



Reprocessing of Claims for Certain Replacement Parts, Accessories, or Supplies for Prosthetic Implants and Surgically Implanted Durable Medical Equipment (DME) with Dates of Service of October 27, 2008, through December 31, 2009 – JA6970

Related CR Release Date: June 11, 2010

Date Job Aid Revised: June 17, 2010

Effective Date: October 27, 2008

Implementation Date: October 4, 2010

Key Words	MM6970 CR6970, R7190TN, Replacement, Parts, Accessories, Supplies, Implants, DME
Contractors Affected	<ul style="list-style-type: none"> • Medicare Carriers • Part A/B Medicare Administrative Contractors (A/B MACs)
Provider Types Affected	DME suppliers billing Medicare Carriers and A/B MACs for certain replacement parts, accessories, or supplies for prosthetic implants and surgically implanted DME with dates of service of October 27, 2008, through December 31, 2009.



- Change Request (CR) 6970 augments previously issued CR6573 that included a list of Healthcare Common Procedure Coding System (HCPCS) codes that could be billed as a replacement part, accessory, or supply for prosthetic implants, and surgically implanted DME, according to guidelines established by CR5917.
- It also directs Medicare contractors to reprocess claims with dates of service October 27, 2008, through December 31, 2009, containing the HCPCS codes found in the attachment to CR6573, using the guidelines established by CR5917 and CR6573.

Attachment A to CR6573

Provider Needs to Know...

- CR6970 and the billing guidelines for replacement parts, accessories, and supplies for implanted devices established in CR5917 and CR6573 apply only to DMEPOS suppliers enrolled with the National Supplier Clearinghouse (NSC) and their local carrier/A/B MAC. It does not change the existing carrier/A/B MAC billing rules that apply to physicians, facilities, or other entities that are implanting the devices.

Background

- CR5917, Transmittal 1603, issued on September 26, 2008 (“Claims Jurisdiction and Enrollment Procedures for Suppliers of Certain Prosthetics, Durable Medical Equipment (DME) and Replacement Parts, Accessories and Supplies”) communicated that entities enrolled with the NSC as a DME, Prosthetics, Orthotics and Supplies (DMEPOS) supplier may enroll with and bill to the carrier/A/B MAC replacement parts, accessories, and supplies for prosthetics implants and surgically implanted DME items that are not required to be billed to the Medicare fiscal intermediary.
- Included with CR5917 was an excerpt of the 2008 annual jurisdiction list, containing HCPCS codes, which CMS instructed at the time, may be billed to the carrier/MAC as a replacement part, accessory, or supply for prosthetic implants and surgically implanted DME.
- CR6573, Transmittal 531, issued on August 14, 2009, clarified the claims filing jurisdiction and payment policies for DMEPOS items submitted under the guidelines established in CR5917.
- CR6573 also provided an updated list of HCPCS codes that may be billed as a replacement part, accessory, or supply for prosthetic implants and surgically implanted DME, under these guidelines.
- CR6573 was effective for DMEPOS claims with dates of service on and after January 1, 2010.

Operational
Impact

N/A

Reference
Materials

The related MLN Matters® article can be found at <http://www.cms.gov/MLN MattersArticles/downloads/MM6970.pdf> on the CMS website.

The official instruction (CR6970) regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R7190TN.pdf> on the CMS website.

CR6573 contains the *2008 DMEPOS Fee Schedule HCPCS Codes Payable as a Replacement Part, Accessory or Supply for Prosthetic Implants and Surgically Implanted DME list (Rev. March 2009)*, and that list is an attachment to CR6573 at <http://www.cms.gov/Transmittals/downloads/R5310TN.pdf> on the CMS website.

The MLN Matters® article related to CR5917 can be found at <http://www.cms.gov/MLN MattersArticles/downloads/MM5917.pdf> on the CMS website.