



Payment for Implantable Tissue Markers: Healthcare Common Procedure Coding System (HCPCS) Code A4648 – JA6579

Related CR Release Date: November 27, 2009

Date Job Aid Revised: December 23, 2009

Effective Date: February 26, 2010

Implementation Date: February 26, 2010

Key Words MM6579, CR6579, R604OTN, Payment, Implantable, Tissue, A4648

Contractors Affected

- Medicare Carriers
- Part A/B Medicare Administrative Contractors (A/B MACs)

Provider Types Affected Provider types affected are physicians and other providers who bill Medicare Carriers and A/B MACs for implantable tissue markers provided Medicare beneficiaries.



- Change Request (CR) 6579 clarifies guidance regarding payment for implantable tissue markers (HCPCS code A4648 - Tissue marker, implantable, any type, each).
- When billed on a physician claim and used in conjunction with Current Procedural Terminology (CPT) code 55876 (the placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple), the use of implantable tissue markers (HCPCS code A4648) is separately billable and payable by Medicare.

Provider Needs to Know...

- CR6579 announces that HCPCS code A4648 is separately billable and payable when billed on a physician claim and when used in conjunction with CPT code 55876.
- In these cases, carriers or A/B MACs will make a separate payment for HCPCS code A4648.
- If HCPCS code A4648 is billed on a physician claim and CPT code 55876 is not also billed for that same date of service, Medicare will deny payment for A4648 with a Claim Adjustment Reason Code of B15, indicating "This service /procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated."

Note: There are no changes in CR6579 to current payment policy for A4648 with regard to payment to hospitals for inpatient or outpatient hospital services or with regard to payment to Ambulatory Surgery Centers (ASCs).

Background

- Under the Medicare hospital outpatient prospective payment system (OPPS) and the ASC payment systems, payment for HCPCS code A4648 is packaged into the payment for the service in which it is used.
 - Under the Medicare inpatient prospective payment system (IPPS), payment for HCPCS code A4648 is bundled into the Medicare Severity Diagnosis Related Group payment. Therefore, no separate payment is made by fiscal intermediaries or MACs for HCPCS code A4648 to hospitals paid under the OPPS or IPPS.
 - Similarly, no separate payment is made to ASCs.
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**Operational
Impact**

N/A

**Reference
Materials**

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6579.pdf> on the CMS website.

The official instruction (CR6579) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R604OTN.pdf> on the CMS website.
