



Related MLN Matters Article #: MM5093

Date Posted: May 31, 2006

Related CR #: 5093

Pancreas Transplants Alone (PA)

Key Words

MM5093, CR5093, R56NCD, R957CP, Pancreas, Transplants, PA

Provider Types Affected

Physicians and providers billing Medicare Fiscal Intermediaries (FIs) and Carriers for PA

Key Points

- The implementation date is July 3, 2006, for carriers and October 2, 2006 for FIs.
- The effective date is April 26, 2006.
- **Medicare covers** whole organ pancreas transplantation when it is performed in conjunction with or after kidney transplantation (*National Coverage Determination (NCD) Manual, Section 260.3*).
- Medicare does not cover PA in diabetes patients without end-stage renal failure because of a lack of sufficient evidence based in large part on a 1994 Office of Health Technology Assessment report.
- Effective for services performed on or after April 26, 2006, **Medicare will cover** PA for beneficiaries in the following limited circumstances:
 - Facilities must be Medicare-approved for kidney transplantation;
 - Patients must have a diagnosis of Type I diabetes:
 - The patient must be beta cell autoantibody positive; or
 - The patient must demonstrate insulinopenia, defined as a fasting C-peptide level that is less than or equal to 110% of the lower limit of normal of the laboratory's measurement method. Fasting C-peptide levels will be considered valid only with a concurrently obtained fasting glucose ≤ 225 mg/dL.
 - Patients must have a history of medically-uncontrollable labile (brittle) insulin-dependent diabetes mellitus with documented recurrent, severe, acutely life-threatening metabolic complications (including frequent hypoglycemia unawareness or recurring severe ketoacidosis, or recurring severe hypoglycemic attacks) that require hospitalization.

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- An endocrinologist must have optimally and intensively managed the patient with the most medically recognized advanced insulin formulations and delivery systems for at least 12 months.
- Patients must have the emotional and mental capacity to understand the significant risks associated with surgery and to effectively manage the lifelong need for immunosuppression.
- Patients must otherwise be suitable candidates for transplantation.

Billing and Claims Processing

- FIs and carriers will recognize the following ICD-9 CM codes for PA for beneficiaries with type I diabetes when billed with **HCPCS 48554**:
 - 25001, 25003, 25011, 25013, 25021, 25023, 25031, 25033, 25041, 25043, 25051, 25053, 25061, 25063, 25071, 25073, 25081, 25083, 25091, and 25093.
- Carriers and FIs who receive claims for PA services that were performed in an **unapproved facility** should use the following messages upon the reject or denial:
 - **Medicare Summary Notice MSN Message** - MSN code 16.2 (This service cannot be paid when provided in this location/facility)
 - **Remittance Advice Message** - Claim Adjustment Reason Code 58 (Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service)
- Carriers and FIs who receive claims for PA services that are **not billed using the covered diagnosis/procedure codes listed** above should use the following messages upon the reject or denial:
 - **Medicare Summary Notice MSN Message** - MSN code 15.4 (The information provided does not support the need for this service or item)
 - **Remittance Advice Message** - Claim Adjustment Reason Code 11 (*The diagnosis is inconsistent with the procedure*)
- Carriers and FIs will hold any PA claims with dates of service on or after April 26, 2006, until the claims can be processed in their systems. For FIs this date is October 2, 2006 and for carriers that date is July 3, 2006.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5093.pdf>

For important information regarding the continued hold of affected claims, please refer to MLN article SE0674 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0674.pdf> on the Centers for Medicare and Medicaid Services (CMS) website.

The official instructions issued to FIs and carriers regarding this change can be found at <http://www.cms.hhs.gov/Transmittals/downloads/R56NCD.pdf> for the NCD manual revision and <http://www.cms.hhs.gov/Transmittals/downloads/R957CP.pdf> for changes to the *Medicare Claims Processing Manual*.

The names of Medicare approved facilities for kidney transplantation can be found at http://www.cms.hhs.gov/ESRDGeneralInformation/02_Data.asp#TopOfPage on the CMS website.

If affected providers have questions, they should contact their FI or carrier at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.