

MLN Matters Number: SE0578

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

Providing Medicare with Data for Certain Implantable Cardioverter Defibrillators (ICDs)

Provider Types Affected

Physicians and other providers needing to register Medicare patients receiving the Implantable Cardioverter Defibrillator (ICD) as primary prevention of sudden cardiac death

Provider Action Needed



STOP – Impact to You

The Centers for Medicare & Medicaid Services (CMS) has entered into an agreement with the American College of Cardiology National Cardiac Data Registry (ACC-NCDR) and determined that its ICD Registry satisfies Medicare's requirements for reporting data on primary prevention ICDs.



CAUTION – What You Need to Know

Because the ACC-NCDR is now available, CMS will stop accepting data on the ICD Abstraction Tool through the Quality Network Exchange (QNet) on April 30, 2006.



GO – What You Need to Do

In order for providers to continue to satisfy the National Coverage Determination (NCD) requirements for primary prevention ICDs, they will need to transition out of QNet and begin using the ACC-NCDR. CMS recommends that hospitals contact ACC-NCDR by January 1, 2006, to ensure that enrollment is complete by April 2006.

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Background

When CMS expanded coverage for ICDs in January 2005, one of the requirements was for data to be reported by the provider for beneficiaries receiving ICDs for the primary prevention of sudden cardiac arrest. Information regarding this policy is available at http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part1.pdf on the CMS website.

CMS established the ICD Abstraction Tool through QNet, a system used by hospitals to report quality data to Medicare, to make available a data reporting system for providers that meets the data reporting requirements outlined in the NCD.

CMS intended for the ICD Abstraction Tool to be temporary until a more complete registry became available; the result is the ACC-NCDR.

Additional Information

Because the ACC-NCDR is now available, **the ICD Abstraction Tool through QNet will stop accepting data on April 30, 2006.** For providers to continue to satisfy the NCD requirements for primary prevention ICDs, they will need to transition out of QNet and begin using ACC-NCDR. CMS recommends that hospitals contact ACC-NCDR by January 1, 2006, to ensure that enrollment is complete by April 2006.

Hospitals will need to work with the ACC-NCDR directly regarding participation. Information is available on the web at <http://www.accncdr.com/webncdr/ICD> or by telephone at 1-800-253-4636, ext. 451.

Although the ACC-NCDR only enrolls hospitals, all provider types are responsible for ensuring that data is reported to the registry. Physicians and hospitals will need to work closely to ensure that all data elements are available for abstraction and entry into the registry.

Use of the QR modifier for physician and hospital outpatient claims remains the same. The QR modifier should continue to be appended to claims for ICD insertion when data is reported on the procedure. Data reporting, and therefore the QR modifier, is required for claims of primary prevention ICDs.

Reporting data for primary prevention of ICD implants is a requirement of Medicare coverage. Without appropriately reported data, Medicare may be unable to approve claims and/or may be required to take action to recoup payments already made if data reporting discrepancies are discovered through post-payment claims analysis.

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