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Modification to QR Modifier Edit for Automatic Implantable Cardiac Defibrillator (ICD) Services

Key Words

MM4273, CR4273, R819CP, QR, modifier, implantable, cardiac, defibrillator, ICD

Provider Types Affected

Providers who bill carriers or Fiscal Intermediaries (FIs) for ICD services rendered to Medicare beneficiaries

Key Points

- The effective date of the instruction is April 1, 2005.
- The implementation date is April 3, 2006.
- The QR modifier is **required** on claims for primary prevention ICD device implantations (QR signifies that data is being reported on the patient and data reporting is a requirement of primary prevention device insertion).
- The QR modifier is **not required** for ICD services rendered for the secondary prevention of cardiac arrest as documented by the secondary prevention codes noted below:
 - 427.1 – Ventricular tachycardia;
 - 427.41 – Ventricular fibrillation;
 - 427.42 – Ventricular flutter;
 - 427.5 – Cardiac arrest; and
 - 427.9 – Cardiac dysrhythmia, unspecified.
- The Centers for Medicare & Medicaid Services (CMS) has become aware that there are other clinical situations for ICD services in which the diagnoses show neither primary nor secondary prevention of cardiac arrest. Such a situation could occur when the patient is having his/her ICD replaced, perhaps due to ICD recall, or to a device complication (such as the end of battery-life).
- Since it would be incorrect to deny such claims because they lacked the QR modifier, in CR4273 CMS is adding two new ICD-9-CM diagnosis codes to the list of those that do not require it:

- **996.04** - Mechanical complication of cardiac device, implant, and graft, due to automatic implantable cardiac defibrillator. Use this diagnosis code when the patient is having his/her ICD replaced due to a mechanical complication, as could occur due to ICD recall.
- **V53.32** - Fitting and adjustment of other device, automatic implantable cardiac defibrillator. Use this diagnosis code when there is a fitting or an adjustment, including device removal or replacement. It would be used when the ICD reaches its natural end-of-battery life.
- Carriers and FIs will adjust, as appropriate, claims brought to their attention (with dates for service on or after April 1, 2005) that were denied because the diagnosis code was 996.04 or V53.32 and lacked a QR modifier.

Note: Providers can use the QR modifier for secondary prevention diagnoses if they deem it to be appropriate, i.e., in order to report the data to the data collection system, when this reporting applies.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm4273.pdf>

<http://www.cms.hhs.gov/Transmittals/downloads/R819CP.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3604.pdf>

If providers have any questions, they should refer questions to their carrier/FI at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.