



Collagen Meniscus Implant – JA6903

Related CR Release Date: May 28, 2010

Date Job Aid Revised: June 7, 2010

Effective Date: May 25, 2010

Implementation Date: July 6, 2010

Key Words	MM6903, CR6903, R121NCD, R1977CP, Collagen, Meniscus, Implant
Contractors Affected	<ul style="list-style-type: none"> • Carriers • Fiscal Intermediaries (FIs) • Medicare Administrative Contractors (MACs)
Provider Types Affected	Provider types affected are physicians, non-physician practitioners, and facilities that bill Medicare Carriers, FIs, and/or MACs for services related to the collagen meniscus implant procedure for Medicare beneficiaries.



- Change Request (CR) 6903 announces that **claims submitted for a collagen meniscus implant procedure will be denied.**
- Effective with the July updates of the Medicare Physician Fee Schedule Database and the Integrated Outpatient Code Editor, a new Healthcare Common Procedure Coding System code, G0428 (Collagen or other tissue engineered meniscus knee implant procedure for filling meniscal defects (e.g., collagen scaffold, Menaflex)), will be available for use in non-covering collagen meniscus implant procedure claims with dates of service on and after May 25, 2010.

Provider Needs to Know...	<ul style="list-style-type: none"> • Upon completion of a national coverage analysis (NCA) for the collagen meniscus implant, the decision was made that the collagen meniscus implant is non-covered for Medicare beneficiaries. • Effective for dates of service on and after May 25, 2010, claims submitted for a collagen meniscus implant procedure will be denied. • In denying such claims, Medicare will use Claim Adjustment Reason Code 96 ("Non-covered charge(s)" and Remittance Advice Remark Code N386 ("This decision was based on a National Coverage Determination (NCD)"). • An NCD provides a coverage determination as to whether a particular item or service is covered.
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- A copy of this policy is available at <http://www.cms.gov/mcd/search.asp> on the CMS website. If a provider does not have access, the provider may contact the local contractor to request a copy of the NCD.
 - If a signed Advance Beneficiary Notice (ABN) is on file, Medicare contractors will use Group Code PR (Patient Responsibility) assigning financial liability to the beneficiary.
 - If no signed ABN is on file, Group Code CO (Contractual Obligation) will be used, assigning financial liability to the provider.
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Background

- The Centers for Medicare & Medicaid Services (CMS) concluded that the evidence demonstrates that the collagen meniscus implant does not improve health outcomes.
 - Therefore, CMS determined that the collagen meniscus implant is not reasonable and necessary for the treatment of meniscal injury/tear and is non-covered by Medicare, as identified in Section 150.12 of the *National Coverage Determination (NCD) Manual*. That section of the NCD manual is available as an attachment to CR6903.
 - This is a new NCD as there was no existing NCD on collagen meniscus implants. On August 27, 2009, CMS initiated a NCA on the collagen meniscus implant. The collagen meniscus implant is manufactured from bovine collagen and is used to fill a meniscal defect that results from a partial meniscectomy.
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**Operational
Impact**

Contractors will not search their files to recover payment for claims paid prior to implementing CR6903. However, they will adjust such claims that are brought to their attention.

**Reference
Materials**

The related MLN Matters® article can be found at <http://www.cms.gov/MLN MattersArticles/downloads/MM6903.pdf> on the CMS website.

The official instruction (CR6903) issued regarding this change may be found at <http://www.cms.gov/Transmittals/downloads/R1977CP.pdf> (claims processing instructions) and <http://www.cms.gov/Transmittals/downloads/R121NCD.pdf> (NCD manual revision) on the CMS website.
