aspect of the draft policies.

Under each draft LCD, the specialties listed may have a particular interest in the policies. Please take the time to read the drafts and comment before July 6, 2017.

Electroretinography (ERG) (DL37371):

* Ophthalmologist
* Optometrist
* Neurology

Reflectance Confocal Microscopy (DL37375):

* Dermatology

Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (DL35035):

* Nephrology
* Diagnostic Radiology
* Interventional Radiology
* Cardiology
* Interventional Cardiology
* General Surgery
* Cardiac Surgery
* Vascular Surgery
* Neurology
* Neurosurgery
* Internal Medicine

Submit Comments

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May 18, 2017

The following JL Draft Local Coverage Determinations (LCDs) have been posted for comment. The comment period will end on July 6, 2017.

* Electroretinography (ERG) (DL37371)
* Reflectance Confocal Microscopy (DL37375)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (DL35035)

Submit Comments

May 11, 2017

The following JL Local Coverage Determinations (LCDs) have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Biomarkers for Oncology (L35396)
* Biomarkers Overview (L35062)
* Blood Glucose Monitoring in a Skilled Nursing Facility (SNF) (L34834)
* Cardiac Rhythm Device Evaluation (L34833)
* Non-Vascular Extremity Ultrasound (L35409)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)
* Thrombolytic Agents (L35428)

The following JL Local Coverage Articles have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Biomarkers for Oncology (A52986)
* Prolonged Drug and Biological Infusions Started Incident To a Physician’s Service Using an External Pump (A55134)

May 4, 2017

The following JL Local Coverage Determinations (LCDs) have been revised:

* Allergy Testing (L36241)
* Services That Are Not Reasonable and Necessary (L35094)

The following JL Local Coverage Determination (LCD) which was posted on March 16, 2017 has been revised to remove information specific to epidural injections and is now effective.

* Paravertebral Facet and Sacroiliac Joint Injections (L34892)

(Formerly titled Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections)

The following JL Local Coverage Determination (LCD) which was posted for notice on March 16, 2017 is now effective:

* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (L35130)

April 27, 2017

The following JL LCD has been revised and placed on hold and will not become effective May 4, 2017. Please continue to watch our website for updates:

* Epidural Injections for Pain Management (L36920)

April 13, 2017

The following JL Local Coverage Determinations have been revised:

* Assays for Vitamins and Metabolic Function (L34914)
* Autonomic Function Tests (L35395)
* Diagnostic Abdominal Aortography and Renal Angiography (L35092)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Intravenous Immune Globulin (IVIG) (L35093)
* Speech - Language Pathology (SLP) Services: Communication Disorders (L35070)

The following JL Local Coverage Articles have been revised:

* Independent Diagnostic Testing Facility (IDTF) (A53252)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)

March 16, 2017

The following JL Local Coverage Determinations have been revised:

* Ambulance Services (Ground Ambulance) (L35162)
* Biomarkers Overview (L35062)
* Services That Are Not Reasonable and Necessary (L35094)

The following JL Local Coverage Article has been revised:

* Billing and Coding for Rezum® Procedure (A55352)

The following JL Local Coverage Determination (LCD) posted for notice on December 8, 2016 became effective February 1, 2017:

* Removal of Benign Skin Lesions (L34938)

The following JL Draft Local Coverage Determinations (LCDs) posted for comment on September 15, 2016 and presented at the October 2016 Contractor Advisory Committee (CAC) Meeting have been posted for notice. They will become effective May 4, 2017:

* Epidural Injections for Pain Management (L36920)
* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (L35130)

Comments Received and Contractor Responses

Please note, in response to the creation of LCD L36920 Epidural Injections for Pain Management, the following Local Coverage Determination (LCD) has undergone a title change and has been revised to remove any information specific to epidurals. The content specific to facet joint and sacroiliac injections is unchanged. The revised policy will become effective May 4, 2017:

* Paravertebral Facet and Sacroiliac Joint Injections (L34892)

March 10, 2017

The comment period is now closed for the JL Draft Local Coverage Determinations (LCDs) listed below. Comments received will be reviewed by our Contractor Medical Directors and a summary comment and response document will be posted to our website when the final LCDs are posted for notice.

* Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (DL34998)
* Scanning Computerized Ophthalmic Diagnostic Imaging (DL35038)
* Treatment of Varicose Veins of the Lower Extremities (DL34924)
* Wound Care (DL35125)

March 3, 2017

The comment period will close on March 9, 2017 for the following JL Draft Local Coverage Determinations (LCDs):

* Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (DL34998)
* Scanning Computerized Ophthalmic Diagnostic Imaging (DL35038)
* Treatment of Varicose Veins of the Lower Extremities (DL34924)
* Wound Care (DL35125)

Submit Comments

March 1, 2017

The comment period is now closed for the JL Draft Local Coverage Determination (LCD) listed below. Comments received will be reviewed by our Contractor Medical Directors and a summary comment and response document will be posted to our website when the final LCD is posted for notice.

* Radiation Therapy for T1 Basal Cell and Squamous Cell Carcinoma of the Skin (DL36999)

January 26, 2017

Open Comment Period for Draft Policies

Novitas Solutions recently posted the following draft Local Coverage Determinations (LCDs) for public comment.  This is an important opportunity to provide feedback on any aspect of the draft policies.

Under each draft LCD, the specialties listed may have a particular interest in the policies. Please take the time to read the drafts and comment before March 9, 2017.

Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (DL34998)

* Pain Management
* Family Practice
* Neurology

Scanning Computerized Ophthalmic Diagnostic Imaging (DL35038)

* Ophthalmology
* Optometrist

Treatment of Varicose Veins of the Lower Extremities (DL34924)

* Emergency Medicine
* Cardiology
* Obstetrics/Gynecology
* Diagnostic Radiology
* Interventional Radiology
* Family Practice
* General Practice
* Interventional Cardiology
* Thoracic Surgery
* Anesthesiology

Wound Care (DL35125)

* Dermatology
* General Surgery
* Family Practice
* Vascular Surgery
* Internal Medicine
* Infectious Disease
* Orthopedic Surgery
* Sports Medicine
* Plastic and Reconstructive Surgery
* Emergency Medicine

Submit Comments

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January 24, 2017

Novitas has decided to extend the comment period for the following JL Draft Local Coverage Determination (LCD) which was posted for a second comment period on December 8, 2016. The comment period will now end on February 28, 2017.

* Radiation Therapy for T1 Basal Cell and Squamous Cell Carcinoma of the Skin (DL36999)

Submit comments

January 19, 2017

The following JL Draft Local Coverage Determinations (LCDs) are posted for comment. The comment period will end on March 9, 2017.

* Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder (DL34998)
* Scanning Computerized Ophthalmic Diagnostic Imaging (DL35038)
* Treatment of Varicose Veins of the Lower Extremities (DL34924)
* Wound Care (DL35125)

Submit Comments

January 12, 2017

The following JL Local Coverage Determinations (LCDs) have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2017:

* Allergy Testing (L36241)
* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Biomarkers for Oncology (L35396)
* Biomarkers Overview (L35062)
* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* Hemophilia Factor Products (L35111)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Non-Coronary Vascular Stents (L35084)
* Non-Invasive Cerebrovascular Arterial Studies (L35397)
* Non-Invasive Peripheral Venous Studies (L35451)
* Psychiatric Codes (L35101)
* Services That Are Not Reasonable and Necessary (L35094)
* Surgical Treatment of Nails (L34887)
* Therapy and Rehabilitation Services (PT, OT) (L35036)
* Thrombolytic Agents (L35428)
* Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections (L34892)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L34924)

The following JL LCDs have been revised:

* Bariatric Surgical Management of Morbid Obesity (L35022)
* Diagnostic Abdominal Aortography and Renal Angiography (L35092)
* Pain Management of Peripheral Nerves by Injection (L35107)
* Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control (L35011)

The following JL Local Coverage Determination has been retired effective December 31, 2016:

* Vascular Access for Hemodialysis (L35064)

The following JL Local Coverage Articles have been revised to reflect the Annual CPT/HCPCS code updates effective for dates of service on and after January 1, 2017:

* Acute Care: Inpatient, Observation and Treatment Room Services (A52985)
* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Biomarkers for Oncology (A52986)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)
* Independent Diagnostic Testing Facility (IDTF) (A53252)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)
* Non-Invasive Peripheral Venous Studies (A52993)
* Prolonged Drug and Biological Infusions Started Incident To a Physician’s Service Using an External Pump (A55134)
* Surgical Treatment of Nails (A52998)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (A55229)
* Wound Care (A53001)

The following JL Local Coverage Articles have been revised:

* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)
* Thrombolytic Agents (A55237)

December 8, 2016

The following JL Draft Local Coverage Determination (LCD) posted for comment on March 3, 2016 and September 17, 2015 and presented at the October 2015 Contractor Advisory Committee (CAC) Meeting has been posted for notice. It will become effective February 1, 2017.

* Removal of Benign Skin Lesions (L34938)

Comments Received and Contractor Responses

In response to comments that were received during the initial comment period (May 19, 2016 – July 7, 2016), the following JL Draft Local Coverage Determination (LCD) has undergone additional revisions and is being posted for another comment period. Due to system limitations, the draft has been assigned a new DL number. The comment period will end on January 30, 2017.

* Radiation Therapy for T1 Basal Cell and Squamous Cell Carcinoma of the Skin (DL36999)

Submit comments

The following JL Draft Local Coverage Determination (LCD) which was posted for comment on May 19, 2016 will not be finalized due to revisions based on comments received and has been retired effective December 7, 2016. Please refer to DL36999 above posted for comment on December 8, 2016.

* Radiation Therapy for T1 Basal Cell and Squamous Cell Carcinoma of the Skin (DL36747)

The following JL Local Coverage Determinations (LCDs) have been revised:

* Diagnostic Abdominal Aortography and Renal Angiography (L35092)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L35035)

December 1, 2016

The following JL Local Coverage Determinations (LCDs) which were posted for notice on October 13, 2016 are now effective:

* Biomarkers for Oncology (L35396)
* Biomarkers Overview (L35062)
* BRCA1 and BRCA2 Genetic Testing (L36715)
* Corus® CAD Test (L36713)
* Intensity Modulated Radiation Therapy (IMRT) (L36711)
* Non-Invasive Cerebrovascular Arterial Studies (L35397)
* Non-Invasive Peripheral Venous Studies (L35451)

The following JL Local Coverage Articles have been revised:

* Biomarkers for Oncology (A52986)
* Non-Invasive Cerebrovascular Arterial Studies (A52992)
* Non-Invasive Peripheral Venous Studies (A52993)

November 10, 2016

The following JL Local Coverage Determinations (LCDs) have been revised:

* Flow Cytometry (L35032)
* Hemophilia Factor Products (L35111)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)
* Services That Are Not Reasonable and Necessary (L35094)
* Thrombolytic Agents (L35428)

The following JL Local Coverage Article has been added:

* Billing and Coding for Rezum® Procedure (A55352)

The following JL Local Coverage Article has been revised:

* Independent Diagnostic Testing Facility (IDTF) (A53252)

November 3, 2016

The comment period is now closed for the JL Draft Local Coverage Determinations (LCDs) listed below. Comments received will be reviewed by our Contractor Medical Directors and a summary comment and response document will be posted to our website when the final LCDs are posted for notice.

* Epidural Injections for Pain Management (DL36920)
* Vascular Access for Hemodialysis (DL35064)
* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (DL35130)

October 27, 2016

The comment period will close on November 3, 2016 for the following JL Draft Local Coverage Determinations (LCDs):

* Epidural Injections for Pain Management (DL36920)
* Vascular Access for Hemodialysis (DL35064)
* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (DL35130)

October 24, 2016

The following JL Local Coverage Article which was posted for notice on September 8, 2016 is now effective:

* Self-Administered Drug Exclusion List (A53127)

October 13, 2016

The following JL Local Coverage Determinations have been revised:

* Assays for Vitamins and Metabolic Function (L34914)
* Hyperbaric Oxygen (HBO) Therapy (L35021)
* Services That Are Not Reasonable and Necessary (L35094)
* Spinal Cord Stimulation (Dorsal Column Stimulation) (L35450)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L35350)

The following JL Local Coverage Articles have been revised:

* Biomarkers for Oncology (A52986)
* Prolonged Drug and Biological Infusions Started Incident To a Physician’s Service Using an External Pump (A55134)

The following JL Draft Local Coverage Determinations (LCDs) posted for comment on May 19, 2016 and presented at the June 2016 Contractor Advisory Committee (CAC) Meeting have been posted for notice. They will become effective December 1, 2016:

* Biomarkers for Oncology (L35396)
* Biomarkers Overview (L35062)
* BRCA1 and BRCA2 Genetic Testing (L36715)
* Corus® CAD Test (L36713)
* Intensity Modulated Radiation Therapy (IMRT) (L36711)
* Non-Invasive Cerebrovascular Arterial Studies (L35397)
* Non-Invasive Peripheral Venous Studies (L35451)

Comments Received and Contractor Responses

The following JL Draft Local Coverage Determination (LCD) is not being finalized at this time. Please continue to watch our website for further updates:

* Radiation Therapy for T1 Basal Cell and Squamous Cell Carcinoma of the Skin (DL36747)

September 29, 2016

The following JL Local Coverage Determinations (LCDs) have been revised to reflect the Annual ICD-10-CM Code Updates effective for dates of service on and after October 1, 2016:

* 3D Interpretation and Reporting of Imaging Studies (L35408)
* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (L34977)
* Assays for Vitamins and Metabolic Function (L34914)
* Autonomic Function Tests (L35395)
* Bariatric Surgical Management of Morbid Obesity (L35022)
* Barium Swallow Studies, Modified (L35433)
* Biomarkers for Oncology( L35396)
* Cardiac Rhythm Device Evaluation (L34833)
* Cardiovascular Nuclear Medicine (L35083)
* Chiropractic Services (L35424)
* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* C-Reactive Protein High Sensitivity Testing (hsCRP) (L34856)
* Diagnostic Abdominal Aortography and Renal Angiography (L35092)
* Flow Cytometry (L35032)
* Frequency of Laboratory Tests (L35099)
* Hydration Therapy (L34960)
* Intraoperative Neurophysiological Testing (L35003)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L36007)
* Magnetic Resonance Angiography (MRA) (L34865)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing (L35015)
* Monitored Anesthesia Care (L35049)
* Nerve Conduction Studies and Electromyography (L35081)
* Neuromuscular Junction Testing (L34996)
* Neurophysiology Evoked Potentials (NEPs) (L34975)
* Non-Coronary Vascular Stents (L35084)
* Non-Invasive Cerebrovascular Arterial Studies (L35397)
* Non-Invasive Peripheral Venous Studies (L35451)
* Non-Vascular Extremity Ultrasound (L35409)
* Outpatient Sleep Studies (L35050)
* Oximetry Services (L35434)
* Prostate Mapping Biopsy (L35009)
* Psychiatric Codes (L35101)
* Pulmonary Function Testing (L35360)
* Removal of Benign or Premalignant Skin Lesions (L34938)
* Routine Foot Care (L35138)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)
* Speech - Language Pathology (SLP) Services: Communication Disorders (L35070)
* Spinal Cord Stimulation (Dorsal Column Stimulation) (L35450)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L35035)
* Thrombolytic Agents (L35428)
* Transesophageal Echocardiography (TEE) (L35016)
* Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections (L34892)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L35350)
* Vascular Access for Hemodialysis (L35064)
* Vestibular and Audiologic Function Studies (L35007)
* Wireless Capsule Endoscopy (L35089)

The following JL Local Coverage Determination (LCD) has been revised to reflect the Annual ICD-10-CM Code Updates effective for dates of service on and after October 1, 2016 and has also been revised due to an inquiry. Please refer to the Revision History Explanation for specific information:

* Biomarkers Overview (L35062)

The following JL Local Coverage Articles have been revised to reflect the Annual ICD-10-CM Code Updates effective for dates of service on and after October 1, 2016:

* Ambulance Services (Ground Ambulance) (A54574)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)

September 15, 2016

The following JL Draft Local Coverage Determinations (LCDs) are posted for comment. The comment period ends on November 3, 2016.

* Epidural Injections for Pain Management (DL36920)
* Vascular Access for Hemodialysis (DL35064)
* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (DL35130)

Submit Comments

The following JL Draft Local Coverage Determination (LCD) which was posted for comment on January 22, 2016 will not be finalized and has been retired effective June 1, 2016. Please refer to DL36920 posted for comment on September 15, 2016.

* Lumbar Epidural Injections for Pain Management (DL34892)

September 8, 2016

The following JL Local Coverage Determinations (LCDs) have been revised:

* Allergy Testing (L36241)
* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Therapy and Rehabilitation Services (PT, OT) (L35036)

The following JL Local Coverage Article has been revised. The revisions will become effective October 24, 2016:

* Self-Administered Drug Exclusion List (A53127)

August 11, 2016

The following JL Local Coverage Determinations (LCDs) have been revised:

* 3D Interpretation and Reporting of Imaging Studies (L35408)
* Allergen Immunotherapy (L36240)
* Services That Are Not Reasonable and Necessary (L35094)
* Wound Care (L35139)

The following JL Local Coverage Determinations (LCDs) have been retired effective August 11, 2016:

* Glaucoma Treatment with Aqueous Drainage Device (L35087)
* Magnetic Pelvic Floor Stimulation (MPFS) (L35390)

The following JL Local Coverage Determination (LCD) has been retired in order to create a unique L number between JL and JH jurisdictions. Please refer to LCD L35032.

* Flow Cytometry (L34857)

The following JL Local Coverage Article has been revised:

* Independent Diagnostic Testing Facility (IDTF) (A53252)

The following JL Local Coverage Articles have been added:

* Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device) (A55240)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (A55229)

August 4, 2016

The following JL Local Coverage Determinations (LCDs) which were posted for notice on June 16, 2016 have been revised and are now effective:

* Assays for Vitamins and Metabolic Function (L34914)
* Diagnostic Abdominal Aortography and Renal Angiography (L35092)
* Pulmonary Function Testing (L35360)
* Thrombolytic Agents (L35428)

The following JL Local Coverage Determination (LCD) which was posted for notice on June 16, 2016 is now effective:

* Non-Vascular Extremity Ultrasound (L35409)

The following JL Local Coverage Determinations (LCDs) have been revised:

* Vascular Access for Hemodialysis (L35064)
* Hyperbaric Oxygen (HBO) Therapy (L35021)

The following JL Local Coverage Determination (LCD) has been retired effective August 4, 2016:

* Vitamin D Assay Testing (L34888)

The following JL Local Coverage Article has been added:

* Thrombolytic Agents (A55237)

July 14, 2016

The following JL Local Coverage Determinations (LCDs) have been revised:

* Ambulance Services (Ground Ambulance) (L35162)
* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Hyperbaric Oxygen (HBO) Therapy (L35021)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG ® (L34864)
* Monitored Anesthesia Care (L35049)
* Non-Invasive Cerebrovascular Arterial Studies (L35397)
* Sacral Nerve Stimulation (L35449)
* Services That Are Not Reasonable and Necessary (L35094)

The following JL Local Coverage Articles have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Independent Diagnostic Testing Facility (IDTF) (A53252)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)

The following JL Local Coverage Article has been added:

* Prolonged Drug and Biological Infusions Started Incident To a Physician’s Service Using an External Pump (A55134)

July 11, 2016

The following JL Local Coverage Article is now effective:

* Billing and Coding Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases (A53121) (former title: Billing and Coding Information Regarding Uses, Including Off-Label Uses, of Bevacizumab and Ranibizumab, for The Treatment of Ophthalmological Diseases)

July 8, 2016

The comment period is now closed for the JL Draft Local Coverage Determinations (LCDs) listed below. Comments received will be reviewed by our Contractor Medical Directors and a summary comment and response document will be posted to our website when the final LCDs are posted for notice.

* Biomarkers for Oncology (DL35396)
* Biomarkers Overview (DL35062)
* BRCA1 and BRCA2 Genetic Testing (DL36715)
* Corus® CAD Test (DL36713)
* Intensity Modulated Radiation Therapy (IMRT) (DL36711)
* Non-Invasive Cerebrovascular Arterial Studies (DL35397)
* Non-Invasive Peripheral Venous Studies (DL35451)
* Radiation Therapy for T1 Basal Cell and Squamous Cell Carcinoma of the Skin (DL36747)

June 30, 2016

The comment period will close on July 7, 2016 for the following JL Draft Local Coverage Determinations (LCDs):

* Biomarkers for Oncology (DL35396)
* Biomarkers Overview (DL35062)
* BRCA1 and BRCA2 Genetic Testing (DL36715)
* Corus® CAD Test (DL36713)
* Intensity Modulated Radiation Therapy (IMRT) (DL36711)
* Non-Invasive Cerebrovascular Arterial Studies (DL35397)
* Non-Invasive Peripheral Venous Studies (DL35451)
* Radiation Therapy for T1 Basal Cell and Squamous Cell Carcinoma of the Skin (DL36747)

Submit Comments

June 16, 2016

The following JL Draft Local Coverage Determinations (LCDs) posted for comment on January 22, 2016 and presented at the February 2016 Contractor Advisory Committee (CAC) Meeting have been posted for notice. They will become effective August 4, 2016:

* Assays for Vitamins and Metabolic Function (L34914)
* Diagnostic Abdominal Aortography and Renal Angiography (L35092)
* Non-Vascular Extremity Ultrasound (L35409)
* Pulmonary Function Testing (L35360)
* Thrombolytic Agents (L35428)

Comments Received and Contractor Responses

The following JL Draft Local Coverage Determination (LCD) is not being finalized at this time. Please continue to watch our website for further updates:

* Lumbar Epidural Injections for Pain Management (DL34892)

June 9, 2016

The following JL Local Coverage Determinations have been revised:

* Psychiatric Codes (L35101)
* Services That Are Not Reasonable and Necessary (L35094)
* Therapy and Rehabilitation Services (PT, OT) (L35036)
* Vestibular and Audiologic Function Studies (L35007)

The following JL Local Coverage Article has been revised and will become effective July 11, 2016.  Please refer to the current version of this article until this version becomes effective:

* Billing and Coding Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases (A53121)

(current version of article titled Billing and Coding Information Regarding Uses, Including Off-Label Uses, of Bevacizumab and Ranibizumab, for The Treatment of Ophthalmological Diseases)

The following JL Local Coverage Article has been revised:

* Biomarkers for Oncology (A52986)

The following JL Provider Bulletin has been added:

* Reminder Regarding Ambulance Transports – Dual Diagnoses (Provider Bulletin) (A55096)

June 3, 2016

The following JL Local Coverage Determination has been revised:

* Hyperbaric Oxygen (HBO) Therapy (L35021)

The following JL Draft Local Coverage Determination has been retired effective May 19, 2016:

* 4KScore Prostate Cancer Test (DL36736)

**May 19, 2016**

The following JL Draft Local Coverage Determinations (LCDs) are posted for comment. The comment period ends on July 7, 2016.

* Biomarkers for Oncology (DL35396)
* Biomarkers Overview (DL35062)
* BRCA1 and BRCA2 Genetic Testing (DL36715)
* Corus® CAD Test (DL36713)
* Intensity Modulated Radiation Therapy (IMRT) (DL36711)
* Non-Invasive Cerebrovascular Arterial Studies (DL35397)
* Non-Invasive Peripheral Venous Studies (DL35451)
* Radiation Therapy for T1 Basal Cell and Squamous Cell Carcinoma of the Skin (DL36747)
* 4KScore Prostate Cancer Test (DL36736)

Submit Comments

The following JL Local Coverage Determination has been revised:

* Hyperbaric Oxygen (HBO) Therapy (L35021)

May 12, 2016

The following JL Local Coverage Determinations (LCDs) have been revised:

* Allergy Testing (L36241)
* Autonomic Function Tests (L35395)
* Cataract Extraction (including Complex Cataract Surgery) (L35091)
* Hemophilia Factor Products (L35111)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Hydration Therapy (L34960)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Intravenous Immune Globulin (IVIG) (L35093)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L36007)
* Psychiatric Codes (L35101)
* Services That Are Not Reasonable and Necessary (L35094)

The following JL Local Coverage Articles have been revised:

* Acute Care: Inpatient, Observation and Treatment Room Services (A52985)
* Independent Diagnostic Testing Facility (IDTF) (A53252)

The following JL Local Coverage Articles have been added:

* Autonomic Function Test (A54954)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (A55036)
* Non-Vascular Extremity Ultrasound (A55037)

The following JL Local Coverage Article has been retired:

* Cardiovascular Stress Testing (A53123)

May 2, 2016

The following JL Local Coverage Article became effective on May 1, 2016:

* Single Chamber and Dual Chamber Permanent Cardiac Pacemakers - Coding and Billing (A54982)

April 22, 2016

The comment period is now closed for the following JL Draft Local Coverage Determination (LCD):

* Removal of Benign Skin Lesions (DL34938)

**April 21, 2016**

The following JL Local Coverage Determinations (LCDs) have been revised:

* Neurophysiology Evoked Potentials (NEPs) (L34975)
* Therapy and Rehabilitation Services (PT, OT) (L35036)

April 14, 2016

The following JL ICD-10 Local Coverage Determinations have been revised:

* Allergen Immunotherapy (L36240)
* Allergy Testing (L36241)
* Biomarkers for Oncology (L35396)
* Diagnostic Abdominal Aortography and Renal Angiography (L35092)
* Glaucoma Treatment with Aqueous Drainage Device (L35087)
* Hemophilia Factor Products (L35111)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L36007)
* Non-Coronary Vascular Stents (L35084)
* Psychiatric Codes (L35101)
* Speech - Language Pathology (SLP) Services: Communication Disorders (L35070)
* Surgical Treatment of Nails (L34887)
* Vestibular and Audiologic Function Studies (L35007)

The following JL Local Coverage Article has been added and will become effective May 1, 2016:

* Single Chamber and Dual Chamber Permanent Cardiac Pacemakers - Coding and Billing (A54982)

The comment period will close on April 21, 2016 for the following JL Draft Local Coverage Determination (LCD):

* Removal of Benign Skin Lesions (DL34938)

April 13, 2016

Looking for retired Local Coverage Determinations (LCDs) or retired Local Coverage Articles?

Links to the retired LCDs and retired Articles have been added to our Medical Policy Center home page. If you are looking for an LCD or Article that was retired on September 30, 2015 or after please follow the links below. If you are looking for an LCD or Article that was retired prior to September 30, 2015 please visit the MCD Archive Site at MCD Archive Site.

Retired LCDs

Retired Local Coverage Articles

April 11, 2016

The following JL Local Coverage Determination (LCD) which was posted for notice on February 25, 2016 is now effective:

* In Vitro Chemosensitivity & Chemoresistance Assays (L36634)

April 07, 2016

The following JL Local Coverage Determinations (LCDs) which were posted for notice on February 19, 2016 are now effective:

* Autonomic Function Tests (L35395)
* C-Reactive Protein High Sensitivity Testing (hsCRP) (L34856)
* Frequency of Laboratory Tests (L35099)
* Microvascular Therapy (L36434)
* Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (L36419)
* Strapping (L36423)

The following JL Local Coverage Determinations (LCDs) which were posted for notice on February 19, 2016 have been revised and are now effective:

* Neurophysiology Evoked Potentials (NEPs) (L34975)
* Therapy and Rehabilitation Services (PT, OT) (L35036)

Comments received during the comment period are still being considered for the following JL Draft LCDs. Please continue to watch our website for further updates:

* Facet Joint Injections (DL34974)
* Nerve Blockade for Treatment of Chronic Pain and Neuropathy (DL35033)

The following JL Local Coverage Articles have been revised:

* Independent Diagnostic Testing Facility (IDTF) (A53252)
* Microvascular Therapy (MVT) (A54343)

The following JL LCD has been retired effective April 6, 2016:

* Physical Medicine & Rehabilitation Services, Physical Therapy and Occupational Therapy (L35044)

March 24, 2016

The following JL Local Coverage Determinations have been revised:

* Nerve Conduction Studies and Electromyography (L35081)
* Services That Are Not Reasonable and Necessary (L35094)

March 17, 2016

The following JL Local Coverage Article which was posted for notice on January 28, 2016 is now effective:

* Self-Administered Drug Exclusion List (A53127)

March 11, 2016

The comment period is now closed for the following JL Draft Local Coverage Determinations (LCDs):

* Assays for Vitamins and Metabolic Function (DL34914)
* Diagnostic Abdominal Aortography and Renal Angiography (DL35092)
* Lumbar Epidural Injections for Pain Management (DL34892)
* Non-Vascular Extremity Ultrasound (DL35409)
* Pulmonary Function Testing (DL35360)
* Thrombolytic Agents (DL35428)

March 10, 2016

The following JL Local Coverage Determinations have been revised:

* Cardiovascular Nuclear Medicine (L35083)
* Intraoperative Neurophysiological Testing (L35003)
* Intravenous Immune Globulin (IVIG) (L35093)
* Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG® (L34864)
* Non-Invasive Cerebrovascular Arterial Studies (L35397)
* Physical Medicine & Rehabilitation Services, Physical Therapy and Occupational Therapy (L35044)
* Removal of Benign or Premalignant Skin Lesions (L34938)

The following JL Local Coverage Article has been revised:

* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A53134)

March 3, 2016

In response to comments that were received during the initial comment period (September 17, 2015 - November 5, 2015), the following JL Draft Local Coverage Determination (LCD) has undergone additional revisions and is being posted for another comment period. The comment period will end on April 21, 2016:

* Removal of Benign Skin Lesions (DL34938)

The current comment period will close on March 10, 2016 for the following JL Draft Local Coverage Determinations (LCDs):

* Assays for Vitamins and Metabolic Function (DL34914)
* Diagnostic Abdominal Aortography and Renal Angiography (DL35092)
* Lumbar Epidural Injections for Pain Management (DL34892)
* Non-Vascular Extremity Ultrasound (DL35409)
* Pulmonary Function Testing (DL35360)
* Thrombolytic Agents (DL35428)

February 25, 2016

The following JL Local Coverage Determination (LCD) is the final version of L36055 that was posted for notice on November 5, 2015 and placed on hold on December 31, 2015.  The policy has been assigned the new LCD number indicated below and is posted for notice.  It will become effective on April 11, 2016.

* In Vitro Chemosensitivity & Chemoresistance Assays (L36634)

February 19, 2016

The following JL Draft Local Coverage Determinations (LCDs) posted for comment on September 17, 2015 and presented at the October 2015 Contractor Advisory Committee (CAC) Meeting have been posted for notice. They will become effective April 7, 2016:

* Autonomic Function Tests (L35395)
* C-Reactive Protein High Sensitivity Testing (hsCRP) (L34856)
* Frequency of Laboratory Tests (L35099)
* Microvascular Therapy (L36434)
* Neurophysiology Evoked Potentials (NEPs) (L34975)
* Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (L36419)
* Strapping (L36423)
* Therapy and Rehabilitation Services (PT, OT) (L35036)

Comments Received and Contractor Responses

Comments received during the comment period are still being considered for the following JL Draft LCDs. Please continue to watch our website for further updates:

* Facet Joint Injections (DL34974)
* Nerve Blockade for Treatment of Chronic Pain and Neuropathy (DL35033)

The following JL Draft LCD is not being finalized at this time. Please continue to watch our website for further updates:

* Removal of Benign Skin Lesions (DL34938)

The following JL Local Coverage Determinations have been revised:

* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* Hyperbaric Oxygen (HBO) Therapy (L35021)

The following JL Local Coverage Article has been added:

* Ventricular Assist Device (VAD) Supply or Accessory (A54910)

February 11, 2016

The following JL ICD-10 Local Coverage Determinations have been revised:

* Allergen Immunotherapy (L36240)
* Allergy Testing (L36241)
* Biomarkers for Oncology (L35396)
* Cardiac Rhythm Device Evaluation (L34833)
* Glaucoma Treatment with Aqueous Drainage Device (L35087)
* Intraoperative Neurophysiological Testing (L35003)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L36007)
* Outpatient Sleep Studies (L35050)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)
* Vestibular and Audiologic Function Studies (L35007)

The following JL ICD-10 Local Coverage Articles have been revised:

* Biomarkers for Oncology (A52986)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A53132)

January 28, 2016

The following JL Local Coverage Determinations (LCDs) have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2016:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Biomarkers for Oncology (L35396)
* Biomarkers Overview (L35062)
* Hemophilia Factor Products (L35111)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Implantable Infusion Pump (L35112)
* Spinal Cord Stimulation (Dorsal Column Stimulation) (L35450)
* Thrombolytic Agents (L35428)
* Transoral Incisionless Fundoplication (L34999)
* Trigger Point Injections (L35010)
* Vestibular and Audiologic Function Studies (L35007)

The following JL MAC LCDs have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2016 and has also been revised due to a reconsideration request:

* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Services That Are Not Reasonable and Necessary (L35094)

The following JL MAC Local Coverage Articles have been revised to reflect the Annual CPT/HCPCS code updates effective for dates of service on and after January 1, 2016:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53049)
* Biomarkers for Oncology (A52986)
* Compounded Drugs Used in an Implantable Infusion Pump (A54100)
* Independent Diagnostic Testing Facility (IDTF) (A53252)

The following JL MAC Local Coverage Article has been revised to reflect the Annual CPT/HCPCS code update and posted for notice. It will become effective March 17, 2016:

* Self-Administered Drug Exclusion List (A53127)

January 22, 2016

The following JL Draft Local Coverage Determinations (LCDs) are posted for comment. The comment period ends on March 10, 2016.

* Assays for Vitamins and Metabolic Function (DL34914)
* Diagnostic Abdominal Aortography and Renal Angiography (DL35092)
* Lumbar Epidural Injections for Pain Management (DL34892)
* Non-Vascular Extremity Ultrasound (DL35409)
* Pulmonary Function Testing (DL35360)
* Thrombolytic Agents (DL35428)

Submit comments

December 31, 2015

The following JL Local Coverage Determinations (LCDs) which were posted for notice on November 5, 2015 are now effective:

* Cardiovascular Nuclear Medicine (L35083)
* Loss of Heterozygosity Based Topographic Genotyping with PathfinderTG® (L34864)
* Psychiatric Codes (L35101)

The following JL Local Coverage Determinations (LCDs) which were posted for notice on November 5, 2015 have been revised and are now effective:

* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* Cosmetic and Reconstructive Surgery (L35090)
* Hyperbaric Oxygen (HBO) Therapy (L35021)
* Mohs Micrographic Surgery (MMS) (L34961)
* Transesophageal Echocardiography (TEE) (L35016)

The following JL LCD has been placed on hold and will not become effective December 31, 2015. This LCD will become effective at a later date. Please continue to watch our website for updates:

* In Vitro Chemosensitivity & Chemoresistance Assays (L36055)

The following JL LCDs have been retired effective December 30, 2015:

* Cardiovascular Nuclear Medicine (L35085)
* Hyperbaric Oxygen (HBO) Therapy (L34979)
* Mohs Micrographic Surgery (MMS) (L35069)
* Transesophageal Echocardiography (TEE) (L34837)
* Psychiatric Therapeutic Procedures (L35067)

The following JL Local Coverage Articles have been retired effective December 30, 2015:

* Hyperbaric Oxygen (HBO) Therapy (A52990)
* Psychiatric Therapeutic Procedures (A52994)
* Transesophageal Echocardiography (TEE) (A52999)

The release of the Local Coverage Determinations (LCDs) and Articles revised based on the 2016 annual coding update has been delayed. The revised LCDs and Articles will be available on January 28, 2016 on the Medicare Coverage Database and the Novitas web site within the Medical Policy Center under the Active LCDs (Local Coverage Determinations) and Active Local coverage Billing & Coding Articles links. We apologize for any inconvenience.

JL - LCDs affected by the 2016 Annual HCPCS/CPT Update

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L35041)
* Biomarkers for Oncology (L35396)
* Biomarkers Overview (L35062)
* Hemophilia Factor Products (L35111)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L35427)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Services That Are Not Reasonable and Necessary (L35094)
* Spinal Cord Stimulation (Dorsal Column Stimulation) (L35450)
* Thrombolytic Agents (L35428)
* Transoral Incisionless Fundoplication (L34999)
* Trigger Point Injections (L35010)
* Vestibular and Audiologic Function Studies (L35007)

JL - Local Coverage Articles Affected by the 2016 Annual HCPCS/CPT Update

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54117)
* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A53048)
* Biomarkers for Oncology (A52986)
* Independent Diagnostic Testing Facility (IDTF) (A53252)
* Self-Administered Drug Exclusion List (A53127)

December 10, 2015

The following JL ICD-10 Local Coverage Determinations have been revised:

* C-Reactive Protein High Sensitivity Testing (hsCRP) (L34856)
* Independent Diagnostic Testing Facility (IDTF) (L35448)
* Neuromuscular Junction Testing (L34996)
* Psychiatric Therapeutic Procedures (L35067)
* Services That Are Not Reasonable and Necessary (L35094)
* Surgical Treatment of Nails (L34887)
* Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections (L34892)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L35350)
* Wireless Capsule Endoscopy (L35089)

The following JL ICD-10 Local Coverage Article has been revised:

* Independent Diagnostic Testing Facility (IDTF) (A53252)

November 13, 2015

The following JL ICD-10 Local Coverage Determinations have been revised:

* Biomarkers for Oncology (L35396)
* Implantable Infusion Pump (L35112)
* Magnetic Resonance Angiography (MRA) (L34865)
* Non-Vascular Extremity Ultrasound (L35409)
* Pulmonary Function Testing (L35360)
* Services That Are Not Reasonable and Necessary (L35094)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L35035)
* Thrombolytic Agents (L35428)
* Transesophageal Echocardiography (TEE) (L34837)
* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (L35130)

The following JL ICD-10 Local Coverage Articles have been revised:

* Compounded Drugs Used in an Implantable Infusion Pump (A54100)
* Transesophageal Echocardiography (TEE) (A52999)

November 6, 2015

The comment period is now closed for the following JL Draft Local Coverage Determinations (LCDs):

* Autonomic Function Tests (DL35395)
* C-Reactive Protein High Sensitivity Testing (hsCRP) (DL34856)
* Facet Joint Injections (DL34974)
* Frequency of Laboratory Tests (DL35099)
* Microvascular Therapy (DL36434)
* Nerve Blockade for Treatment of Chronic Pain and Neuropathy (DL35033)
* Neurophysiology Evoked Potentials (NEPs) (DL34975)
* Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (DL36419)
* Removal of Benign Skin Lesions (DL34938)
* Strapping (DL36423)
* Therapy and Rehabilitation Services (PT, OT) (DL35036)

November 5, 2015

The following JL Draft LCDs posted for comment on May 14, 2015 and presented at the June 2015 Contractor Advisory Committee (CAC) Meeting have been posted for notice. They will become effective December 31, 2015:

* Cardiovascular Nuclear Medicine (L35083)
* Controlled Substance Monitoring and Drugs of Abuse Testing (L35006)
* Cosmetic and Reconstructive Surgery (L35090)
* Hyperbaric Oxygen (HBO) Therapy (L35021)
* In Vitro Chemosensitivity & Chemoresistance Assays (L36055)
* Loss of Heterozygosity Based Topographic Genotyping with PathfinderTG® (L34864)
* Mohs Micrographic Surgery (MMS) (L34961)
* Psychiatric Codes (L35101)
* Transesophageal Echocardiography (TEE) (L35016)

Comments Received and Contractor Responses

October 30, 2015

The comment period will close on November 5, 2015 for the following JL Draft Local Coverage Determinations (LCDs):

* Autonomic Function Tests (DL35395)
* C-Reactive Protein High Sensitivity Testing (hsCRP) (DL34856)
* Facet Joint Injections (DL34974)
* Frequency of Laboratory Tests (DL35099)
* Microvascular Therapy (DL36434)
* Nerve Blockade for Treatment of Chronic Pain and Neuropathy (DL35033)
* Neurophysiology Evoked Potentials (NEPs) (DL34975)
* Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (DL36419)
* Removal of Benign Skin Lesions (DL34938)
* Strapping (DL36423)
* Therapy and Rehabilitation Services (PT, OT) (DL35036)

October 29, 2015

The following JL ICD-10 Local Coverage Determinations have been revised:

* Cardiac Rhythm Device Evaluation (L34833)
* Cardiovascular Nuclear Medicine (L35085)
* Diagnostic Abdominal Aortography and Renal Angiography (L35092)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L36007)
* Monitored Anesthesia Care (L35049)
* Non-Vascular Extremity Ultrasound (L35409)
* Qualitative Drug Testing (L35006)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L35035)
* Vitamin D Assay Testing (L34888)

October 16, 2015

The following JL ICD-10 Local Coverage Determinations have been revised:

* Non-Coronary Vascular Stents (L35084)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L34924)
* Wound Care (L35139)

The following JL LCD has been retired effective October 1, 2015:

Transthoracic Echocardiography (TTE) (L34852)

The following JL Local Coverage Article has been retired effective October 1, 2015:

Transthoracic Echocardiography (TTE) (A53000)

October 8, 2015

The following JL ICD-10 Local Coverage Determinations (LCDs) have been revised:

* Biomarkers for Oncology (L35396)
* Hyperbaric Oxygen (HBO) Therapy (L34979)
* Physical Medicine & Rehabilitation Services, Physical Therapy and Occupational Therapy (L35044)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)
* Services That Are Not Reasonable and Necessary (L35094)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L35350)

The following JL ICD-10 Local Coverage Article has been revised:

* Biomarkers for Oncology (A52986)

September 17, 2015

The following JL Draft Local Coverage Determinations (LCDs) are posted for comment. The comment period ends on November 5, 2015. Please note that the Draft LCDs will not become effective until after ICD-10 is implemented. Therefore, all Draft LCDs are in ICD-10 format.

* Autonomic Function Tests (DL35395)
* C-Reactive Protein High Sensitivity Testing (hsCRP) (DL34856)
* Facet Joint Injections (DL34974)
* Frequency of Laboratory Tests (DL35099)
* Microvascular Therapy (DL36434)
* Nerve Blockade for Treatment of Chronic Pain and Neuropathy (DL35033)
* Neurophysiology Evoked Potentials (NEPs) (DL34975)
* Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (DL36419)
* Removal of Benign Skin Lesions (DL34938)
* Strapping (DL36423)
* Therapy and Rehabilitation Services (PT, OT) (DL35036)

Submit Comments

The following JL Local Coverage Determination (LCD) has been revised:

* Outpatient Sleep Studies L27530

September 11, 2015

The following JL Local Coverage Determinations (LCDs) have been revised:

* Biomarkers Overview (L33638)
* Intraoperative Neurophysiological Testing (L27499)
* Outpatient Sleep Studies (L27530)
* Services That Are Not Reasonable and Necessary (L31686)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L32678)

 The following JL Local Coverage Article has been revised:

* Approved Drugs and Biologicals Includes Cancer Chemotherapeutic Agents (A47797)

August 14, 2015

The following JL Local Coverage Determinations (LCDs) which were posted for notice on June 25, 2015 are now effective:

* Allergy Testing (L35771)
* Biomarkers Overview (L33638)
* Debridement of Mycotic Nails (L27487)
* Magnetic Resonance Angiography (MRA) (L31399)
* Surgical Treatment of Nails (L27532)
* Vestibular and Audiologic Function Studies (L32767)

The following JL Local Coverage Determination (LCD) which was posted for notice on June 25, 2015 has been revised and is now effective:

* Allergen Immunotherapy (L35759)

The following JL Local Coverage Determinations (LCDs) have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L27549)
* Biomarkers for Oncology (L34796)
* Hemophilia Factor Products (L33658)
* Nerve Conduction Studies and Electromyography (L29547)
* Services That Are Not Reasonable and Necessary (L31686)

The following JL LCDs have been retired effective August 12, 2015:

* Biomarkers Overview (L33640)
* RAST Type Tests (L30524)

The following JL LCD has been posted for notice and will be effective October 1, 2015:

* Ambulance Services (Ground Ambulance) (L35162)

Additional information/Comments Received and Contractor Responses

The following JL Local Coverage Article has been revised and is now effective:

* Surgical Treatment of Nails (A47803)

The following JL Articles have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54115)
* Compounded Drugs Used in an Implantable Infusion Pump (A54099)
* Independent Diagnostic Testing Facility (IDTF) (A53186)

The following JL Article has been posted for notice and will become effective October 1, 2015 and will replace Local Coverage Article A53460:

* Self-Administered Drug Exclusion List (A53127)

The following JL Article has been added and will be effective October 1, 2015:

* Ambulance Services (Ground Ambulance) (A54574)

July 16, 2015

The following JL Local Coverage Article has been revised. It will become effective August 13, 2015:

* Surgical Treatment of Nails (A47803)

July 10, 2015

The comment period is now closed for the following JL Draft Local Coverage Determinations (LCDs):

* Cardiovascular Nuclear Medicine (DL35083)
* Controlled Substance Monitoring and Drugs of Abuse Testing (DL35006)
* Cosmetic and Reconstructive Surgery (DL35090)
* Hyperbaric Oxygen (HBO) Therapy (DL35021)
* In Vitro Chemosensitivity & Chemoresistance Assays (DL36055)
* Loss of Heterozygosity Based Topographic Genotyping with PathfinderTG® (DL34864)
* Mohs Micrographic Surgery (DL34961)
* Psychiatric Codes (DL35101)
* Transesophageal Echocardiography (TEE) (DL35016)

 July 9, 2015

The following JL Local Coverage Determinations (LCDs) have been revised:

* Implantable Infusion Pump (L33115)
* Nerve Conduction Studies and Electromyography (L29547)
* Psychiatric Therapeutic Procedures (L27514)

The following JL LCD has been retired:

* Acute Care: Inpatient, Observation and Treatment Room Services (L27548)

The following JL Local Coverage Articles have been revised:

* Acute Care: Inpatient, Observation and Treatment Room Services (A47796)
* Compounded Drugs Used in an Implantable Infusion Pump (A54099)
* Nerve Conduction Studies and Electromyography (A54093)

The following JL Local Coverage Article has been added:

* Prepackaged Kits (A54514)

**July 2, 2015**

The comment period will close on July 9, 2015 for the following JL Draft Local Coverage Determinations (LCDs):

Please note that the Draft LCDs will not become effective until after ICD-10 is implemented. Therefore, all Draft LCDs are in ICD-10 format.

* Cardiovascular Nuclear Medicine (DL35083)
* Controlled Substance Monitoring and Drugs of Abuse Testing (DL35006)
* Cosmetic and Reconstructive Surgery (DL35090)
* Hyperbaric Oxygen (HBO) Therapy (DL35021)
* In Vitro Chemosensitivity & Chemoresistance Assays (DL36055)
* Loss of Heterozygosity Based Topographic Genotyping with PathfinderTG® (DL34864)
* Mohs Micrographic Surgery (DL34961)
* Psychiatric Codes (DL35101)
* Transesophageal Echocardiography (TEE) (DL35016)

June 25, 2015

Due to system limitations, between June 25, 2015 and August 12, 2015, the following JL Local Coverage Determinations (LCDs) accessed through the policy search application are future LCDs that will become effective on August 13, 2015: L27487, L27532 and L31399. During this time period, the active (current) versions of these LCDs can be accessed below or on the Full Index of Current Active LCDs and Future Effective LCDs.

* Debridement of Mycotic Nails (L27487)
* Surgical Treatment of Nails (L27532)
* Magnetic Resonance Angiography (MRA) (L31399)

The following JL Draft LCDs posted for comment on January 15, 2015 and presented at the February 2015 Contractor Advisory Committee (CAC) Meeting have been posted for notice. They will become effective August 13, 2015:

* Allergen Immunotherapy (L35759)
* Allergy Testing (L35771)
* Debridement of Mycotic Nails (L27487)
* Magnetic Resonance Angiography (MRA) (L31399)
* Surgical Treatment of Nails (L27532)
* Vestibular and Audiologic Function Studies (L32767)

The following JL Draft LCD posted for comment on January 26, 2015 and presented at the February 2015 CAC Meeting has been posted for notice. It will become effective August 13, 2015.

* Biomarkers Overview (L33638)

Comments Received and Contractor Responses

The following JL Draft LCDs will not be finalized at this time. Please continue to watch our website for further updates.

* Ambulance Services (Ground Ambulance) (DL32606)
* Autonomic Function Tests (DL34788)
* Tear Testing for Dry Eyes (DL35823)

The following JL LCDs have been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L27549)
* Implantable Infusion Pump (L33115)
* Monitored Anesthesia Care (L32628)
* Services That Are Not Reasonable and Necessary (L31686)

The following JL Local Coverage Article has been added:

* Microvascular Therapy (MVT) (A54342)

May 21, 2015

The following JL Local Coverage Bulletin has been revised:

* Coverage of Gender Reassignment Surgery – Provider Bulletin (A53854)

May 14, 2015

The following JL Draft Local Coverage Determinations (LCDs) are posted for comment. The comment period ends on July 9, 2015. Please note that the Draft LCDs will not become effective until after ICD-10 is implemented. Therefore, all Draft LCDs are in ICD-10 format.

* Cardiovascular Nuclear Medicine (DL35083)
* Controlled Substance Monitoring and Drugs of Abuse Testing (DL35006)
* Cosmetic and Reconstructive Surgery (DL35090)
* Hyperbaric Oxygen (HBO) Therapy (DL35021)
* In Vitro Chemosensitivity & Chemoresistance Assays (DL36055)
* Loss of Heterozygosity Based Topographic Genotyping with PathfinderTG® (DL34864)
* Mohs Micrographic Surgery (DL34961)
* Psychiatric Codes (DL35101)
* Transesophageal Echocardiography (TEE) (DL35016)

The following JL Local Coverage Determinations (LCDs) have been revised:

* Hemophilia Factor Products (L33658)
* Psychiatric Therapeutic Procedures (L27514)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L32678)

The following JL Local Coverage Provider Bulletin has been retired effective May 6, 2015. For dates of service on and after May 7, 2015, please reference Article A54099, Compounded Drugs Used in an Implantable Infusion Pump.

* Part B Compounded Drugs Used in an Implantable Infusion Pump-Provider Bulletin (A52751)

May 7, 2015

The following JL Local Coverage Article has been revised and is now effective:

* Compounded Drugs Used in an Implantable Infusion Pump (A54099)

May 1, 2015

The technical issues have been resolved for the following revised JL Local Coverage Determination (LCD). The current version of this LCD is now accessible through our Search function and the link below:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L27549)

April 30, 2015

The following JL Local Coverage Determination (LCD) has been revised; however, due to technical issues it is temporarily not available through our Search function. Please reference the below link until the issue is resolved:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L27549)

April 23, 2015

The following JL Local Coverage Article has been revised and will become effective May 7, 2015:

* Compounded Drugs Used in an Implantable Infusion Pump (A54099)

April 9, 2015

The following JL Local Coverage Determination (LCDs) which were posted for notice on February 20, 2015 are now effective:

* Blood Glucose Monitoring in a Skilled Nursing Facility (SNF) (L27475)
* Coverage of Services and Procedures in Nursing Facilities (L27485)
* Diagnostic Abdominal Aortography and Renal Angiography (L32709)
* Evaluation and Management Services Provided in a Nursing Facility (L27496)
* Hemophilia Factor Products (L33658)
* Hydration Therapy (L32738)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L35594)
* Monitored Anesthesia Care (MAC) (L32628)
* Non-Coronary Vascular Stents (L32641)
* Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim® Therapy (L27537)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L32673)

The following JL MAC Local Coverage Determination (LCDs) which were posted for notice on February 20, 2015 are now effective.  These LCDs have also been revised:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (L27549)
* Co-Management of Surgical Procedures (L27481)
* Speech-Language Pathology (SLP) Services: Communication Disorders (L27531)

The following JL LCD has been retired effective April 8, 2015 for dates of service on and after April 9, 2015:

* Monitored Anesthesia Care (MAC) (L27489)

The following JL Local Coverage Articles have been added:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (A54115)
* Speech-Language Pathology (SLP) Services: Communication Disorders (A54110)

The following JL Local Coverage Article has been revised:

* Co-Management of Surgical Procedures (A47790)

March 19, 2015

The comment period for the following JL Draft Local Coverage Determination (LCD) ends today:

* Biomarkers Overview (DL33638)

The following JL Local Coverage Article has been added.  It will become effective May 7, 2015:

* Compounded Drugs Used in an Implantable Infusion Pump (A54099)

March 12, 2015

The following JL Local Coverage Determinations (LCDs) have been revised:

* Cardiac Rhythm Device Evaluation (L30529)
* Nerve Conduction Studies and Electromyography (L29547)
* Services That Are Not Reasonable and Necessary (L31686)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L32678)

The following JL Local Coverage Article has been revised:

* Independent Diagnostic Testing Facility (IDTF) (A53186)

The following JL Local Coverage Article has been added:

* Nerve Conduction Studies and Electromyography (A54093)

March 6, 2015

The comment period is now closed for the JL Draft Local Coverage Determinations (LCDs) listed below. The comments received are being reviewed by our Contractor Medical Directors.

* Allergen Immunotherapy (DL35759)
* Allergy Testing (DL35771)
* Ambulance Services (Ground Ambulance) (DL32606)
* Autonomic Function Tests (DL34788)
* Debridement of Mycotic Nails (DL27487)
* Magnetic Resonance Angiography (MRA) (DL31399)
* Surgical Treatment of Nails (DL27532)
* Tear Testing for Dry Eyes (DL35823)
* Vestibular and Audiologic Function Studies (DL32767)

Novitas will accept comments for the following draft until March 19, 2015:

* Biomarkers Overview (DL33638)

February 27, 2015

The comment period will close on March 5, 2015 for the following JL Draft Local Coverage Determinations (LCDs):

* Allergen Immunotherapy (DL35759)
* Allergy Testing (DL35771)
* Ambulance Services (Ground Ambulance) (DL32606)
* Autonomic Function Tests (DL34788)
* Debridement of Mycotic Nails (DL27487)
* Magnetic Resonance Angiography (MRA) (DL31399)
* Surgical Treatment of Nails (DL27532)
* Tear Testing for Dry Eyes (DL35823)
* Vestibular and Audiologic Function Studies (DL32767)
Submit Comments

Please Note: As previously communicated Novitas will accept comments for the following draft until March 19, 2015:

* Biomarkers Overview DL33638

February 20, 2015

Due to system limitations, between February 20, 2015 and April 8, 2015, the following JL Local Coverage Determinations (LCDs) accessed through the policy search application are future LCDs that will become effective on April 9, 2015. The active (current) LCDs can be accessed below or by the Full Index of Current Active LCDs and Future Effective LCDs.

* Human Skin Equivalents (HSE) - Use in the Treatment of Chronic Cutaneous Ulcer Wounds (L27549) (Future title: Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds)
* Blood Glucose Monitoring in a Skilled Nursing Facility (SNF) (L27475)
* Co-Management of Surgical Procedures (L27481)
* Coverage of Services and Procedures in Nursing Facilities (L27485)
* Evaluation and Management Services Provided in a Nursing Facility (L27496)
* Hemophilia Factor Products (L33658)
* Speech-Language Pathology (SLP) Services: Communication Disorders (L27531)
* Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim ® Therapy (L27537)

The following JL Draft LCDs posted for comment on September 18, 2014 and presented at the October 2014 Contractor Advisory Committee (CAC) Meeting have been posted for notice. They will become effective April 9, 2015.

* Application Wounds (L27549) (formerly titled Human Skin Equivalents (HSE - Use in the Treatment of of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Chronic Cutaneous Ulcer Wounds)
* Blood Glucose Monitoring in a Skilled Nursing Facility (SNF) (L27475)
* Co-Management of Surgical Procedures (L27481)
* Coverage of Services and Procedures in Nursing Facilities (L27485)
* Diagnostic Abdominal Aortography and Renal Angiography (L32709)
* Evaluation and Management Services Provided in a Nursing Facility (L27496)
* Hemophilia Factor Products (L33658)
* Hydration Therapy (L32738)
* Lower Extremity Major Joint Replacement (Hip and Knee) (L35594)
* Non-Coronary Vascular Stents (L32641)
* Speech-Language Pathology (SLP) Services: Communication Disorders (L27531)
* Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim® Therapy (L27537)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (L32673)

The following JL Draft LCD posted for comment on May 15, 2014 and presented at the June 2014 CAC Meeting has been posted for notice. It will become effective April 9, 2015.

* Monitored Anesthesia Care (L32628)

Comments Received and Contractor Responses

The following JL draft will not be finalized at this time. Please continue to watch our website for further updates.

* Gender Reassignment Surgery (DL35573)

February 12, 2015

The following JL LCDs have been revised:

* Services That Are Not Reasonable and Necessary L31686
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) L34745

The following JL Article has been revised:

* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions A49325

January 26, 2015

The draft Local Coverage Determination (LCD) DL33638, Biomarkers Overview has been reposted to the Novitas Solutions Website for comments. If you are interested in presenting on the Biomarkers Overview policy at the Open Meeting on Thursday, January 29, 2015, please contact us immediately by submitting an online registration or notification through e-mail to: Karen.ryan@novitas-solutions.com.

For more details on the Open Meeting, please click here.

Note: The Draft LCD DL33638 will not be available on the Medicare Coverage Database until Thursday January 29, 2015. Due to the delay in posting, the comment period for this draft will be extended until March 19, 2015. We apologize for any inconvenience.

* Biomarkers Overview DL33638
Submit Comments

January 23, 2015

The following JL Local Coverage Determinations (LCDs) have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2015:

* Cardiac Rhythm Device Evaluation L30529
* Cardiovascular Nuclear Medicine L31187
* Glaucoma Treatment with Aqueous Drainage Device L34355
* Hemophilia Factor Products L33658
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee L32237
* Hyperbaric Oxygen (HBO) Therapy L32018
* Independent Diagnostic Testing Facility (IDTF) L34792
* Mohs Micrographic Surgery L27503
* Qualitative Drug Testing L32050
* Services That Are Not Reasonable and Necessary L31686
* Speech - Language Pathology (SLP) Services: Communication Disorders L27531
* Spinal Cord Stimulation (Dorsal Column Stimulation) L34705
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) L34745
* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous L33652
* Wound Care L27547

The following JL LCD has been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2015 and has also been revised due to a reconsideration request:

* Biomarkers for Oncology L34796

The following JL Local Coverage Articles have been revised to reflect the Annual CPT/HCPCS code updates effective for dates of service on and after January 1, 2015:

* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents A47797
* Biomarkers for Oncology A52317
* Capsaicin Patch A50870
* Endovascular Repair of Aortic Aneurysms A47791
* Hyperbaric Oxygen (HBO) Therapy A51277
* Independent Diagnostic Testing Facility (IDTF) A53186
* Psychiatric Therapeutic Procedures A49815
* Wound Care A47793

The following JL Article has been retired effective for dates of service on or after July 1, 2014. Please refer to National Coverage Determination (NCD) 150.3 (Bone Mass Measurement) for details regarding coverage.

* NCD Coding Article for Bone Mass Measurements A47550

January 15, 2015

Draft LCD DL33638, Biomarkers Overview, was posted for comment in error. We are in the process of having the draft LCD removed from both the Medicare Coverage Database and from the Novitas web site. Please continue to watch our web site for further information. We apologize for the inconvenience.

The following JL Draft Local Coverage Determinations are posted for comment. The comment period ends on March 5, 2015.

* Allergen Immunotherapy (DL35759)
* Allergy Testing (DL35771)
* Ambulance Services (Ground Ambulance) (DL32606)
* Autonomic Function Tests (DL34788)
* Debridement of Mycotic Nails (DL27487)
* Magnetic Resonance Angiography (MRA) (DL31399)
* Surgical Treatment of Nails (DL27532)
* Tear Testing for Dry Eyes (DL35823)
* Vestibular and Audiologic Function Studies (DL32767)

Submit Comments

January 13, 2015

Please be advised that due to the holiday on 01/19/2015, the 2015 HCPCS/CPT Annual Updates will be available on the Novitas Website and the Medicare Coverage Database on 01/23/2015.

January 5, 2015

The release of the Local Coverage Determinations (LCDs) and Articles revised based on the 2015 annual coding update has been delayed. The revised LCDs and Articles will be available on January 22, 2015 on the Medicare Coverage Database and the Novitas web site within the Medical Policy Center under the Latest LCD Updates & Update History link. We apologize for any inconvenience.

 JL - LCDs affected by the 2015 Annual HCPCS/CPT Update

* L27503          Moh's Micrographic Surgery
* L27531          Speech-Language Pathology (SLP) Services: Communication Disorders
* L27547          Wound Care
* L30529          Cardiac Rhythm Device Evaluation
* L31187          Cardiovascular Nuclear Medicine
* L31686          Services That Are Not Reasonable and Necessary
* L32018          Hyperbaric Oxygen (HBO) Therapy
* L32237          Hyaluronon Acid Therapies for Osteoarthritis of the Knee
* L33652          Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous
* L33658          Hemophilia Factor Products
* L34355          Glaucoma Treatment with Aqueous Drainage Device
* L34705          Spinal Cord Stimulation (Dorsal Column Stimulation)
* L34745          Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic)
* L34792          Independent Diagnostic Testing Facility (IDTF)
* L34796          Biomarkers for Oncology
* L32050          Qualitative Drug Testing

JL - Local Coverage Articles Affected by the 2015 Annual HCPCS/CPT Update

* A49815      Psychiatric Therapeutic Procedures
* A47793      Wound Care
* A51277      Hyperbaric Oxygen (HBO) Therapy
* A53186      Independent Diagnostic Testing Facility (IDTF)
* A47797      Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents
* A50870      Capsaicin Patch
* A52317      Biomarkers for Oncology

December 11, 2014

The following JL LCDs have been revised:

* Bariatric Surgical Management of Morbid Obesity (L34495)
* Non-Invasive Peripheral Venous Studies (L34714)
* Sacral Nerve Stimulation (L34707)

December 4, 2014

The following JL Local Coverage Determinations (LCDs) which were posted for notice on October 9, 2014 are now effective:

* Cardiac Event Detection Monitoring (L32679)
* Cardiac Rhythm Device Evaluation (L30529)
* Intravenous Immune Globulin (IVIG) (L32712)
* Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (L32610)
* Pharmacokinetic (PK) Testing for Chemotherapy Dosing (L35269)
* Routine Foot Care (L27486)
* Services That Are Not Reasonable and Necessary (L31686)
* Transoral Incisionless Fundoplication (L32932)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L32678)

The following JL Local Coverage Article has been revised:

* Routine Foot Care (A51184)

The following JL LCDs have been retired effective December 3, 2014:

* Intravenous Immune Globulin (IVIG) (L32937)
* Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (L27500)
* Treatment of Varicose Veins of the Lower Extremities (L27539)

November 14, 2014

The following JL Local Coverage Article has been added:

* Mohs Micrographic Surgery (A53852)

The following JL LCDs have been revised:

* Independent Diagnostic Testing Facility (IDTF) (L34792)
* Mohs Micrographic Surgery (L27503)

The following JL Local Coverage Articles have been revised:

* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A47797)
* Independent Diagnostic Testing Facility (IDTF) (A53186)

The comment period is now closed for the JL Draft Local Coverage Determination (LCD) listed below. The comments received are being reviewed by our Contractor Medical Directors.

* Evaluation and Management Services Provided in a Nursing Facility (DL27496)

November 7, 2014

The comment period is now closed for the JL Draft Local Coverage Determinations (LCDs) listed below. The comments received are being reviewed by our Contractor Medical Directors

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (DL27549)
* Blood Glucose Monitoring in a Skilled Nursing Facility (SNF) (DL27475)
* Co-Management of Surgical Procedures (DL27481)
* Coverage of Services and Procedures in Nursing Facilities (DL27485)
* Diagnostic Abdominal Aortography and Renal Angiography (DL32709)
* Gender Reassignment Surgery (DL35573)
* Hemophilia Factor Products (DL33658)
* Hydration Therapy (DL32738)
* Lower Extremity Major Joint Replacement (Hip and Knee) (DL35594)
* Non-Coronary Vascular Stents (DL32641)
* Speech - Language Pathology (SLP) Services: Communication Disorders (DL27531)
* Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim ® Therapy (DL27537)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (DL32673)

November 3, 2014

The comment period will close on November 6, 2014 for the following JL Draft Local Coverage Determinations (LCDs):

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (DL27549)
* Blood Glucose Monitoring in a Skilled Nursing Facility (SNF) (DL27475)
* Co-Management of Surgical Procedures (DL27481)
* Coverage of Services and Procedures in Nursing Facilities (DL27485)
* Diagnostic Abdominal Aortography and Renal Angiography (DL32709)
* Gender Reassignment Surgery (DL35573)
* Hemophilia Factor Products (DL33658)
* Hydration Therapy (DL32738)
* Lower Extremity Major Joint Replacement (Hip and Knee) (DL35594)
* Non-Coronary Vascular Stents (DL32641)
* Speech - Language Pathology (SLP) Services: Communication Disorders (DL27531)
* Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim ® Therapy (DL27537)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (DL32673)

Please Note: As previously communicated Novitas will accept comments for the following draft until November 13, 2014:

* Evaluation and Management Services Provided in a Nursing Facility (DL27496)

October 9, 2014

Due to system limitations, between October 9, 2014 and December 3, 2014 the following JL LCDs accessed through the policy search application are future LCDs that will become effective on December 4, 2014. The active (current) LCDs can be accessed below or by the following link. Full Index of Current Active LCDs and Future Effective LCDs

* Cardiac Rhythm Device Evaluation (L30529)
* Routine Foot Care (L27486)
* Services That Are Not Reasonable and Necessary (L31686)
* Transoral Incisionless Fundoplication (L32932)

The following JL Local Coverage Determinations have been posted for notice. They will become effective December 4, 2014:

* Cardiac Event Detection Monitoring (L32679)
* Cardiac Rhythm Device Evaluation (L30529)
* Intravenous Immune Globulin (IVIG) (L32712)
* Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (L32610)
* Pharmacokinetic (PK) Testing for Chemotherapy Dosing (L35269)
* Routine Foot Care (L27486)
* Services That Are Not Reasonable and Necessary (L31686)
* Transoral Incisionless Fundoplication (L32932)
* Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities (L32678)

Comments Received and Contractor Responses

The following JL drafts are not being finalized at this time. The current active LCDs will remain in effect.

* Debridement of Mycotic Nails (DL27487)
* Monitored Anesthesia Care (DL32628)
* Surgical Treatment of Nails (DL27532)

The following JL LCDs have been revised:

* Biomarkers for Oncology (L34796)
* Sacral Nerve Stimulation (L34707)
* Services That Are Not Reasonable and Necessary (L31686)
* Spinal Cord Stimulation (Dorsal Column Stimulation) (L34705)
* Thrombolytic Agents (L34743)

The following JL Articles have been revised:

* Biomarkers for Oncology (A52317)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A49325)

September 30, 2014

Technical Issues with JL Local Coverage Determinations (LCDS)

Due to technical issues, the following LCDs, which are currently in effect, are not displaying on Novitas Solutions website or the Medicare Coverage Database. This issue is being corrected with an anticipated resolution date of October 2, 2014.

* Cardiac Rhythm Device Evaluation (L30529)
* Routine Foot Care (L27486)

September 25, 2014

The following JL Local Coverage Determination (LCD) has been retired effective September 17, 2014:

* Circulating Tumor Cell (CTC) Assay (L32930)

September 18, 2014

The following JL Draft Local Coverage Determinations are posted for comment. The comment period ends on November 6, 2014:

* Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (DL27549)
* Blood Glucose Monitoring in a Skilled Nursing Facility (SNF) (DL27475)
* Co-Management of Surgical Procedures (DL27481)
* Coverage of Services and Procedures in Nursing Facilities (DL27485)
* Diagnostic Abdominal Aortography and Renal Angiography (DL32709)
* Gender Reassignment Surgery (DL35573)
* Hemophilia Factor Products (DL33658)
* Hydration Therapy (DL32738)
* Lower Extremity Major Joint Replacement (Hip and Knee) (DL35594)
* Non-Coronary Vascular Stents (DL32641)
* Speech - Language Pathology (SLP) Services: Communication Disorders (DL27531)
* Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim ® Therapy (DL27537)
* Thoracic Aortography and Carotid, Vertebral, and Subclavian Angiography (DL32673)

Please Note: Draft LCD DL27496 (see link below) is currently not displaying on the Medicare Coverage Database (MCD). The draft is available for review and comment on the Novitas Website and will display on the MCD September 25. Due to the delay in the draft displaying on the MCD, Novitas will accept comments for this draft until November 13, 2014.

* Evaluation and Management Services Provided in a Nursing Facility (DL27496)

Submit Comments

September 11, 2014

The following JL LCDs have been revised:

* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (L32943)
* Cataract Extraction (including Complex Cataract Surgery) (L34344)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L34745)

August 14, 2014

The following JL LCDs have been revised:

* Biomarkers for Oncology (L34796)
* Biomarkers Overview (L33640)
* Thrombolytic Agents (L34743)

The following JL Articles have been revised:

* Cardiovascular Stress Testing (A47786)
* Isolated Ultrafiltration for Management of Fluid Overload in Cardiac Disease (A51037)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A47551)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A49325)
* Real-Time, Outpatient Cardiac Telemetry (A51214)

July 24, 2014

The following JL Local Coverage Determinations (LCDs) which were posted for notice on June 5, 2014 are now effective:

* 3D Interpretation and Reporting of Imaging Studies (L34709)
* Autonomic Function Tests (L34788)
* Barium Swallow Studies, Modified (L34747)
* Biomarkers for Oncology (L34796)
* Chiropractic Services (L34816)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L32237)
* Independent Diagnostic Testing Facility (IDTF) (L34792)
* Magnetic Pelvic Floor Stimulation (MPFS) (L34612)
* Multiple Imaging in Oncology (L34790) (also revised)
* Non-Invasive Cerebrovascular Arterial Studies (L34711) (also revised)
* Non-Invasive Peripheral Venous Studies (L34714)
* Non-Vascular Extremity Ultrasound (L34716) (also revised)
* Oximetry Services (L34749)
* Pulmonary Function Testing (L34751)
* Sacral Nerve Stimulation (L34707)
* Spinal Cord Stimulation (Dorsal Column Stimulation) (L34705)
* Thrombolytic Agents (L34743)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L34745)

The following JL LCD has been revised:

* Biomarkers Overview (L33640)

The following JL LCDs have been retired effective July 23, 2014:

* Biomarkers for Oncology (L33142)
* Chiropractic Services (L27480)
* Magnetic Pelvic Floor Stimulation (MPFS) (L27501)
* Non-Invasive Cerebrovascular Arterial Studies (L27504)
* Non-Invasive Peripheral Venous Studies (L27506)
* Non-Vascular Extremity Ultrasound (L30271)

The following JL Local Coverage Article which was posted for notice on June 5, 2014 is now effective:

* Independent Diagnostic Testing Facility (IDTF) (A53186) (also revised)

The following JL Local Coverage Article has been added:

* Biomarkers for Oncology (A52317)

The following JL Local Coverage Articles have been revised:

* Chiropractic Services (A47798)
* Non-Invasive Cerebrovascular Arterial Studies (A47800)
* Non-Invasive Peripheral Venous Studies (A47801)

The following JL Local Coverage Article has been retired effective July 23, 2014:

* Biomarkers for Oncology (A52316)

July 11, 2014

The comment period is now closed for the following JL MAC Draft Local Coverage Determinations (LCDs). The comments received are being reviewed by our Contractor Medical Directors.

* DL32679 Cardiac Event Detection Monitoring
* DL30529 Cardiac Rhythm Device Evaluation
* DL27487 Debridement of Mycotic Nails
* DL32712 Intravenous Immune Globulin (IVIG)
* DL32610 Luteinizing Hormone-Releasing Hormone (LHRH) Analogs
* DL32628 Monitored Anesthesia Care
* DL35269 Pharmacokinetic (PK) Testing for Chemotherapy Dosing
* DL27486 Routine Foot Care
* DL31686 Services That Are Not Reasonable and Necessary
* DL27532 Surgical Treatment of Nails
* DL32932 Transoral Incisionless Fundoplication
* DL32678 Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities

July 10, 2014

The following JL Local Coverage Determinations (LCDs) have been revised:

* Ambulance (Ground) Services (L32252)
* Hemophilia Factor Products (L33658)
* Hyperbaric Oxygen (HBO) Therapy (L32018)
* Services That Are Not Reasonable and Necessary (L31686)

July 3, 2014

The comment period will close on July 10, 2014 for the following JL Draft Local Coverage Determinations (LCDs):

* DL32679 Cardiac Event Detection Monitoring
* DL30529 Cardiac Rhythm Device Evaluation
* DL27487 Debridement of Mycotic Nails
* DL32712 Intravenous Immune Globulin (IVIG)
* DL32610 Luteinizing Hormone-Releasing Hormone (LHRH) Analogs
* DL32628 Monitored Anesthesia Care
* DL35269 Pharmacokinetic (PK) Testing for Chemotherapy Dosing
* DL27486 Routine Foot Care
* DL31686 Services That Are Not Reasonable and Necessary
* DL27532 Surgical Treatment of Nails
* DL32932 Transoral Incisionless Fundoplication
* DL32678 Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities

Submit Comments

June 27, 2014

The JL MAC draft LCD L34794 Hyperbaric Oxygen (HBO) Therapy scheduled to become effective on 07/24/2014 has been placed on hold. Therefore, the current JL LCD L32018 will remain effective.

June 26, 2014

The following JL Local Coverage Determinations (LCDs) have been revised:

* Biomarkers Overview (L33640)
* Circulating Tumor Cell (CTC) Assay (L32930)
* Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG ® (L31144)

June 12, 2014

The following JL Local Coverage Determinations (LCDS) have been revised:

* Biomarkers Overview (L33640)
* Cataract Extraction (including Complex Cataract Surgery) (L34344)
* Magnetic Resonance Angiography (MRA) (L31399)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing (L32567)
* Nerve Conduction Studies and Electromyography (L29547)
* Oral Maxillofacial Prosthesis (L33654)
* Qualitative Drug Testing (L32050)
* Services That Are Not Reasonable and Necessary (L31686)
* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (L33652)

The following JL Local Coverage Articles have been revised:

* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A47797)
* Chiropractic Services (A47798)
* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A47551)

June 5, 2014

The following JL Local Coverage Determinations have been posted for notice. They will become effective July 24, 2014:

* 3D Interpretation and Reporting of Imaging Studies (L34709)
* Autonomic Function Tests (L34788)
* Barium Swallow Studies, Modified (L34747)
* Biomarkers for Oncology (L34796)
* Chiropractic Services (L34816)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L32237)
* Hyperbaric Oxygen (HBO) Therapy (L34794)
* Independent Diagnostic Testing Facility (IDTF) (L34792)
* Multiple Imaging in Oncology (L34790)
* Oximetry Services (L34749)
* Pulmonary Function Testing (L34751)
* Sacral Nerve Stimulation (L34707)
* Spinal Cord Stimulation (Dorsal Column Stimulation) (L34705)
* Thrombolytic Agents (L34743)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L34745)

Comments Received and Contractor Responses

The following JL LCDs have been revised to create uniform LCDs with the corresponding Novitas Solutions JH LCDs.  The following LCDs will also become effective July 24, 2014:

* Magnetic Pelvic Floor Stimulation (MPFS) (L34612)
* Non-Invasive Cerebrovascular Arterial Studies (L34711)
* Non-Invasive Peripheral Venous Studies (L34714)
* Non-Vascular Extremity Ultrasound (L34716)

Through the creation of uniform LCDs across Novitas MAC jurisdictions several of the revised LCDs have been assigned new LCD numbers. The current associated LCDs will be retired when the new LCDs become effective.

The following JL Local Coverage Article has been posted for notice. It will become effective July 24, 2014:

* Independent Diagnostic Testing Facility (IDTF) (A53186)

May 15, 2014

The following JL MAC Draft Local Coverage Determinations are posted for comment. The comment period ends on July 10, 2014:

* DL32679 Cardiac Event Detection Monitoring
* DL30529 Cardiac Rhythm Device Evaluation
* DL27487 Debridement of Mycotic Nails
* DL32712 Intravenous Immune Globulin (IVIG)
* DL32610 Luteinizing Hormone-Releasing Hormone (LHRH) Analogs
* DL32628 Monitored Anesthesia Care
* DL35269 Pharmacokinetic (PK) Testing for Chemotherapy Dosing
* DL27486 Routine Foot Care
* DL31686 Services That Are Not Reasonable and Necessary
* DL27532 Surgical Treatment of Nails
* DL32932 Transoral Incisionless Fundoplication
* DL32678 Treatment of Varicose Veins and Venous Stasis Disease of the Lower Extremities

Submit Comments

May 8, 2014

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* Flow Cytometry (L32562)
* Intravenous Immune Globulin (IVIG) (L32937)
* Services That Are Not Reasonable and Necessary (L31686)

The following JL MAC Articles have been revised:

* Endovascular Repair of Aortic Aneurysms (A47791)
* Transesophageal Echocardiography (TEE) (A47805)

The following JL MAC LCD has been retired effective May 8, 2014:

* Lipid Profile/Cholesterol Testing (L32559)

The following JL MAC LCD has been retired effective for dates of service on or after 12/05/2013:

* Cytogenetic Analysis (L30538)

March 27, 2014

The following JL MAC Local Coverage Determinations (LCDs) which were posted for notice on February 6, 2014 are now effective:

* Bariatric Surgical Management of Morbid Obesity (L34495)
* Frequency of Dialysis (L34388)
* Glaucoma Treatment with Aqueous Drainage Device (L34355)
* Hemophilia Factor Products (L33658)
* Intraoperative Neurophysiological Testing (L27499)
* Lacrimal Punctum Plugs (L34358)
* Outpatient Sleep Studies (L27530)
* Qualitative Drug Testing (L32050)
* Surgery: Blepharoplasty (L34396)
* Vascular Access for Hemodialysis (L32465)
* Wireless Capsule Endoscopy (L34342)

The JL MAC draft LCD L27547 Wound Care and Cellular and/or Tissue-Based Products for Wounds scheduled to become effective on 3/27/2014 has been placed on hold. Therefore, the LCD has been reverted back to the version effective prior to the 3/27/2014 revisions and has been revised for dates of service on and after 01/01/2014 to reflect the annual CPT/HCPCS code updates.

* Wound Care (L27547)

The following JL MAC Local Coverage Determination (LCD) which was posted for notice on February 6, 2014 is now effective.  This LCD has also been revised:

* Cataract Extraction (including Complex Cataract Surgery) (L34344)

The following JL MAC LCDs have been retired effective March 26, 2014 for dates of service on and after March 27, 2014:

* Blepharoplasty/Blepharoptosis (L27474)
* Cataract Surgery (L27479)
* Complex Cataract Extraction (L27482)

The following JL MAC Article has been retired effective March 26, 2014 for dates of service on and after March 27, 2014:

* Sleep Disorders Testing (A50380)

March 13, 2014

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* Hemophilia Factor Products (L33658)
* Implantable Infusion Pump (L33115)

March 7, 2014

The comment period is now closed for the JL MAC Draft Local Coverage Determinations (LCDs) listed below. The comments received are being reviewed by our Contractor Medical Directors.

March 6, 2014

The comment period will close at the end of the day today for the following JL MAC Draft Local Coverage Determinations (LCDs):

* 3D Interpretation and Reporting of Imaging Studies (DL34709)
* Autonomic Function Tests (DL34788)
* Barium Swallow Studies, Modified (DL34747)
* Biomarkers for Oncology (DL34796)
* Chiropractic Services (DL34816)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (DL32237)
* Hyperbaric Oxygen (HBO) Therapy (DL34794)
* Independent Diagnostic Testing Facility (IDTF) (DL34792)
* Multiple Imaging in Oncology (DL34790)
* Oximetry Services (DL34749)
* Pulmonary Function Testing (DL34751)
* Sacral Nerve Stimulation (DL34707)
* Spinal Cord Stimulation (Dorsal Column Stimulation (DL34705)
* Thrombolytic Agents (DL34743)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (DL34745)

February 27, 2014

The following JL MAC Local Coverage Determinations (LCDs) have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2014:

* Acute Care: Inpatient, Observation, and Treatment Room Services (L27548)
* Biomarkers for Oncology (L33142)
* Biomarkers Overview (L33640)
* Blepharoplasty/Blepharoptosis (L27474)
* Cardiovascular Nuclear Medicine (L31187)
* Glaucoma Treatment with Aqueous Drainage Device (L34355)
* Hemophilia Factor Products (L33658)
* Intravenous Immune Globulin (IVIG) (L32937)
* Lipid Profile/Cholesterol Testing (L32559)
* Moh’s Micrographic Surgery (L27503)
* Pain Management of Peripheral Nerves by Injection (L32573)
* Psychiatric Therapeutic Procedures (L27514)
* Services That Are Not Reasonable and Necessary (L31686)
* Speech-Language Pathology (SLP) Services: Communication Disorders (L27531)
* Vascular Access for Hemodialysis (L32465)
* Wound Care and Cellular and/or Tissue-Based Products for Wounds (CTPs) (L27547)

The following JL MAC LCD has been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2014 and has also been revised due to a reconsideration request:

* Nerve Conduction Studies and Electromyography (L29547)

The following JL MAC Local Coverage Articles have been revised to reflect the Annual CPT/HCPCS code updates effective for dates of service on and after January 1, 2014:

* Acute Care: Inpatient, Observation, and Treatment Room Services (A47796)
* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A47797)
* Biomarkers for Oncology (A52316)
* Wound Care (A47793)

February 12, 2014

REVISED ALERT

Local Coverage Determinations (LCDs) Affected by the 2014 Annual HCPCS/CPT Update

The release of the LCDs and Articles revised based on the 2014 annual coding update has been delayed. The revised LCDs and Articles will be available on February 27, 2014 on the Medicare Coverage Database and the Novitas web site within the Medical Policy Center under the Latest LCD Updates & Update History link. We apologize for any inconvenience.

LCDs and Articles affected by the 2014 annual coding updates:

* L27474 Blepharoplasty/Blepharoptosis
* DL34396 Surgery: Blepharoplasty
* L27503 Moh’s Micrographic Surgery
* L27514 Psychiatric Therapeutic Procedures
* A49815 Psychiatric Therapeutic Procedures
* L27531 Speech-Language Pathology (SLP) Services: Communication Disorders
* L27547 Wound Care
* A47793 Wound Care
* DL27547 Wound Care and Bioengineered Skin Substitutes
* L27548 Acute Care: Inpatient, Observation, and Treatment Room Services
* A47796 Acute Care: Inpatient, Observation, and Treatment Room Services
* L29547 Electromyography (EMG) and Nerve Conduction Studies
* L31187 Cardiovascular Nuclear Medicine
* L31686 Services That Are Not Reasonable and Necessary (non-coverage)
* L32465 Hemodialysis Access Evaluation & Maintenance(Also Oct 2013 CAC draft DL32465)
* L32559 Lipid Profile/Cholesterol Testing
* L32573 Pain Management of Peripheral Nerves by Injection
* L32937 Intravenous Immune Globulin (IVIG)
* L33142 Biomarkers for Oncology
* A52316 Biomarkers for Oncology
* L33640 Biomarkers Overview
* L33658 Hemophilia Factor Products
* DL33658 Hemophilia Factor Products
* DL34355 Glaucoma Treatment with Aqueous Drainage Device
* A47797 Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents

February 6, 2014

The following JL MAC Local Coverage Determinations (LCDs) have been posted for notice. They will become effective March 27, 2014:

* Cataract Extraction (including Complex Cataract Surgery) (L34344)
* Frequency of Dialysis (L34388)
* Glaucoma Treatment with Aqueous Drainage Device (L34355)
* Intraoperative Neurophysiological Testing (L27499)
* Lacrimal Punctum Plugs (L34358)
* Outpatient Sleep Studies (L27530)
* Surgery: Blepharoplasty (L34396)
* Vascular Access for Hemodialysis (L32465)
* Wireless Capsule Endoscopy (L34342)
* Wound Care and Cellular and/or Tissue-Based Products for Wounds (CTPs) (L27547) (formerly titled Wound Care and Bioengineered Skin Substitutes)

Comments Received and Contractor Responses

The following JL MAC Local Coverage Determination (LCD) has been posted for notice and will become effective March 27, 2014:

* Hemophilia Factor Products (L33658)

The following JL MAC LCDs have been revised to create uniform LCDs with the corresponding Novitas Solutions JH MAC LCDs.  The following LCDS will also become effective March 27, 2014:

* Bariatric Surgical Management of Morbid Obesity (L34495)
* Qualitative Drug Testing (L32050)

JANUARY 16, 2014

The following JL Draft Local Coverage Determinations are posted for comment. The comment period ends on March 6, 2014:

* 3D Interpretation and Reporting of Imaging Studies (DL34709)
* Autonomic Function Tests (DL34788)
* Barium Swallow Studies, Modified (DL34747)
* Biomarkers for Oncology (DL34796)
* Chiropractic Services (DL34816)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (DL32237)
* Hyperbaric Oxygen (HBO) Therapy (DL34794)
* Independent Diagnostic Testing Facility (IDTF) (DL34792)
* Multiple Imaging in Oncology (DL34790)
* Oximetry Services (DL34749)
* Pulmonary Function Testing (DL34751)
* Sacral Nerve Stimulation (DL34707)
* Spinal Cord Stimulation (Dorsal Column Stimulation (DL34705)
* Thrombolytic Agents (DL34743)
* Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (DL34745)

Submit Comments

JANUARY 9, 2014

The following JL articles have been retired:

* Injectable Collagenase Clostridium Histolyticum for Dupuytren’s Contracture (A50801)
* Serotypes A and B Botulinum Toxin Products (A47789)

JANUARY 2, 2014

JL Local Coverage Determinations (LCDs) Affected by the 2014 Annual HCPCS/CPT Update

The following list of LCDs and Local Coverage Articles (Articles) are currently under revision based on the 2014 annual coding update. The revisions will be effective for dates of service on and after January 1, 2014. The revised LCDs and Articles will be available for review February 13, 2014 on the Medicare Coverage Database and the Novitas web site within the Medical Policy Center under the Latest LCD Updates & Update History link.

* L27474 - Blepharoplasty/Blepharoptosis
* DL34396 - Surgery: Blepharoplasty
* L27503 - Moh’s Micrographic Surgery
* L27514 - Psychiatric Therapeutic Procedures
* A49815 - Psychiatric Therapeutic Procedures
* L27531 - Speech-Language Pathology (SLP) Services: Communication Disorders
* L27547 - Wound Care
* A47793 - Wound Care
* DL27547 - Wound Care and Bioengineered Skin Substitutes
* L27548 - Acute Care: Inpatient, Observation, and Treatment Room Services
* A47796 - Acute Care: Inpatient, Observation, and Treatment Room Services
* L29547 - Electromyography (EMG) and Nerve Conduction Studies
* L31187 - Cardiovascular Nuclear Medicine
* L31686 - Services That Are Not Reasonable and Necessary
* L32465 - Hemodialysis Access Evaluation & Maintenance
* DL32465 - Hemodialysis Access Evaluation & Maintenance
* L32559 - Lipid Profile/Cholesterol Testing
* L32573 - Pain Management of Peripheral Nerves by Injection
* L32937 - Intravenous Immune Globulin (IVIG)
* L33142 - Biomarkers for Oncology
* A52316 - Biomarkers for Oncology
* L33640 - Biomarkers Overview
* L33658 - Hemophilia Factor Products
* DL33658 - Hemophilia Factor Products
* DL34355 - Glaucoma Treatment with Aqueous Drainage Device
* A47797 - Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents

December 5, 2013

The following JL MAC Local Coverage Determinations (LCDs) which were posted for notice on
October 10, 2013 are now effective:

* Bariatric Surgical Management of Morbid Obesity (L34495)
* Biomarkers Overview (L33640)
* Hemophilia Factor Products (L33658)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing (L32567)
* Oral Maxillofacial Prosthesis (L33654)
* Prostate Mapping Biopsy (L33656)
* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (L33652)

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* Scanning Computerized Ophthalmic Diagnostic Imaging (L27529)
* Transcranial Magnetic Stimulation (TMS) for the Treatment of Depression (L32055)
* Trigger Point Injections (L27540)

November 21, 2013

The following JL MAC LCD has been retired effective for dates of service on and after 11/01/2013:

* Erythropoiesis Stimulating Agents (ESAs) (L27492)

The following JL MAC Article has been retired effective for dates of service on and after 11/01/2013:

* NCD Coding Article for Erythropoiesis Stimulating Agents (ESAs) (A47817)

November 8, 2013

The comment period is now closed for the following JL MAC Draft Local Coverage Determinations (LCDs). The comments received are being reviewed by our Contractor Medical Directors.

* Cataract Extraction (including Complex Cataract Surgery) (DL34344)
* Frequency of Dialysis (DL34388)
* Glaucoma Treatment with Aqueous Drainage Device (DL34355)
* Intraoperative Neurophysiological Testing (DL27499)
* Lacrimal Punctum Plugs (DL34358)
* Outpatient Sleep Studies (DL27530)
* Surgery: Blepharoplasty (DL34396)
* Vascular Access for Hemodialysis (DL32465)
* Wireless Capsule Endoscopy (DL34342)
* Wound Care and Bioengineered Skin Substitutes (DL27547)

November 4, 2013

The comment period will close on November 7, 2013 for the following JL MAC Draft Local Coverage Determinations (LCDs):

* Cataract Extraction (including Complex Cataract Surgery) (DL34344)
* Frequency of Dialysis (DL34388)
* Glaucoma Treatment with Aqueous Drainage Device (DL34355)
* Intraoperative Neurophysiological Testing (DL27499)
* Lacrimal Punctum Plugs (DL34358)
* Outpatient Sleep Studies (DL27530)
* Surgery: Blepharoplasty (DL34396)
* Vascular Access for Hemodialysis (DL32465)
* Wireless Capsule Endoscopy (DL34342)
* Wound Care and Bioengineered Skin Substitutes (DL27547)

Submit Comments

October 31, 2013

The Jurisdiction L Local Coverage Determinations (LCDs) listed below have been retired effective for dates of service on and after November 1, 2013.  In the absence of a Local Coverage Determination (LCD), National Coverage Determination (NCD), or CMS Manual Instruction, Reasonable and Necessary guidelines still apply.  Section 1862(a)(1)(A) of the Social Security Act (SSA) directs the following:

“No payment may be made under Part A or Part B for any expenses incurred for items or services not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

Therefore, to be considered “reasonable and necessary” the patient’s medical record must clearly document all of the following:

* The item or service is for the diagnosis or treatment, or to improve the functioning of a malformed body member
* The item or service is appropriate for the symptoms and diagnosis or treatment of the patient’s condition, illness, disease or injury
* The item or service is furnished in accordance with current standards of good medical practice
* The item or service is not primarily for the convenience of the patient or physician or health care provider
* The item or service is the most appropriate supply or level of service that can be safely provided to the patient
* The item or service is delivered in the most appropriate setting
* The item or service is ordered and/or furnished by qualified personnel

For any service reported to Medicare, it is expected that the medical record documentation clearly demonstrates that the service meets all of the above criteria.  All documentation must be maintained in the patient’s medical record and be available to the contractor upon request.

LCDs retired effective for dates of service on and after November 1, 2013:

* B-type Natriuretic Peptide (BNP) Assays (L30559)
* Cardiac Rehabilitation Program Services (L31481)
* Cardiovascular Stress Testing (L27478)
* Computed Tomographic Angiography of the Chest (L27483)
* Continuous Glucose Monitoring (CGM) (L31165)
* Diagnostic Laryngoscopy (L27488)
* Dynamic Electrocardiography (L31173)
* Electrocardiography (L27490)
* Extended Ophthalmoscopy (L27509)
* Fluorescein and Indocyanine Green Angiography (L27497)
* Fundus Photography (L27498)
* Injectable Collagenase Clostridium Histolyticum for Dupuytren's Contracture (L31171)
* Isolated Ultrafiltration for Management of Fluid Overload in Cardiac Disease (L31470)
* Magnetic Resonance Imaging (MRI) of the Breast (L27502)
* Non-Invasive Peripheral Arterial Studies (L30827)
* Ophthalmic A and B Scans (L27507)
* Ophthalmic Biometry for Intraocular Lens (IOL) Power Calculations (L27508)
* Parathormone (Parathyroid Hormone) (L27510)
* Proton Beam Therapy (L30314)
* Radiation Therapy Services (L27515)
* Radiofrequency Treatment for Urinary Incontinence (L30547)
* Radiologic Examination of the Chest (CXR) (L27518)
* Removal of Impacted Cerumen (L27528)
* Stereotactic Body Radiation Therapy (SBRT) (L30277)
* Stereotactic Radiosurgery (SRS) (L32057)
* Thermotherapies (Minimally Invasive Surgical Techniques [MISTS] for Benign Prostatic Hyperplasia (BPH)) (L27534)
* Visual Fields (L27545)
* Vitamin B12 Assays (L30551)

October 10, 2013

The following JL MAC Local Coverage Determinations (LCDs) have been posted for notice. They will become effective December 5, 2013:

* Biomarkers Overview (L33640)
* Hemophilia Factor Products (L33658)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing (L32567)
* Oral Maxillofacial Prosthesis (L33654)
* Prostate Mapping Biopsy (L33656)
* Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous (L33652)

Comments Received and Contractor Responses

Local Coverage Determination (LCD) L34495 Bariatric Surgical Management of Morbid Obesity is posted for notice and will become effective on December 5, 2013.

* Bariatric Surgical Management of Morbid Obesity (L34495)

Local Coverage Determination (LCD) L33077, Bariatric Surgical Management of Morbid Obesity, was retired and did not become effective. Please refer to L34495 above.

* Bariatric Surgical Management of Morbid Obesity (L33077)

September 17, 2013

The following JL MAC Draft Local Coverage Determinations (LCDs) have been posted for comment. The comment period ends on November 7, 2013:

* Cataract Extraction (including Complex Cataract Surgery) (DL34344)
* Frequency of Dialysis (DL34388)
* Glaucoma Treatment with Aqueous Drainage Device (DL34355)
* Intraoperative Neurophysiological Testing (DL27499)
* Lacrimal Punctum Plugs (DL34358)
* Outpatient Sleep Studies (DL27530)
* Surgery: Blepharoplasty (DL34396)
* Vascular Access for Hemodialysis (DL32465)
* Wireless Capsule Endoscopy (DL34342)
* Wound Care and Bioengineered Skin Substitutes (DL27547)

Submit Comments

The following JL MAC Draft LCD which was posted for comment on May 28, 2013 will not be finalized and is retired effective September 16, 2013.  Please refer to DL27547 posted for comment on September 17, 2013 (see above):

* Wound Care and Bioengineered Skin Substitutes (DL27547)

August 29, 2013

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* Blepharoplasty/Blepharoptosis (L27474)
* Cardiovascular Nuclear Medicine (L31187)
* Cataract Surgery (L27479)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L32237)
* Radiation Therapy Services (L27515)
* Services That Are Not Reasonable and Necessary (L31686)

The following JL MAC Article has been revised:

* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A49325)

August 1, 2013

The following JL MAC Local Coverage Determinations (LCDs) which were posted for notice on June 13, 2013 are now effective:

* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (L32943)
* Biomarkers for Oncology (L33142)  (Please note this LCD has also undergone a minimal non-restrictive revision)
* Implantable Infusion Pump (L33115) (Please note this LCD has also undergone a minimal non-restrictive revision)
* Loss-of-Heterozygosity Based Topographic Genotyping with Pathfinder TG®  (L31144)
* Nerve Conduction Studies and Electromyography (L29547)
* Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control (L33083)

The following JL MAC Local Coverage Determination (LCD) is on hold and did not become effective.  When the policy is finalized, it will be posted for a 45 day notice period before becoming effective.

* Bariatric Surgical Management of Morbid Obesity (L33077)

The following JL MAC Article has been added:

* Biomarkers for Oncology (A52316)

The following JL MAC LCD has been retired effective for dates of service on and after 08/01/2013:

* OVA-1 Assay (L31161)

The following JL MAC draft LCD has been retired effective 08/01/2013:

* Proton Beam Therapy (DL30314)

July 19, 2013

The comment period is now closed for the following JL MAC Draft Local Coverage Determinations (LCDs). The comments received are being reviewed by our Contractor Medical Directors.

* Biomarkers Overview (DL33640)
* Hemophilia Factor Products (DL33658)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing and Other Applications for Amplified Probe Testing (DL32567)
* Oral Maxillofacial Prosthesis (DL33654)
* Prostate Mapping Biopsy (DL33656)
* Vertebroplasty, Vertebral Augmentation; Percutaneous (DL33652)
* Wound Care and Bioengineered Skin Substitutes (DL27547)

July 15, 2013

The comment period will close on July 18, 2013 for the following JL MAC Draft Local Coverage Determinations (LCDs):

* Biomarkers Overview (DL33640)
* Hemophilia Factor Products (DL33658)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing and Other Applications for Amplified Probe Testing (DL32567)
* Oral Maxillofacial Prosthesis (DL33654)
* Prostate Mapping Biopsy (DL33656)
* Vertebroplasty, Vertebral Augmentation; Percutaneous (DL33652)
* Wound Care and Bioengineered Skin Substitutes (DL27547)

Submit Comments

July 11, 2013

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* Blepharoplasty/Blepharoptosis (L27474)
* Intraoperative Neurophysiological Testing (L27499)

The following JL MAC Local Coverage Determination (LCD) has been retired effective for dates of service on and after January 18, 2013:

* Serotypes A and B Botulinum Toxin Products (L27476)

June 20, 2013

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* Ambulance (Ground) Services (L32252)
* Pain Management of Peripheral Nerves by Injection (L32573)
* Physical Medicine & Rehabilitation Services, Physical Therapy and Occupational Therapy (L27513)
* Services That Are Not Reasonable and Necessary (L31686)
* Stereotactic Body Radiation Therapy (SBRT) (L30277)

June 13, 2013

The following JL MAC Local Coverage Determinations (LCDs) have been posted for notice. They will become effective August 1, 2013:

* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (L32943)
* Bariatric Surgical Management of Morbid Obesity (L33077)
* Biomarkers for Oncology (L33142)
* Implantable Infusion Pump (L33115)
* Loss-of-Heterozygosity Based Topographic Genotyping with Pathfinder TG®  (L31144)
* Nerve Conduction Studies and Electromyography (L29547)
* Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control (L33083)

Comments Received and Contractor Responses

The following JL MAC draft LCD is on hold. When it is finalized, it will be posted for a 45-day notice period before becoming effective:

* Proton Beam Therapy (DL30314)

May 28, 2013

The following JL MAC Draft Local Coverage Determinations (LCDs) have been posted for comment. The comment period ends on July 18, 2013:

* Biomarkers Overview (DL33640)
* Hemophilia Factor Products (DL33658)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing and Other Applications for Amplified Probe Testing (DL32567)
* Oral Maxillofacial Prosthesis (DL33654)
* Prostate Mapping Biopsy (DL33656)
* Vertebroplasty, Vertebral Augmentation; Percutaneous (DL33652)
* Wound Care and Bioengineered Skin Substitutes (DL27547)

The following JL MAC draft Local Coverage Determination (LCD) has been retired effective May 27, 2013.  Refer to DL33640 (above) for the current draft LCD posted for comment:

* Biomarkers Overview (DL33136)

May 9, 2013

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* Hemodialysis Vascular Access Evaluation and Maintenance (L32465)
* Human Skin Equivalents (HSE) – Use in the Treatment of Chronic Cutaneous Ulcer Wounds (L27549)
* Pain Management of Peripheral Nerves by Injection (L32573)
* Services That Are Not Reasonable and Necessary (L31686)

April 4, 2013

The following JL MAC Local Coverage Determinations (LCDs) which were posted for notice on February 14, 2013 are now effective:

* Circulating Tumor Cell (CTC) Assay (L32930)
* Intravenous Immune Globulin (IVIG) (L32937)
* Transcranial Magnetic Stimulation (TMS) for the Treatment of Depression (L32055)
* Transoral Incisionless Fundoplication (L32932)

March 28, 2013

Local Coverage Determination (LCD) Search Function

Our LCD search function has been improved! Many of our LCDs previously included procedure code ranges. These ranges decreased the reliability of search results when searching for an LCD by procedure code. All procedure code ranges have been removed from the LCDs and replaced with the individual codes. Please note that not every procedure code is included in an LCD.

When searching for an LCD we suggest the use of the Policy Search function found on the top of the Novitas Solutions home page.

A complete listing of all the JL LCDs can be found in the Medical Policy Center under Current Active LCDs J12.

March 22, 2013

The comment period is now closed for the following JL MAC Draft Local Coverage Determinations (LCDs). The comments received are being reviewed by our Contractor Medical Directors.

* Bariatric Surgical Management of Morbid Obesity (DL33077)
* Biomarkers for Oncology (DL33142)
* Biomarkers Overview (DL33136)
* Implantable Infusion Pump (DL33115)
* Loss-of-Heterozygosity Based Topographic Genotyping with Pathfinder TG®  (DL31144)
* Nerve Conduction Studies and Electromyography (DL29547)
* Proton Beam Therapy (DL30314)
* Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control (DL33083)

February 15, 2013

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* Ambulance (Ground) Services (L32252)
* Removal of Benign or Premalignant Skin Lesions (L27527)
* The following JL MAC Local Coverage Determinations (LCDs) have been revised to reflect the Annual CPT/HCPCS Code Updates effective for dates of service on and after January 1, 2013:
* Acute Care: Inpatient, Observation and Treatment Room Services (L27548)
* B-type Natriuretic Peptide (BNP) Assays (L30559)
* Cardiac Rehabilitation Program Services (L31481)
* Cardiac Rhythm Device Evaluation (L30529)
* Cardiovascular Nuclear Medicine (L31187)
* Cardiovascular Stress Testing (L27478)
* Chiropractic Services (L27480)
* Dynamic Electrocardiography (L31173)
* Electromyography (EMG) and Nerve Conduction Studies (L29547)
(also updated due to a Reconsideration Request)
* Erythropoiesis Stimulating Agents (ESAs) (L27492)
* Hyperbaric Oxygen (HBO) Therapy (L32018)
* Intraoperative Neurophysiological Testing (L27499)
* Neuromuscular Junction Testing (L32239)
* OVA-1 Assay (L31161)
* Psychiatric Therapeutic Procedures (L27514)
* Real-Time, Outpatient Cardiac Telemetry (L27520)
* Services That Are Not Reasonable and Necessary (L31686)
* Sleep Disorders Testing (L27530)
* Wound Care (L27547)

The following JL MAC Local Coverage Articles have been revised to reflect the Annual CPT/HCPCS Code Updates effective for dates of service on and after January 1, 2013:

* Acute Care: Inpatient, Observation and Treatment Room Services (A47796)
* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A47797)
* Cardiovascular Stress Testing (A47786)
* Endovascular Repair of Aortic Aneurysms (A47791)
* Hyperbaric Oxygen (HBO) Therapy (A51277)
* NCD Coding Article for Erythropoiesis Stimulating Agents (ESAs) (A47817)
* Psychiatric Therapeutic Procedures (A49815)
* Real-Time, Outpatient Cardiac Telemetry (A51214)
* Sleep Disorders Testing (A50380)
* Wound Care (A47793)

February 14, 2013

The following JL MAC Local Coverage Determinations (LCDs) have been posted for notice. They will become effective April 4, 2013:

* Circulating Tumor Cell (CTC) Assay (L32930)
* Intravenous Immune Globulin (IVIG) (L32937)
* Transcranial Magnetic Stimulation (TMS) for the Treatment of Depression (L32055)
* Transoral Incisionless Fundoplication (L32932)

Comments Received and Contractor Responses

The draft LCD DL32943; Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters; will not be finalized until after the comments are received and reviewed from the Jurisdiction H (JH) version of this LCD which is currently posted for comment. The comment period ends for the JH LCD on March 20, 2013.

January 29, 2013

The following JL MAC Draft Local Coverage Determinations (LCDs) have been posted for comment. The comment period ends on March 20, 2013:

* Bariatric Surgical Management of Morbid Obesity (DL33077)
* Biomarkers for Oncology (DL33142)
* Biomarkers Overview (DL33136)
* Implantable Infusion Pump (DL33115)
* Loss-of-Heterozygosity Based Topographic Genotyping with Pathfinder TG®  (DL31144)
* Nerve Conduction Studies and Electromyography (DL29547)
* Proton Beam Therapy (DL30314)
* Surgery: Posterior Tibial Nerve Stimulation (PTNS) for Urinary Control (DL33083)

January 9, 2013

The following MAC JL Local Coverage Determination (LCD) has been revised:

* Ambulance (Ground) Services (L32252)

December 28, 2012

The following Provider Bulletin has been issued for MAC JL:

* Molecular Pathology Coding Changes for 2013

December 21, 2012

The following MAC J12 Local Coverage Determinations (LCDs) have been revised:

* Radiation Therapy Services (L27515)
* Services That Are Not Reasonable and Necessary (L31686)

November 16, 2012

The following MAC JL Local Coverage Article has been revised:

* Approved Drugs and Biologicals: Includes Cancer Chemotherapeutic Agents (A47797)

November 15, 2012

The comment period is now closed for the following MAC JL Draft Local Coverage Determinations (LCDs). The comments received are being reviewed by our Contractor Medical Directors.

* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (DL32943)
* Circulating Tumor Cell (CTC) Assay (DL32930)
* Intravenous Immune Globulin (IVIG) (DL32937)
* Transcranial Magnetic Stimulation (TMS) for the Treatment of Depression (DL32055)
* Transoral Incisionless Fundoplication (DL32932)

The following MAC JL Local Coverage Determinations (LCDs) which were posted for notice on September 27, 2012 are now effective:

* Flow Cytometry (L32562)
* Lipid Profile/Cholesterol Testing (L32559)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing and Other Applications for Amplified Probe Testing (L32567)
* Monitored Anesthesia Care (MAC) (L27489)
* Non-Invasive Peripheral Venous Studies (L27506)
* Pain Management of Peripheral Nerves by Injection (L32573)
* Psychiatric Therapeutic Procedures (L27514)

This following MAC JL Local Coverage Determination (LCD) is on hold and did not become effective.  When the policy is finalized, it will be posted for a 45 day notice period before becoming effective.

* In Vitro Chemosensitivity & Chemoresistance Assays (L32571)

November 6, 2012

Due to "Hurricane Sandy," the comment period for the following MAC JL Draft Local Coverage Determinations (LCDs) has been extended to Wednesday, November 14, 2012:

* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (DL32943)
* Circulating Tumor Cell (CTC) Assay (DL32930)
* Intravenous Immune Globulin (IVIG) (DL32937)
* Transcranial Magnetic Stimulation (TMS) for the Treatment of Depression (DL32055)
* Transoral Incisionless Fundoplication (DL32932)

November 2, 2012

The comment period will close on November 7, 2012 for the following MAC JL Draft Local Coverage Determinations (LCDs):

* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (DL32943)
* Circulating Tumor Cell (CTC) Assay (DL32930)
* Intravenous Immune Globulin (IVIG) (DL32937)
* Transcranial Magnetic Stimulation (TMS) for the Treatment of Depression (DL32055)
* Transoral Incisionless Fundoplication (DL32932)

October 29, 2012

MAC JL Self-Administered Drug Exclusion List Revised

Jurisdiction L Article A47773, Local Coverage Article for Self-Administered Drug Exclusion List, has been revised to clarify the injection frequency parameters and to add the Provistin VR and Fortical brand names. No changes were made to the exclusion list.

September 27, 2012

The following MAC JL Local Coverage Determinations (LCDs) have been posted for notice. They will become effective November 15, 2012:

* Flow Cytometry (L32562)
* In Vitro Chemosensitivity & Chemoresistance Assays (L32571)
* Lipid Profile/Cholesterol Testing (L32559)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing and Other Applications for Amplified Probe Testing (L32567)
* Monitored Anesthesia Care (MAC) (L27489)
* Non-Invasive Peripheral Venous Studies (L27506)
* Pain Management of Peripheral Nerves by Injection (L32573)
* Psychiatric Therapeutic Procedures (L27514)

Comments Received and Contractor Responses

September 18, 2012

The following JL MAC Draft Local Coverage Determinations (LCDs) have been posted for comment. The comment period ends on November 7, 2012:

* Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters (DL32943)
* Circulating Tumor Cell (CTC) Assay (DL32930)
* Intravenous Immune Globulin (IVIG) (DL32937)
* Transcranial Magnetic Stimulation (TMS) for the Treatment of Depression (DL32055)
* Transoral Incisionless Fundoplication (DL32932)

July 11, 2012

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* Computed Tomographic Angiography of the Chest (L27483)
* Hyperbaric Oxygen (HBO) Therapy (L32018)

July 9, 2012

The following JL MAC Local Coverage Determinations (LCDs) which were posted for notice on May 17, 2012 are now effective:

* C-Reactive Protein High Sensitivity Testing (hsCRP) (L30256) (formerly titled C-Reactive Protein Testing)
* Hemodialysis Vascular Access Evaluation and Maintenance (L32465)
* Moh’s Micrographic Surgery (L27503)

July 6, 2012

The comment period is now closed for the following JL MAC Draft Local Coverage Determinations (LCDs). The comments received are being reviewed by our Contractor Medical Directors.

* Flow Cytometry (DL32562)
* In Vitro Chemosensitivity & Chemoresistance Assays (DL32571)
* Lipid Profile/Cholesterol Testing (DL32559)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing and Other Applications for Amplified Probe Testing (DL32567)
* Monitored Anesthesia Care (MAC) (DL27489)
* Non-Invasive Peripheral Venous Studies (DL27506)
* Pain Management of Peripheral Nerves by Injection (DL32573)
* Psychiatric Therapeutic Procedures (DL27514)

July 2, 2012

The comment period will close on July 5, 2012 for the following MAC JL Draft Local Coverage Determinations (LCDs):

* Flow Cytometry (DL32562)
* In Vitro Chemosensitivity & Chemoresistance Assays (DL32571)
* Lipid Profile/Cholesterol Testing (DL32559)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing and Other Applications for Amplified Probe Testing (DL32567)
* Monitored Anesthesia Care (MAC) (DL27489)
* Non-Invasive Peripheral Venous Studies (DL27506)
* Pain Management of Peripheral Nerves by Injection (DL32573)
* Psychiatric Therapeutic Procedures (DL27514)

June 18, 2012

The following MAC JL Local Coverage Determination (LCD) has been retired effective for dates of service on and after June 14, 2012:

* Pulmonary Rehabilitation Program Services (L31483)

June 13, 2012

The following MAC JL Local Coverage Determinations (LCDs) have been revised:

* Cataract Surgery (L27479)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L27529)
* Services That are Not Reasonable and Necessary (L31686)
* Stereotactic Body Radiation Therapy (SBRT) (L30277)
* Wound Care (L27547)

The following Local Coverage Article has been revised:

* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A49325)

May 17, 2012

The following MAC JL Local Coverage Determinations (LCDs) have been posted for notice. They will become effective July 9, 2012:

* C-Reactive Protein High Sensitivity Testing (hsCRP) (L30256) (formerly titled C-Reactive Protein Testing)
* Hemodialysis Vascular Access Evaluation and Maintenance (L32465)
* Moh’s Micrographic Surgery (L27503)

Comments Received and Contractor Responses

May 15, 2012

The following MAC JL Draft Local Coverage Determinations (LCDs) have been posted for comment. The comment period ends on July 5, 2012:

* Flow Cytometry (DL32562)
* In Vitro Chemosensitivity & Chemoresistance Assays (DL32571)
* Lipid Profile/Cholesterol Testing (DL32559)
* Molecular Diagnostics: Genitourinary Infectious Disease Testing and Other Applications for Amplified Probe Testing (DL32567)
* Monitored Anesthesia Care (MAC) (DL27489)
* Non-Invasive Peripheral Venous Studies (DL27506)
* Pain Management of Peripheral Nerves by Injection (DL32573)
* Psychiatric Therapeutic Procedures (DL27514)

The following MAC JL Local Coverage Determinations (LCDs) have been revised:

* Ambulance (Ground) Services (L32252)
* Qualitative Drug Testing (L32050)
* Services That Are Not Reasonable and Necessary (L31686)

April 12, 2012

The following Local Coverage Determinations (LCDs) which were posted for notice on February 20, 2012 are now effective:

* Ambulance (Ground) Services (L32252)
* Chiropractic Services (L27480)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L32237)
* Neuromuscular Junction Testing (L32239)
* Services That Are Not Reasonable and Necessary (L31686)

The following Local Coverage Determinations (LCDs) have been revised:

* Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections (L27512)
* Wound Care (L27547)

The following Local Coverage Article has been revised:

* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A47797)

April 2, 2012

Local Coverage Determination (LCD) Updates:

* All of the current MAC JL Local Coverage Determinations (LCDs) have been revised to reflect our recent name change from Highmark Medicare Services to Novitas Solutions, Inc.
* All of the current MAC JL Draft LCDs have been revised to reflect our recent name change from Highmark Medicare Services to Novitas Solutions, Inc.
* All of the current MAC JL Local Coverage Articles have been revised to reflect our recent name change from Highmark Medicare Services to Novitas Solutions, Inc.

March 14, 2012

The following Local Coverage Determination (LCD) has been revised:

* Cytogenetic Analysis (L30538)

The following Local Coverage Articles have been revised:

* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A49325)
* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A47797)
* Endovascular Repair of Aortic Aneurysms (A47791)

March 8, 2012

The comment period will close on March 9, 2012 for the following Draft Local Coverage Determinations (LCDs):

* C-Reactive Protein Testing (DL30256)
* Hemodialysis Vascular Access Evaluation and Maintenance (DL32465)
* Moh’s Micrographic Surgery (DL27503)

February 20, 2012

The following Local Coverage Determinations (LCDs) have been posted for notice. They will become effective April 12, 2012:

* Ambulance (Ground) Services (L32252)
* Chiropractic Services (L27480)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (L32237)
* Neuromuscular Junction Testing (L32239)
* Services That Are Not Reasonable and Necessary (L31686)

Comments Received and Novitas Solutions’ Responses

The following Draft Local Coverage Determination (LCD) is on hold and will not be posted as final until we have completed our review of the comments received. When the policy is finalized, it will be posted for a 45 day notice period before becoming effective.

* 3-D Interpretation and Reporting of Imaging Studies (DL32248)

The following Local Coverage Determination (LCD) has been revised:

* Radiation Therapy Services (L27515)

January 23, 2012

The following Local Coverage Determination (LCD) which was posted for notice on December 1, 2011 is now effective:

* Radiation Therapy Services (L27515)

January 20, 2012

The following Local Coverage Determinations (LCDs) have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2012:

* Electromyography (EMG) and Nerve Conduction Studies (L29547)
* Human Skin Equivalents (HSE) – Use in the Treatment of Chronic Cutaneous Ulcer Wounds (L27549)
* Injectable Collagenase Clostridium Histolyticum for Dupuytren’s Contracture (L31171)
* Non-Invasive Cerebrovascular Arterial Studies (L27504)
* Serotypes A and B Botulinum Toxin Products (L27476)
* Speech-Language Pathology (SLP) Services: Communication Disorders (L27531)
* Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections (L27512)

The following Local Coverage Articles have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2012:

* Approved Drugs and Biologicals: Includes Cancer Chemotherapeutic Agents (A47797)
* Injectable Collagenase Clostridium Histolyticum for Dupuytren’s Contracture (A50801)
* NCD Coding Article for Bone Mass Measurements (A47550)
* Non-invasive Cerebrovascular Arterial Studies (A47800)
* Serotypes A and B Botulinum Toxin Products (A47789)

January 18, 2012

The following Draft Local Coverage Determinations (LCDs) have been posted for comment. The comment period ends on March 9, 2012:

* C-Reactive Protein Testing (DL30256)
* Hemodialysis Vascular Access Evaluation and Maintenance (DL32465)
* Moh’s Micrographic Surgery (DL27503)

To submit comments, you may use the “Submit Comments” link located near the upper right corner in the draft LCDs.

January 11, 2012

The following Local Coverage Article has been revised to clarify that NaF-18 PET for suspected bone metastasis is a covered service, and to provide the associated covered diagnoses, effective for dates of service on and after 02/26/2010:

* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A49325)

December 21, 2011

Local Coverage Determination (LCD) Revision – L31399, Magnetic Resonance Angiography (MRA)

LCD L31399, Magnetic Resonance Angiography (MRA), has been revised to include the appropriate C codes for Outpatient Prospective Payment (OPPS) providers. The crosswalk for the C codes and the corresponding reporting directions are found in the CMS Internet-Only Manual (IOM) Publication 100-04, Chapter 13, Section 40.1.2. The effective date of this revision will be for dates of service on and after 03/22/2011.

* Magnetic Resonance Angiography (MRA) (L31399)

December 14, 2011

The following Local Coverage Determinations (LCDs) have been revised:

* Chiropractic Services (L27480)
* Wound Care (L27547)

The following Local Coverage Article has been revised:

* Sleep Disorders Testing (A50380)

December 1, 2011

The following Local Coverage Determination (LCD) has been posted for notice. It will become effective January 23, 2012:

* Radiation Therapy Services (L27515)

Comments received and Novitas Solutions Responses

November 11, 2011

The following Local Coverage Determination (LCD) which was posted for notice on September 22, 2011 is now effective:

* Qualitative Drug Testing (L32050)

November 10, 2011

The comment period is now closed for the following Draft Local Coverage Determinations (LCDs). The comments received are being reviewed by our Contractor Medical Directors.

* 3-D Interpretation and Reporting of Imaging Studies (DL32248)
* Ambulance (Ground) Services (DL32252)
* Chiropractic Services (DL27480)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (DL32237)
* Neuromuscular Junction Testing (DL32239)
* Services That Are Not Reasonable and Necessary (DL31686)

November 9, 2011

The following Local Coverage Determinations (LCDs) have been revised:

* Magnetic Resonance Imaging (MRI) of the Breast (L27502)
* Thermotherapies (Minimally Invasive Surgical Techniques [MISTs]) for Benign Prostatic Hyperplasia (BPH) (L27534)

The following Local Coverage Article has been revised:

* Non-Invasive Peripheral Venous Studies (A47801)

November 8, 2011

The comment period will close on November 9, 2011 for the following Draft Local Coverage Determinations (LCDs):

* 3-D Interpretation and Reporting of Imaging Studies (DL32248)
* Ambulance (Ground) Services (DL32252)
* Chiropractic Services (DL27480)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (DL32237)
* Neuromuscular Junction Testing (DL32239)
* Services That Are Not Reasonable and Necessary (DL31686)

Please note that comments regarding Services That Are Not Reasonable and Necessary (DL31686), may be made regarding the services added since the last revision only; i.e., Category III codes and Provenge® off-label use.

November 2, 2011

The following Local Coverage Determination (LCD) has been retired effective October 26, 2011:

* End Diastolic Pneumatic Compression Therapy (L27491)

The following Local Coverage Article has been added effective October 27, 2011:

* NCD on Pneumatic Compression Therapy (A51475)

October 27, 2011

The following Local Coverage Determinations (LCDs) which were posted for notice on September 7, 2011 are now effective:

* Intraoperative Neurophysiological Testing (L27499)
* Magnetic Resonance Angiography (MRA) (L31399)
* Serotypes A and B Botulinum Toxin Products (L27476)
* Services That Are Not Reasonable and Necessary (L31686) (formerly titled Non-Covered Services)
* Stereotactic Radiosurgery (SRS) (L32057)

September 29, 2011

The following Local Coverage Determinations (LCDs) have been revised to reflect the Annual ICD-9-CM Code Updates effective for dates of service on and after October 1, 2011:

* B-type Natriuretic Peptide (BNP) Assays (L30559)
* Cardiovascular Nuclear Medicine (L31187)
* Complex Cataract Extraction (L27482)
* Computed Tomographic Angiography of the Chest (L27483)
* Diagnostic Laryngoscopy (L27488)
* Electrocardiography (L27490)
* Extended Ophthalmoscopy (L27509)
* Fluorescein and Indocyanine Green Angiography (L27497)
* Fundus Photography (L27498)
* Magnetic Resonance Angiography (MRA) (L31399)
* Moh's Micrographic Surgery (L27503)
* Monitored Anesthesia Care (MAC) (L27489)
* Non-Invasive Cerebrovascular Arterial Studies (L27504)
* Non-Invasive Peripheral Arterial Studies (L30827)
* Non-Invasive Peripheral Venous Studies (L27506)
* Non-Vascular Extremity Ultrasound (L30271)
* Ophthalmic A and B Scans (L27507)
* Physical Medicine & Rehabilitation Services, Physical Therapy and Occupational Therapy (L27513)
* Proton Beam Therapy (L30314)
* Psychiatric Therapeutic Procedures (L27514)
* Pulmonary Rehabilitation Program Services (L31483)
* Radiation Therapy Services (L27515)
* Radiologic Examination of the Chest (CXR) (L27518)
* RAST Type Tests (L30524)
* Scanning Computerized Ophthalmic Diagnostic Imaging (L27529)
* Speech-Language Pathology (SLP) Services: Communication Disorders (L27531)
* Stereotactic Body Radiation Therapy (SBRT) (L30277)
* Transesophageal Echocardiography (TEE) (L27535)
* Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections (L27512)
* Transthoracic Echocardiography (TTE) (L27536)
* Visual Fields (L27545)
* Vitamin B12 Assays (L30551)
* Wound Care (L27547)

The following Local Coverage Determinations (LCDs) have been revised to reflect the Annual ICD-9-CM Code Updates effective for dates of service on and after October 1, 2011 and have also been revised for other reasons. Please refer to the Revision History Explanations for specific information:

* Cardiovascular Stress Testing (L27478)
* Cytogenetic Analysis (L30538)

The following Local Coverage Article has been revised to reflect the Annual ICD-9-CM Code Updates effective for dates of service on and after October 1, 2011:

* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions (A47551)

The following Local Coverage Article has been revised to reflect the Annual ICD-9-CM Code Updates effective for dates of service on and after October 1, 2011 and has also been revised for other reasons. Please refer to the Revision History Explanation for specific information:

* NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions (A49325)

September 22, 2011

The following Local Coverage Determination has been revised and re-posted for notice. Procedure code 80100 has been identified as non-covered for Medicare. The policy will become effective on November 11, 2011:

* Qualitative Drug Testing (L32050)

September 20, 2011

The following Draft Local Coverage Determinations (LCDs) have been posted for comment. The comment period ends on November 9, 2011:

* 3-D Interpretation and Reporting of Imaging Studies (DL32248)
* Ambulance (Ground) Services (DL32252)
* Chiropractic Services (DL27480)
* Hyaluronan Acid Therapies for Osteoarthritis of the Knee (DL32237)
* Neuromuscular Junction Testing (DL32239)
* Services That Are Not Reasonable and Necessary (DL31686)

Please note that comments regarding DL31686, Services That Are Not Reasonable and Necessary, may be made regarding the services added since the last revision only; i.e., Category III codes and Provenge® off-label use.

September 13, 2011

The following Local Coverage Article which was posted for notice on July 27, 2011 is now effective:

* Self-Administered Drug Exclusion List (A47773)

September 7, 2011

The following Local Coverage Determinations (LCDs) have been posted for notice. They will become effective October 27, 2011:

* Intraoperative Neurophysiological Testing (L27499)
* Magnetic Resonance Angiography (MRA) (L31399)
* Qualitative Drug Testing (L32050)
* Serotypes A and B Botulinum Toxin Products (L27476)
* Services That Are Not Reasonable and Necessary (L31686) (formerly titled Non-Covered Services)
* Stereotactic Radiosurgery (SRS) (L32057)

Comments Received and Novitas Solutions Responses

The following Draft Local Coverage Determination (LCD) is on hold and will not be posted as final until we have completed our review of the comments received. When the policy is finalized, it will be posted for a 45 day notice period before becoming effective.

* Transcranial Magnetic Stimulation (TMS) for the Treatment of Depression (DL32055)

August 10, 2011

The following Local Coverage Determination (LCD) has been revised:

* Hyperbaric Oxygen (HBO) Therapy (L32018)

The following Local Coverage Article has been added:

* Hyperbaric Oxygen (HBO) Therapy (A51277)

July 27, 2011

The following article has been posted for notice. It will become effective September 13, 2011:

* Self-Administered Drug Exclusion List (A47773)

July 13, 2011

The following Local Coverage Determination (LCD) has been revised:

* Non-Invasive Cerebrovascular Arterial Studies (L27504)

July 8, 2011

The comment period is now closed for the following Draft Local Coverage Determinations (LCDs). The comments received are being reviewed by our Contractor Medical Directors.

* Intraoperative Neurophysiological Testing (DL27499)
* Magnetic Resonance Angiography (MRA) (DL31399)
* Non-Covered Services (DL31686)
* Qualitative Drug Testing (DL32050)
* Serotypes A and B Botulinum Toxin Products (DL27476)
* Stereotactic Radiosurgery (SRS) (DL32057)
* Transcranial Magnetic Stimulation (TMS) for the Treatment of Depression (DL32055)

July 1, 2011

The comment period will close on July 7, 2011 for the following Draft Local Coverage Determinations (LCDs):

* Intraoperative Neurophysiological Testing (DL27499)
* Magnetic Resonance Angiography (MRA) (DL31399)
* Non-Covered Services (DL31686)
* Qualitative Drug Testing (DL32050)
* Serotypes A and B Botulinum Toxin Products (DL27476)
* Stereotactic Radiosurgery (SRS) (DL32057)
* Transcranial Magnetic Stimulation (TMS) for the Treatment of Depression (DL32055)

June 29, 2011

The following Local Coverage Determinations (LCDs) which were posted for notice on May 10, 2011 are now effective:

* Non-Vascular Extremity Ultrasound (L30271)
* Non-Covered Services (L31686)
* Real-Time Outpatient Cardiac Telemetry (L27520)

The following Local Coverage Determination (LCD) has been retired effective June 29, 2011.

Posterior Tibial Nerve Stimulation (PTNS) remains a non-covered service because it is considered to be not reasonable and necessary. Please refer to our Non-Covered Services LCD (L31686) for more information regarding PTNS for dates of service on and after June 29, 2011:

* Posterior Tibial Nerve Stimulation (PTNS) (L29544)

The following Local Coverage Article has been added for dates of service on and after June 29, 2011:

* Real-Time Outpatient Cardiac Telemetry (A51214)

June 17, 2011

The following Local Coverage Determination (LCD) which was posted for notice April 29, 2011 is now effective:

* Hyperbaric Oxygen (HBO) Therapy (L32018)

June 8, 2011

The following Local Coverage Determination (LCD) has been revised:

* Speech-Language Pathology (SLP) Services: Dysphagia; Includes Vital Stim® Therapy (L27537)

The following Billing and Coding Article has been added:

* Routine Foot Care (A51184)

May 20, 2011

The following Local Coverage Determination (LCD) has been revised:

* Isolated Ultrafiltration for Management of Fluid Overload in Cardiac Disease (L31470)

The following Billing and Coding Article has been added:

* Isolated Ultrafiltration for Management of Fluid Overload in Cardiac Disease (A51037)

May 17, 2011

The following Draft LCDs have been posted for comment:

* Intraoperative Neurophysiological Testing (DL27499)
* Magnetic Resonance Angiography (MRA) (DL31399)
* Non-Covered Services (DL31686)
* Qualitative Drug Testing (DL32050)
* Serotypes A and B Botulinum Toxin Products (DL27476)
* Stereotactic Radiosurgery (SRS) (DL32057)
* Transcranial Magnetic Stimulation (TMS) for the Treatment of Depression (DL32055)

May 10, 2011

The following Local Coverage Determinations (LCDs) have been posted for notice. They will become effective June 29, 2011:

* Non-Covered Services (L31686)
* Non-Vascular Extremity Ultrasound (L30271)
* Real-Time, Outpatient Cardiac Telemetry (L27520)
(formerly titled Real-Time, Outpatient Cardiac Monitoring)

View the comments and contractor responses

The following Local Coverage Determinations (LCDs) are on hold and will not be posted as final until we have completed our review of the comments received. When the policies are finalized, they will be posted for a 45 day notice period before becoming effective.

* Non-Vascular Extremity Ultrasound for Guidance of Injection and Aspiration Procedures (DL31683)
* Radiation Therapy Services (DL27515)

May 5, 2011

Outpatient Hospital Claims Reporting Isolated Ultrafiltration – 90999

 April 29, 2011

Local Coverage Determination L32018, Hyperbaric Oxygen (HBO) Therapy, is posted for notice and will become effective on 06/17/2011. The preceding policy, L31468, Hyperbaric Oxygen (HBO) Therapy, was retired and did not become effective as previously announced. Novitas Solutions has made the following revisions to this final policy:

HBO supervision requirements were revised

Supervising practitioner certification requirements were revised

Requirements for supervision by podiatric physicians and Non-Physician Practitioners (NPPs) were clarified

ACLS requirement for the supervising practitioner was clarified

Additional clarifying information regarding “incident to” was included

“Immediately available” was defined

April 13, 2011

The following Local Coverage Determinations (LCDs) have been revised:

* Magnetic Resonance Imaging (MRI) of the Breast (L27502)
* Serotypes A and B Botulinum Toxin Products (L27476)

The following Billing and Coding Article has been added:

* Capsaicin Patch (A50870)

The following Billing and Coding Articles have been revised:

* Acute Care: Inpatient, Observation and Treatment Room Services (A47796)
* Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents (A47797)
* Serotypes A and B Botulinum Toxin Products (A47789)

March 22, 2011

The following JL MAC Local Coverage Determinations (LCDs) which were posted for notice on
January 31, 2011 are now effective:

* Isolated Ultrafiltration for Management of Fluid Overload in Cardiac Disease (L31470)
* B-type Natriuretic Peptide (BNP) Assays (L30559)
* Cardiac Rehabilitation Program Services (L31481)
* Magnetic Resonance Angiography (MRA) (L31399)
* Pulmonary Rehabilitation Program Services (L31483)

LCD L31468, Hyperbaric Oxygen (HBO) Therapy, is currently on hold and will not become effective on March 22, 2011 as previously indicated. When the policy is finalized it will be posted for a 45 day notice period before becoming effective.

March 17, 2011

The comment period is now closed for the following JL MAC Draft Local Coverage Determinations (LCDs):

* Non-Covered Services (DL31686)
* Non-Vascular Extremity Ultrasound (DL30271)
* Non-Vascular Extremity Ultrasound for Guidance of Injection and Aspiration Procedures (DL31683)
* Radiation Therapy Services (DL27515)
* Real-Time, Outpatient Cardiac Monitoring (DL27520)

March 14, 2011

The comment period will close on March 16, 2011 for the following Draft Local Coverage Determinations:

* Non-Covered Services (DL31686)
* Non-Vascular Extremity Ultrasound (DL30271)
* Non-Vascular Extremity Ultrasound for Guidance of Injection and Aspiration Procedures (DL31683)
* Radiation Therapy Services (DL27515)
* Real-Time, Outpatient Cardiac Monitoring (DL27520)

March 11, 2011

The following JL MAC Billing and Coding Article has been added:

* A50801 - Injectable Collagenase Clostridium Histolyticum for Dupuytren's Contracture

March 9, 2011

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* L27475 - Blood Glucose Monitoring in a Skilled Nursing Facility (SNF)
* L27502 - Magnetic Resonance Imaging (MRI) of the Breast

March 3, 2011

The following JL MAC Article has been revised:

* A47551 – NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions

March 1, 2011

The following JL MAC Article has been revised:

* A49325 – NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions

January 31, 2011

The following JL MAC Local Coverage Determinations (LCDs) have been posted for notice. They will become effective March 22, 2011:

* L31470 - Isolated Ultrafiltration for Management of Fluid Overload in Cardiac Disease (formerly titled Aquapheresis for Management of Fluid Overload in Cardiac Disease)
* L30559 - B-type Natriuretic Peptide (BNP) Assays
* L31481 - Cardiac Rehabilitation Program Services
* L31468 - Hyperbaric Oxygen (HBO) Therapy
* L31399 - Magnetic Resonance Angiography (MRA)
* L31483 - Pulmonary Rehabilitation Program Services

January 25, 2011

The following JL MAC Draft Local Coverage Determinations (LCDs) have been posted for comment:

* DL31686 - Non-Covered Services
* DL30271 - Non-Vascular Extremity Ultrasound
* DL31683 - Non-Vascular Extremity Ultrasound for Guidance of Injection and Aspiration Procedures
* DL27515 - Radiation Therapy Services
* DL27520 - Real-Time, Outpatient Cardiac Monitoring

January 12, 2011

The following JL MAC Local Coverage Determination (LCD) has been revised:

* L27476 - Serotypes A and B Botulinum Toxin Products

The following JL MAC Billing and Coding Articles have been revised:

* A47789 - Serotypes A and B Botulinum Toxin Products
* A47549 - Use of Vaccines or Inoculations for Treatment of Injury or Exposure

January 5, 2011

The following JL MAC Local Coverage Determinations (LCDs) have been revised to reflect the Annual CPT/HCPCS Code Updates effective for dates of service on and after January 1, 2011:

* L30538 – Cytogenetic Analysis
* L31173 – Dynamic Electrocardiography
* L27549 – Human Skin Equivalents (HSE) – Use in the Treatment of Chronic Cutaneous Ulcer Wounds
* L31171 – Injectable Collagenase Clostridium Histolyticum for Dupuytren’s Contracture
* L27503 – Moh’s Micrographic Surgery
* L30827 – Non-Invasive Peripheral Arterial Studies
* L30271 – Non-Vascular Extremity Ultrasound
* L29544 – Posterior Tibial Nerve Stimulation (PTNS)
* L30547 – Radiofrequency Treatment for Urinary Incontinence
* L27520 – Real-Time, Outpatient Cardiac Monitoring
* L27529 – Scanning Computerized Ophthalmic Diagnostic Imaging
* L27476 – Serotypes A and B Botulinum Toxin Products
* L27530 – Sleep Disorders Testing
* L27512 – Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections
* L27547 – Wound Care

The following JL MAC Billing and Coding Articles have been revised to reflect the Annual CPT/HCPCS Code updates effective for dates of service on and after January 1, 2011:

* A47789 - Serotypes A and B Botulinum Toxin Products
* A50380 – Sleep Disorders Testing
* A47793 – Wound Care

November 19, 2010

The comment period is now closed for the following JL MAC Draft Local Coverage Determinations (LCDs):

* DL31470 – Aquapheresis for Management of Fluid Overload in Cardiac Disease
* DL30559 – B-type Natriuretic Peptide (BNP) Assays
* DL31481 – Cardiac Rehabilitation Program Services
* DL31468 – Hyperbaric Oxygen (HBO) Therapy
* DL31399 – Magnetic Resonance Angiography (MRA)
* DL31483 – Pulmonary Rehabilitation Program Services

November 10, 2010

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* L30538 - Cytogenetic Analysis
* L29547 - Electromyography (EMG) and Nerve Conduction Studies
* L27549 - Human Skin Equivalents (HSE) - Use in the Treatment of Chronic Cutaneous Ulcer Wounds
* L27504 - Non-Invasive Cerebrovascular Arterial Studies

The following JL MAC Billing and Coding Article has been revised:

* A47797 - Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents

November 5, 2010

The following JL MAC Local Coverage Determinations (LCDs) which were posted for notice on September 20, 2010 are effective as of November 5, 2010:

* L31187 - Cardiovascular Nuclear Medicine
* L31165 - Continuous Glucose Monitoring (CGM)
* L31173 - Dynamic Electrocardiography
* L31171 - Injectable Collagenase Clostridium Histolyticum for Dupuytren's Contracture
* L31144 - Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG®
* L31161 - OVA-1 Assay
* L27530 - Sleep Disorders Testing

The following JL MAC Billing and Coding Article was added with the effective date of November 5, 2010:

* A50380 - Sleep Disorders Testing

October 27, 2010

The following JL MAC Local Coverage Determinations (LCDs) have been revised to reflect the Annual ICD-9-CM Code Updates effective for dates of service on and after October 1, 2010:

* L27478 - Cardiovascular Stress Testing
* L27480 - Chiropractic Services
* L27483 - Computed Tomographic Angiography of the Chest
* L30538 - Cytogenetic Analysis
* L27488 - Diagnostic Laryngoscopy
* L27490 - Electrocardiography
* L29547 - Electromyography (EMG) and Nerve Conduction Studies
* L27492 - Erythropoiesis Stimulating Agents (ESAs)
* L27509 - Extended Ophthalmoscopy
* L27489 - Monitored Anesthesia Care (MAC)
* L27506 - Non-Invasive Peripheral Venous Studies
* L27513 - Physical Medicine & Rehabilitation Services, PT and OT
* L27515 - Radiation Therapy Services
* L27514 - Psychiatric Therapeutic Procedures
* L27518 - Radiologic Examination of the Chest (CXR)
* L27531 - Speech-Language Pathology (SLP) Services: Communication Disorders
* L27535 - Transesophageal Echocardiography (TEE)
* L27512 - Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections
* L27536 - Transthoracic Echocardiography (TTE)

September 29, 2010

The following JL MAC Draft Local Coverage Determinations (LCDs) have been posted for comment:

* DL31470 - Aquapheresis for Management of Fluid Overload in Cardiac Disease
* DL30559 - B-type Natriuretic Peptide (BNP) Assays
* DL31481 - Cardiac Rehabilitation Program Services
* DL31468 - Hyperbaric Oxygen (HBO) Therapy
* DL31399 - Magnetic Resonance Angiography (MRA)
* DL31483 - Pulmonary Rehabilitation Program Services

September 20, 2010

The following JL MAC Local Coverage Determinations (LCDs) have been posted for notice. They will become effective November 5, 2010:

* L31187 - Cardiovascular Nuclear Medicine
* L31165 - Continuous Glucose Monitoring (CGM)
* L31173 - Dynamic Electrocardiography
* L31171 - Injectable Collagenase Clostridium Histolyticum for Dupuytren's Contracture
* L31144 - Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG®
* L31161 - OVA-1 Assay
* L27530 - Sleep Disorders Testing

September 8, 2010

The following JL MAC Local Coverage Determinations (LCDs) have been revised to reflect the Bill Type Code and Revenue Code Updates effective July 1, 2010:

* L27548 – Acute Care: Inpatient, Observation and Treatment Room Services
* L30559 – B-type Natriuretic Peptide (BNP) Assays
* L27474 – Blepharoplasty/Blepharoptosis
* L27475 – Blood Glucose Monitoring in a Skilled Nursing Facility (SNF)
* L30256 – C-Reactive Protein Testing
* L30529 – Cardiac Rhythm Device Evaluation
* L27478 – Cardiovascular Stress Testing
* L27479 – Cataract Surgery
* L27481 – Co-Management of Surgical Procedures
* L27482 – Complex Cataract Extraction
* L27483 – Computed Tomographic Angiography of the Chest
* L27485 – Coverage of Services and Procedures in Nursing Facilities
* L30538 – Cytogenetic Analysis
* L27487 – Debridement of Mycotic Nails
* L27488 – Diagnostic Laryngoscopy
* L27490 – Electrocardiography
* L29547 – Electromyography (EMG) and Nerve Conduction Studies
* L27491 – End-Diastolic Pneumatic Compression Therapy
* L27492 – Erythropoiesis Stimulating Agents (ESAs)
* L27509 – Extended Ophthalmoscopy
* L27497 – Fluorescein and Indocyanine Green Angiography
* L27498 – Fundus Photography
* L30817 – Infrared Photocoagulation (IRC) of Hemorrhoids
* L27499 – Intraoperative Neurophysiological Testing
* L27502 – Magnetic Resonance Imaging (MRI) of the Breast
* L27503 – Moh’s Micrographic Surgery
* L27504 – Non-Invasive Cerebrovascular Arterial Studies
* L30827 - Non-Invasive Peripheral Arterial Studies
* L27506 – Non-Invasive Peripheral Venous Studies
* L30271 – Non Vascular Extremity Ultrasound
* L27507 – Ophthalmic A and B Scans
* L27508 – Ophthalmic Biometry for Intraocular Lens (IOL) Power Calculation
* L27510 – Parathormone (Parathyroid Hormone)
* L27513 – Physical Medicine & Rehabilitation Services, PT and OT
* L30314 – Proton Beam Therapy
* L27514 – Psychiatric Therapeutic Procedures
* L27515 – Radiation Therapy Services
* L30547 – Radiofrequency Treatment for Urinary Incontinence
* L27518 – Radiologic Examination of the Chest (CXR)
* L30524 – RAST Type Tests
* L27527 – Removal of Benign or Premalignant Skin Lesions
* L27528 – Removal of Impacted Cerumen
* L27486 – Routine Foot Care
* L27476 – Serotypes A and B Botulinum Toxin Products
* L27530 – Sleep Disorders Testing
* L27531 – Speech-Language Pathology (SLP) Services: Communication Disorders
* L27537 – Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim® Therapy
* L27532 – Surgical Treatment of Nails
* L27534 – Thermotherapies (Minimally Invasive Surgical Techniques [MISTs] for Benign Prostatic Hyperplasia (BPH)
* L27535 – Transesophageal Echocardiography (TEE)
* L27512 – Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections
* L27536 – Transthoracic Echocardiography (TTE)
* L27539 – Treatment of Varicose Veins of the Lower Extremities
* L27540 – Trigger Point Injections
* L30551 – Vitamin B12 Assays
* L30273 – Vitamin D Assay Testing
* L27547 – Wound Care

The following JL MAC Billing and Coding Articles have been revised to reflect the Bill Type Code and Revenue Code Updates effective July 1, 2010:

* A47796 – Acute Care: Inpatient, Observation and Treatment Room Services
* A47797 – Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents
* A49034 – Billing and Coding Information Regarding Uses, Including Off-Label Uses, of Bevacizumab and Ranibizumab, for The Treatment of Ophthalmological Diseases
* A47786 – Cardiovascular Stress Testing
* A47791 – Endovascular Repair of Aortic Aneurysms
* A47550 – NCD Coding Article for Bone Mass Measurements
* A47817 – NCD Coding Article for Erythropoiesis Stimulating Agents (ESAs)
* A49325 – NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions
* A47551 – NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions
* A49815 – Psychiatric Therapeutic Procedures
* A47803 – Surgical Treatment of Nails
* A47805 – Transesophageal Echocardiography (TEE)
* A47806 – Transthoracic Echocardiography (TTE)
* A47549 – Use of Vaccines or Inoculations for Treatment of Injury or Exposure

August 11, 2010

The following JL MAC Local Coverage Determinations (LCDs) have been revised with an effective date of August 12, 2010:

* L27514 - Psychiatric Therapeutic Procedures
* L27476 - Serotypes A and B Botulinum Toxin Products

The following JL MAC Billing and Coding Article has been revised with an effective date of August 12, 2010:

* A47789 - Serotypes A and B Botulinum Toxin Products (formerly titled Botulinum Toxin: Onabotulinum Toxin Type A and Rimabotulinum Toxin Type B)

August 2, 2010

The following JL MAC Local Coverage Determination (LCD) which was posted for notice on June 16, 2010 is effective as of August 2, 2010:

* L27512 - Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections

July 22, 2010

The following JL MAC Local Coverage Determinations (LCDs) which were posted for notice on
June 2, 2010 are effective as of July 22, 2010:

* L27483 - Computed Tomographic Angiography of the Chest
* L27491 - End-Diastolic Pneumatic Compression Therapy
* L27549 - Human Skin Equivalents (HSE) - Use in the Treatment of Chronic Cutaneous Ulcer Wounds
* L30817 - Infrared Photocoagulation (IRC) of Hemorrhoids
* L30827 - Non-Invasive Peripheral Arterial Studies
* L27476 - Serotypes A and B Botulinum Toxin Products

The following JL MAC Articles have been revised. The revisions will become effective July 23, 2010:

* A47797 - Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents
* A49325 - NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions

July 13, 2010

The comment period is now closed for the following JL MAC Draft Local Coverage Determinations (LCDs):

* DL31187 – Cardiovascular Nuclear Medicine
* DL31165 – Continuous Glucose Monitoring
* DL31173 – Dynamic Electrocardiography
* DL31171 – Injectable Collagenase Clostridium Histolyticum for Dupuytren’s Contracture
* DL31144 – Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG®
* DL31161 – OVA-1 Assay
* DL27530 – Sleep Disorders Testing

June 17, 2010

The following JL MAC Local Coverage Determination (LCD) has been revised:

* L30273 - Vitamin D Assay Testing

June 16, 2010

The following JL MAC Local Coverage Determination (LCD) which was posted for notice has been corrected. Therefore, the effective date has been changed from July 22, 2010 to August 2, 2010 to allow for a 45 day notice period:

* L27512 - Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* L30529 - Cardiac Rhythm Device Evaluation
* L27500 - Luteinizing Hormone-Releasing Hormone (LHRH) Analogs
* L27515 - Radiation Therapy Services
* L30273 - Vitamin D Assay Testing

The following JL MAC Billing and Coding Article has been revised with an effective date of June 17, 2010:

* A49325 - NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions

June 2, 2010

The following JL MAC Local Coverage Determinations (LCDs) have been posted for notice. They will become effective July 22, 2010:

* L27483 - Computed Tomographic Angiography of the Chest
* L27491 - End-Diastolic Pneumatic Compression Therapy
* L27549 - Human Skin Equivalents (HSE) - Use in the Treatment of Chronic Cutaneous Ulcer Wounds
* L30817 - Infrared Photocoagulation (IRC) of Hemorrhoids
* L30827 - Non-Invasive Peripheral Arterial Studies
* L27476 - Serotypes A and B Botulinum Toxin Products (formerly titled Botulinum Toxin Types A and B)
* L27512 - Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections

May 20, 2010

The following JL MAC Draft Local Coverage Determinations (LCDs) have been posted for comment:

* DL31187 - Cardiovascular Nuclear Medicine
* DL31165 - Continuous Glucose Monitoring
* DL31173 - Dynamic Electrocardiography
* DL31171 - Injectable Collagenase Clostridium Histolyticum for Dupuytren’s Contracture
* DL31144 - Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG®
* DL31161 - OVA-1 Assay
* DL27530 - Sleep Disorders Testing

May 6, 2010

The following JL MAC Local Coverage Determination (LCD) has been revised with an effective date of May 7, 2010:

* L27514 - Psychiatric Therapeutic Procedures

April 14, 2010

The following JL MAC Local Coverage Determinations (LCDs) have been revised with an effective date of April 15, 2010:

* L27478 – Cardiovascular Stress Testing
* L30538 - Cytogenetic Analysis
* L27506 – Non-Invasive Peripheral Venous Studies
* L27514 – Psychiatric Therapeutic Procedures
* L27515 – Radiation Therapy Services
* L27536 – Transthoracic Echocardiography (TTE)
* L30551 - Vitamin B12 Assays

The following JL MAC Local Coverage Determinations (LCDs) have been retired with the effective date of April 15, 2010:

* L27473 – Approved Drugs and Biologicals
* L27477 – Cancer Chemotherapeutic Agents

The following JL MAC Articles have been revised with an effective date of April 15, 2010:

* A47797 – Approved Drugs and Biologicals: Includes Cancer Chemotherapeutic Agents
* A47786 - Cardiovascular Stress Testing
* A47801 - Non-Invasive Peripheral Venous Studies
* A47806 - Transthoracic Echocardiography (TTE)
* A47551 - NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions

The following JL MAC Article was added with the effective date of April 15, 2010:

* A49815 - Psychiatric Therapeutic Procedures

March 19, 2010

This comment period is now closed for the following JL MAC Draft Local Coverage Determinations (LCDs):

* DL27476 - Botulinum Toxin Types A and B
* DL27483 - Computed Tomographic Angiography of the Chest
* DL27491 - End-Diastolic Pneumatic Compression Therapy
* DL27549 - Human Skin Equivalents (HSE) - Use in the Treatment of Chronic Cutaneous Ulcer Wounds
* DL30827 - Non-Invasive Peripheral Arterial Studies
* DL27512 - Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections
* DL30817 - Infrared Photocoagulation (IRC) of Hemorrhoids

March 10, 2010

The following J12 MAC Local Coverage Determinations (LCDs) which were posted for notice on January 20, 2010 are effective as of March 10, 2010:

* L30559 - B-type Natriuretic Peptide (BNP) Assays
* L30529 - Cardiac Rhythm Device Evaluation
* L30538 - Cytogenetic Analysis
* L27492 - Erythropoiesis Stimulating Agents (ESAs)
* L30524 - RAST Type Tests
* L30547 - Radiofrequency Treatment for Urinary Incontinence
* L30551 - Vitamin B12 Assays

The following JL MAC Article which was posted for notice on January 20, 2010 is effective as of March 10, 2010:

* A47817 - NCD Coding Article for Erythropoiesis Stimulating Agents (ESAs)

The following JL MAC Articles have been revised. The revisions will become effective March 11, 2010:

* A47550 – NCD Coding Article for Bone Mass Measurements
* A47773 – SADB Exclusion List
* A47805 – Transesophageal Echocardiography (TEE)

February 17, 2010

The following JL MAC Billing and Coding Article has been revised. The revision will become effective February 18, 2010 :

* A49034 – Billing and Coding Information Regarding Uses, Including Off-Label Uses, of Bevacizumab and Ranibizumab, for The Treatment of Ophthalmological Diseases

February 4, 2010

Beginning February 4th, 2010, hyperlinks to outside sources located within Novitas Solutions' current and draft LCDs and articles are being removed. If you encounter external security screens, etc., while we complete this project, please disregard and return to the LCD or article. We apologize for any inconvenience. Thank you for your patience while this work is being completed.

January 28, 2010

The following JL MAC Draft Local Coverage Determinations (LCDs) have been posted for comment.

* DL27476 - Botulinum Toxin Types A and B
* DL27483 - Computed Tomographic Angiography of the Chest
* DL27491 - End-Diastolic Pneumatic Compression Therapy
* DL27549 - Human Skin Equivalents (HSE) - Use in the Treatment of Chronic Cutaneous Ulcer Wounds
* DL30827 - Non-Invasive Peripheral Arterial Studies
* DL27512 - Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections
* DL30817 - Infrared Photocoagulation (IRC) of Hemorrhoids

January 20, 2010

The following JL MAC Local Coverage Determinations (LCDs) have been posted for notice. They will become effective March 10, 2010:

* L30559 - B-type Natriuretic Peptide (BNP) Assays
* L30529 - Cardiac Rhythm Device Evaluation
* L30538 - Cytogenetic Analysis
* L27492 - Erythropoiesis Stimulating Agents (ESAs)
* L30524 - RAST Type Tests
* L30547 - Radiofrequency Treatment for Urinary Incontinence
* L30551 - Vitamin B12 Assays

The following JL MAC Draft Local Coverage Determination (LCD) has been withdrawn and will not be finalized:

* DL30526 - Multifunction Cardiogram (MCG)

The following JL MAC Billing and Coding Article has been posted for notice. It will become effective March 10, 2010:

* A47817 - NCD Coding Article for Erythropoiesis Stimulating Agents (ESAs)

The October 2009 Draft LCD Comment and Response Document has been posted.

January 13, 2010

This release contains all of the 2010 CPT/HCPCS updates.

The following JL MAC Local Coverage Determinations (LCDs) have been revised. The revisions become effective January 14, 2010:

* L27473 - Approved Drugs and Biologicals
* L27476 - Botulinum Toxin: Onabotulinum Toxin Type A and Rimabotulinum Toxin Type B
* L27477 - Cancer Chemotherapeutic Agents
* L27481 - Co-Management of Surgical Procedures
* L27482 - Complex Cataract Extraction
* L27483 - Computed Tomographic Angiography of the Chest
* L29547 - Electromyography (EMG) and Nerve Conduction Studies
* L27496 - Evaluation and Management Services Provided in a Nursing Facility
* L27503 - Moh's Micrographic Surgery
* L27512 - Paravertebral Facet Joint Nerve Block and Sacroiliac Joint Injection
* L27515 - Radiation Therapy Services
* L27530 - Sleep Disorders Testing
* L27539 - Treatment of Varicose Veins of the Lower Extremities
* L30273 - Vitamin D Assay Testing
* L27547 - Wound Care

The following JL MAC Local Coverage Determination (LCD) is being retired effective
January 14, 2010:

* L27484 - Consultations

The following JL MAC Billing and Coding Articles have been revised. The revisions will become effective January 14, 2010:

* A47797 - Approved Drugs and Biologicals; includes Cancer Chemotherapeutic Agents
* A47789 - Botulinum Toxin: Onabotulinum Toxin Type A and Rimabotulinum Toxin Type B
* A47790 - Co-Management of Surgical Procedures
* A47791 - Endovascular Repair of Aortic Aneurysms
* A49325 - NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions

December 3, 2009

The following JL MAC Billing and Coding Article has been revised with an effective date of December 3, 2009:

* A49034 - Billing and Coding Information Regarding Uses, Including Off-Label Uses, of Bevacizumab and Ranibizumab, for The Treatment of Ophthalmological Diseases

November 19, 2009

The comment period is now closed for the following JL MAC Local Coverage Determinations (LCDs):

* DL30559 - B-type Natriuretic Peptide (BNP) Assays
* DL30529 - Cardiac Rhythm Device Evaluation
* DL30538 - Cytogenetic Studies
* DL27492 - Erythropoiesis Stimulating Agents (ESAs)
* DL30526 - Multifunction Cardiogram (MCG)
* DL30524 - RAST Type Tests
* DL30547 - Radiofrequency Treatment for Urinary Incontinence
* DL30551 - Vitamin B12 Assays

The comment period is now closed for the following JL MAC Billing and Coding Article:

* DA47817 - NCD Coding Article for Erythropoiesis Stimulating Agents (ESAs)

October 28, 2009

The following JL MAC Local Coverage Determinations (LCDs) which were posted for notice on September 11, 2009 are effective as of October 28, 2009.

* L27548 - Acute Care: Inpatient, Observation and Treatment Room Services
* L30256 - C-Reactive Protein Testing
* L30271 - Non Vascular Extremity Ultrasound
* L30314 - Proton Beam Therapy
* L30277 - Stereotactic Body Radiation Therapy (SBRT)
* L30273 - Vitamin D Assay Testing
* L27547 - Wound Care

October 27, 2009

The following JL MAC Local Coverage Determinations (LCDs) have been revised. The revisions become effective October 28, 2009:

* L27473 – Approved Drugs and Biologicals
* L27477 – Cancer Chemotherapeutic Agents
* L27515 – Radiation Therapy Services

The following JL MAC Billing and Coding Articles have been revised with an effective date of October 28, 2009:

* A47797 – Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents
* A47796 – Acute Care: Inpatient, Observation, and Treatment Room Services
* A47793 – Wound Care

October 19, 2009

The following JL MAC Billing and Coding Article has been revised:

This is a non-discretionary revision because CR 6632 was revised. On October 16, 2009, CMS issued Transmittals 108 and 1833, rescinding and replacing Transmittals 106 and 1817, dated 09/18/2009.

* A49325 - NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions

October 8, 2009

The following JL MAC Local Coverage Determinations (LCDs) have been revised. The revisions become effective October 9, 2009:

* L27481 - Co-Management of Surgical Procedures
* L27483 - Computed Tomographic Angiography of the Chest
* L27484 - Consultations
* L27488 - Diagnostic Laryngoscopy
* L27490 - Electrocardiography
* L29547 - Electromyography (EMG) and Nerve Conduction Studies
* L27491 - End-Diastolic Pneumatic Compression Therapy
* L27509 - Extended Ophthalmoscopy
* L27497 - Fluorescein and Indocyanine Green Angiography
* L27498 - Fundus Photography
* L27502 - Magnetic Resonance Imaging (MRI) of the Breast
* L27503 - Moh’s Micrographic Surgery
* L27489 - Monitored Anesthesia Care (MAC)
* L27504 - Non-Invasive Cerebrovascular Arterial Studies
* L27506 - Non-Invasive Peripheral Venous Studies
* L27507 - Ophthalmic A and B Scans
* L27508 - Ophthalmic Biometry for Intraocular Lens (IOL) Power Calculation
* L27512 - Paravertebral Facet Joint Nerve Block and Sacroiliac Joint Injection
* L27513 - Physical Medicine & Rehabilitation Services, PT and OT
* L27514 - Psychiatric Therapeutic Procedures
* L27518 - Radiologic Examination of the Chest (CXR)
* L27527 - Removal of Benign or Premalignant Skin Lesions
* L27528 - Removal of Impacted Cerumen
* L27531 - Speech-Language Pathology (SLP) Services: Communication Disorders
* L27532 - Surgical Treatment of Nails
* L27534 - Thermotherapies (Minimally Invasive Surgical Techniques [MISTs]) for Benign Prostatic Hyperplasia (BPH)
* L27535 - Transesophageal Echocardiography (TEE)
* L27536 - Transthoracic Echocardiography (TTE)
* L27539 - Treatment of Varicose Veins of the Lower Extremities
* L27540 - Trigger Point Injections
* L27545 - Visual Fields

The following JL MAC Billing and Coding Articles have been revised with an effective date of October 9, 2009:

* A47786 - Cardiovascular Stress Testing
* A47800 - Non-invasive Cerebrovascular Arterial Studies
* A47803 - Surgical Treatment of Nails
* A49034 - Billing and Coding Information Regarding Uses, Including Off-Label Uses, of Bevacizumab and Ranibizumab, for The Treatment of Ophthalmological Diseases

The following JL MAC Billing and Coding Article has been revised with an effective date of October 19, 2009:

* A47551 - NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Non-Oncologic Conditions

The following JL MAC Billing and Coding Article has been added with an effective date of October 19, 2009:

* A49325 - NCD Coding Article for Positron Emission Tomography (PET) Scans Used for Oncologic Conditions

 September 29, 2009

The following JL MAC Draft Local Coverage Determinations (LCDs) have been posted for Comment:

* DL30559 - B-type Natriuretic Peptide (BNP) Assays
* DL30529 - Cardiac Rhythm Device Evaluation
* DL30538 - Cytogenetic Studies
* DL27492 - Erythropoiesis Stimulating Agents (ESAs)
* DL30526 - Multifunction Cardiogram (MCG)
* DL30524 - RAST Type Tests
* DL30547 - Radiofrequency Treatment for Urinary Incontinence
* DL30551 - Vitamin B12 Assays

While not a requirement, nor a precedent, Novitas Solutions is providing an opportunity to comment on the following JL MAC Draft Article:

* DA47817 - NCD Coding Article for Erythropoiesis Stimulating Agents (ESAs)

September 11, 2009

The following JL MAC Local Coverage Determinations (LCDs) have been posted for notice. They will become effective October 28, 2009:

* L27548 - Acute Care: Inpatient, Observation and Treatment Room Services
* L30256 - C-Reactive Protein Testing
* L30271 - Non Vascular Extremity Ultrasound
* L30314 - Proton Beam Therapy
* L30277 - Stereotactic Body Radiation Therapy (SBRT)
* L30273 - Vitamin D Assay Testing
* L27547 - Wound Care

The following JL MAC Draft Local Coverage Determination (LCD) has been withdrawn and will not be finalized:

* DL30286 - Hemodialysis Vascular Access Evaluation and Maintenance

The June 2009 Draft LCD Comment and Response Document has been posted.

July 9, 2009

The comment period is now closed for the following JL MAC Local Coverage Determinations (LCDs):

* DL27548 - Acute Care: Inpatient, Observation and Treatment Room Services
* DL30256 - C-Reactive Protein Testing
* DL30286 - Hemodialysis Vascular Access Evaluation and Maintenance
* DL30271 - Non Vascular Extremity Ultrasound
* DL30314 - Proton Beam Therapy
* DL30277 - Stereotactic Body Radiation Therapy (SBRT)
* DL30273 - Vitamin D Assay Testing
* DL27547 - Wound Care

July 8, 2009

The following JL MAC Local Coverage Determination (LCD) has been revised. The revised LCD is effective July 9, 2009

* L27539 - Treatment of Varicose Veins of the Lower Extremities

May 28, 2009

The following JL MAC Local Coverage Determinations (LCDs) which were posted for notice on April 3, 2009 are effective as of May 28, 2009.

* L29547 - Electromyography (EMG) and Nerve Conduction Studies
* L27499 - Intraoperative Neurophysiological Testing
* L29544 - Posterior Tibial Nerve Stimulation (PTNS)
* L27530 - Sleep Disorders Testing

May 21, 2009

The following JL MAC Local Coverage Determinations (LCDs) have been posted for comment:

* DL27548 - Acute Care: Inpatient, Observation, and Treatment Room Services
* DL30256 - C-Reactive Protein Testing
* DL30286 - Hemodialysis Vascular Access Evaluation and Maintenance
* DL30271 - Non Vascular Extremity Ultrasound
* DL30314 - Proton Beam Therapy
* DL30277 - Stereotactic Body Radiation Therapy (SBRT)
* DL30273 - Vitamin D Assay Testing
* DL27547 - Wound Care

May 13, 2009

The following JL MAC Local Coverage Determinations (LCDs) have been revised. The revisions become effective May 14, 2009.

* L27474 - Blepharoplasty/Blepharoptosis
* L27482 - Complex Cataract Extraction
* L27512 - Paravertebral Facet Joint Nerve Block and Sacroiliac Joint Injection
* L27527 - Removal of Benign or Premalignant Skin Lesions
* L27545 - Visual Fields

The following JL MAC Local Coverage Determination (LCD) is retiring effective May 14, 2009.

* L27533 - Surveillance of Implantable Cardioverter - Defibrillator (ICD), Office, Internet or Non-Internet Based

The following JL MAC Billing and Coding Article has been added with an effective date of May 14, 2009.

* A49034 - Billing and Coding Information Regarding Uses, Including Off-Label Uses, of Bevacizumab and Ranibizumab, for Treatment of Ophthalmological Diseases

April 3, 2009

The following JL MAC Local Coverage Determinations (LCDs) have been posted for notice. They will become effective May 28, 2009.

* L29547 - Electromyography (EMG) and Nerve Conduction Studies
* L27499 - Intraoperative Neurophysiological Testing
* L29544 - Posterior Tibial Nerve Stimulation (PTNS)
* L27530 - Sleep Disorders Testing

The February 2009 Draft LCD Comment and Response Document has been posted.

March 11, 2009

The comment period will close for the following JL MAC Draft Local Coverage Determinations (LCDs) at the end of the day today.

* DL29547 - Electromyography (EMG) and Nerve Conduction Studies
* DL27499 - Intraoperative Neurophysiological Testing
* DL29544 - Posterior Tibial Nerve Stimulation (PTNS)
* DL27530 - Sleep Disorders Testing

The following J12 MAC Local Coverage Determinations (LCDs) have been revised:

* L27474 - Blepharoplasty/Blepharoptosis
* L27539 - Treatment of Varicose Veins of the Lower Extremities

The following JL MAC Billing and Coding Article has been revised:

* A47773 - SADB Exclusion List

February 11, 2009

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* L27478 - Cardiovascular Stress Testing
* L27490 - Electrocardiography
* L27497 - Fluorescein and Indocyanine Green Angiography
* L27512 - Paravertebral Facet Joint Nerve Block and Sacroiliac Joint Injection
* L27513 - Physical Medicine and Rehabilitation Services, PT and OT
* L27527 - Removal of Benign or Premalignant Skin Lesions
* L27549 – Human Skin Equivalents (HSE) – Use in the Treatment of Chronic Cutaneous Ulcer Wounds

The following JL MAC Billing and Coding Article has been revised:

* A47786 - Cardiovascular Stress Testing

January 22, 2009

The following MAC JL Part B Local Coverage Determinations (LCDs) have been posted for comment:

* DL27499 - Intraoperative Neurophysiological Testing
* DL27530 - Sleep Disorders Testing
* DL29544 - Posterior Tibial Nerve Stimulation (PTNS)
* DL29547 - Electromyography (EMG) and Nerve Conduction Studies

December 12, 2008

MAC LCDs: Non-Discretionary CPT/HCPCS Updates

The following JL MAC Local Coverage Determinations (LCDs) have been revised:

* L27473 – Approved Drugs and Biologicals
* L27477 – Cancer Chemotherapeutic Agents
* L27478 – Cardiovascular Stress Testing
* L27479 – Cataract Surgery
* L27480 – Chiropractic Services
* L27481 – Co-Management of Surgical Procedures
* L27486 – Routine Foot Care
* L27487 – Debridement of Mycotic Nails
* L27490 – Electrocardiography
* L27501 – Magnetic Pelvic Floor Stimulation (MPFS)
* L27513 – Physical Medicine and Rehabilitation Services, PT and OT
* L27518 – Radiologic Examination of the Chest (CXR)
* L27520 – Real-Time, Outpatient Cardiac Monitoring
* L27527 – Removal of Benign or Premalignant Skin Lesions
* L27528 – Removal of Impacted Cerumen
* L27530 – Sleep Disorders Testing
* L27533 – Surveillance of Implantable Cardioverter-Defibrillator (ICD), Office, Internet or Non-Internet Based
* L27535 – Transesophageal Echocardiography (TEE)
* L27536 – Transthoracic Echocardiography (TTE)
* L27540 – Trigger Point Injections
* L27547 – Wound Care
* L27549 – Human Skin Equivalents (HSE) – Use in the Treatment of Chronic Cutaneous Ulcer Wounds

The following JL MAC Coding Articles have been revised:

* A47797 – Approved Drugs and Biologicals
* A47786 – Cardiovascular Stress Testing
* A47790 – Co-Management of Surgical Procedures
* A47805 – Transesophageal Echocardiography (TEE)
* A47806 – Transthoracic Echocardiography (TTE)
* A47793 – Wound Care
* A47791 – Endovascular Repair of Aortic Aneurysms