



Related MLN Matters Article #: MM4361

Date Posted: April 28, 2006

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Additional \$50 Payment for New Technology Intraocular Lenses (NTIOLs) Furnished in Ambulatory Surgical Centers (ASCs)

Key Words

MM4361, CR4361, R914CP, NTIOL, ASC, intraocular, lenses, ambulatory, surgical, centers

Provider Types Affected

Approved Ambulatory Surgical Centers (ASC) that bill Medicare for the insertion of new technology intraocular lenses (NTIOLs)

Key Points

- Effective for dates of service on and after February 27, 2006, through February 26, 2011, Medicare will pay approved ASCs an additional \$50 for NTIOL Category 3 (Reduced Spherical Aberration).
- The Medicare carrier will pay an additional \$50 for the insertion of NTIOL Category 3; Advanced Medical Optics (AMO) Tecnis® IOL, model numbers Z9000, Z9001, and ZA9003 (characteristic: improved contrast sensitivity) when billed using HCPCS code Q1003 along with HCPCS codes 66982, 66983, 66984, 66985, or 66986.
- Any subsequent IOLs recognized by CMS as being a member of the reduced spherical aberration subset will receive the same payment adjustment effective upon Centers for Medicare & Medicaid Services (CMS) recognition and continuing for the balance of the 5-year period.
- The payment adjustment is allowed when Medicare-approved ASCs (place of service 24) insert this IOL and submit HCPCS code Q1003 (already established for this purpose and listed in the HCPCS file) on the same claim as the surgical insertion procedure (HCPCS codes 66982, 66983, 66984, 66985, or 66986).
- Carriers will deny payment for Q1003 when submitted by ASCs not approved by Medicare.
- If denied, the carrier will use appropriate messages such as MSN# 16.2 (This service cannot be paid when provided in this location/facility) and Claims 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 will return as unprocessable claims for NTIOLs with Q1003 alone or with a code other than 66982, 66983, 66984, 66985, or 66986.
 - When such claims are returned, claim adjustment reason code 16 (Claim/service lacks information needed for adjudication. Additional information is supplied using remittance advice codes whenever appropriate) will be used.
 - The remittance advice remark code of M67 (Missing/Incomplete/Invalid other procedure codes) and remark code MA130 (Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information) will be used as appropriate.

Important Links

The related MLN Matters article may be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4361.pdf> on the CMS website.

Affected providers can find more information about approval of the \$50 additional payment for NTIOL Category 3 by reviewing CR4361, which is available at

<http://www.cms.hhs.gov/Transmittals/downloads/R914CP.pdf> on the CMS website.

The revised *Medicare Claims Processing Manual*, Chapter 14 (Ambulatory Surgical Centers), Sections 10.2 (10.2 - Ambulatory Surgical Center Services on ASC List) and 40.3 – (Payment for Intraocular Lens (IOL)) are attached to CR4361.

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