



Provider Inquiry Assistance

Interim Instructions for Processing Claims and Recouping Overpayments for Claims Submitted Under the Guidelines Established in Change Request 5917 – JA6762

Related CR Release Date: February 5, 2010

Date Job Aid Revised: February 15, 2010

Effective Date: May 5, 2010

Implementation Date: May 5, 2010

Key Words	MM6762, CR6762, R636OTN, MM6573, CR6573, Recouping, Overpayments, DMEPOS
Contractors Affected	<ul style="list-style-type: none"> • Medicare Carriers • Part A/B Medicare Administrative Contractors (A/B MACs)
Provider Types Affected	Physicians, producers, and suppliers billing Medicare Carriers and A/B MACs for certain durable medical equipment (DME) products provided to Medicare beneficiaries



- Change Request (CR) 6762 provides instructions to Medicare contractors for recouping funds for any payments made to suppliers of DME prosthetics, orthotics, and supplies (DMEPOS) for implanted DME or implanted prosthetics, based on the revised list of Healthcare Common Procedure Coding System (HCPCS) codes that are payable as a replacement part, accessory, or supply for prosthetic implants, and surgically implanted DME provided in CR6573.
- CR6762 was issued to augment previously issued CR6573.

Provider Needs to Know...	<ul style="list-style-type: none"> • Medicare contractors will continue to pay claims for replacement parts, accessories, and supplies for prosthetic implants and surgically implanted DME based on the supplier's location. • The revised list of HCPCS codes that may be paid as replacement part, accessory, or supply for prosthetic implants and surgically implanted DME under the guidelines established in CR5917 may be found in CR6573, which is available at http://www.cms.hhs.gov/Transmittals/downloads/R531OTN.pdf on the CMS website.
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Key Points of CR6762

- Medicare contractors will pay claims for items subject to the guidelines in CR5917 based on the supplier's location per the revised list of HCPCS codes included in Attachment A of CR6573.
- To the extent possible, Medicare contractors will reopen and reprocess claims for implanted DME and or implanted prosthetics for dates of service between October 27, 2008, and December 31, 2009. They will recoup overpayments made to DMEPOS suppliers for implanted DME or implanted prosthetics based on using the original list of HCPCS codes included in Attachment A of CR5917.
- CR6762 and the billing guidelines for replacement parts, accessories, or supplies for implanted devices that were established in CR5917 **apply only to DMEPOS suppliers enrolled with the National Supplier Clearinghouse (NSC) and their local carrier or A/B MAC**. It does not change the existing carrier or A/B MAC billing rules that apply to physicians, facilities, or other entities that are implanting the devices.

Background

- CR6573 instructed contractors to use the revised list to determine the items that may be billed under the guidelines established in CR5917, which may be reviewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1603CP.pdf> on the CMS website.
 - CR6573 clarified that the filing jurisdiction for claims submitted under the guidelines established in CR5917 is determined by the supplier's location and that the payment for these items is based on the fee schedule amount for the state where the beneficiary maintains their permanent residence.
 - In CR5917, CMS instructed Medicare contractors to process and pay claims for replacement parts, accessories, and supplies for prosthetic implants and surgically implanted DME when submitted by suppliers that are enrolled with both the NSC and their local carrier or A/B MAC.
 - Although CR5917 reinstated the local carrier and A/B MAC jurisdiction for claims for these items, the **instruction was not clear about the claims filing jurisdiction or the payment rules that apply when the beneficiary resides outside of the local carrier or A/B MAC's jurisdiction**.
 - In addition, Attachment A of CR5917 included an excerpt of the 2008 annual jurisdiction list containing HCPCS codes, which CMS previously instructed may be billed to the carrier or A/B MAC as a replacement part, accessory or supply for prosthetic implants and surgically implanted DME.
 - It has since come to CMS' attention that this **list included codes for implanted devices, which may not be separately billed** to the carrier or A/B MAC by DMEPOS suppliers.
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- Attachment A of CR5917 was replaced by a revised list of HCPCS codes in Attachment A of CR6573.

Operational
Impact N/A

Reference
Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6762.pdf> on the CMS website.

The official instruction (CR6762) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R636OTN.pdf> on the CMS website.

The MLN Matters® article related to CR5917 may be viewed at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5917.pdf> on the CMS website.

The MLN Matters® article related to CR6573 may be viewed at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6573.pdf> on the CMS website.