



Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS) – JA6953

Related CR Release Date: June 4, 2010

Date Job Aid Revised: July 6, 2010

Effective Date: March 23, 2010

Implementation Date: July 6, 2010

Key Words	MM6953, CR6953, R122NCD, R1978CP, Injections, Dermal, Facial, Lipodystrophy, Syndrome, LDS
Contractors Affected	<ul style="list-style-type: none"> • Carriers • Fiscal Intermediaries (FIs) • Part A/B Medicare Administrative Contractors (A/B MACs)
Provider Types Affected	Provider types affected are all physicians, hospitals, and other providers, submitting claims to Medicare Carriers, FIs, and/or A/B MACs for Facial Lipodystrophy services provided to Medicare beneficiaries.



Change Request (CR) 6953 informs Medicare contractors that effective for claims with dates of service on and after March 23, 2010, dermal injections for facial LDS are only reasonable and necessary using dermal fillers approved by the Food and Drug Administration (FDA) for this purpose. This applies only in human immunodeficiency virus (HIV)-infected Medicare beneficiaries who manifest depression secondary to the physical stigma of HIV treatment.

Nationally Covered Indications

- Effective for claims with dates of service on and after March 23, 2010, dermal injections for LDS are only reasonable and necessary using dermal fillers approved by the FDA for this purpose and only in HIV-infected beneficiaries who manifest depression secondary to the physical stigma of HIV treatment.

Nationally Non-Covered Indications

Provider Needs to Know...

- The following are non-covered:
 - Dermal fillers that are not approved by the FDA for the treatment of LDS, and
 - Dermal fillers that are used for any indication other than LDS in HIV-infected individuals who manifest depression as a result of their antiretroviral HIV treatments.

Claims Coding/Pricing Information

- Effective with the July 2010 Healthcare Common Procedure Coding System (HCPCS) update, the July Medicare Physician Fee Schedule (MPFS), and the July Integrated Outpatient Code Editor (IOCE):
 - HCPCS codes Q2026, Q2027, and G0429 will be designated for dermal fillers Sculptra® and Radiesse®;
 - HCPCS codes Q2026, Q2027, and G0429 are effective for dates of service on or after March 23, 2010;
 - HCPCS codes Q2026 and Q2027 are contractor-priced under the July MPFS; and
 - HCPCS code G0429 is payable under the July MPFS.
- However, because HCPCS Q2026, Q2027 and G0429 are not considered valid HCPCS until implementation of the July 2010 HCPCS update, providers will not be able to bill and receive payment for these HCPCS codes prior to July 6, 2010.
- Therefore, included in the July 2010 HCPCS update and in the July IOCE is a temporary HCPCS code C9800, which was created to describe both the injection procedure and the dermal filler product.
- This code provides a payment mechanism to hospital outpatient prospective payment system (OPPS) and ambulatory surgery center (ASC) providers until Average Sales Price (ASP) or Wholesale Acquisition Cost (WAC) pricing information becomes available.
- When ASP or WAC pricing information becomes available, the temporary HCPCS code will be deleted, and separate payment will be made under the OPPS and ASC payment systems for HCPCS Q2026, Q2027, and G0429.
- For hospital institutional non-OPPS claims, Medicare contractors will use current payment methodologies for claims for dermal injections for treatment of LDS.

Hospital and ASC Billing Instructions

- For hospital **outpatient claims**, **hospital institutional non-OPPS claims**, and ASCs, covered dermal injections for treatment of LDS must be billed by having all the required elements on the claim:
 - A line with HCPCS codes Q2026 or Q2027 with a line item date of service (LIDOS) on or after March 23, 2010;
 - A line with HCPCS code G0249 with a LIDOS on or after March 23, 2010; and
 - International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes 042 (HIV) and 272.6 (Lipodystrophy).
- Medicare will line item deny institutional claims where the LIDOS is prior to March 23, 2010.

Note to OPPS hospitals or ASCs: For line item dates of service on or after March 23, 2010, and until pricing information is made available to price OPPS claims, LDS claims will contain the temporary HCPCS code C9800, instead of HCPCS G0429 and HCPCS Q2026/Q2027, as shown above.

Note on all hospital claims: An ICD-9-CM diagnosis code for a depression comorbidity may also be required for coverage on an outpatient and/or inpatient basis as determined by the individual Medicare contractor's policy.

Practitioner Billing Instructions

- Practitioners must bill covered claims for dermal injections for treatment of LDS by having all the required elements on the claim:
 - A date of service (LIDOS) on or after March 23, 2010;
 - HCPCS codes Q2026 or Q2027;
 - A line with HCPCS code G0249; and
 - ICD-9-CM diagnosis codes 042 (HIV) and 272.6 (Lipodystrophy).
- An ICD-9-CM diagnosis code for a depression comorbidity may also be required for coverage based on the individual Medicare contractor's policy.

Billing for Services Prior to Medicare Coverage

- ASCs and practitioners billing for dermal injections for treatment of LDS prior to the coverage date of March 23, 2010, will receive the following messages upon their Medicare denial:
 - Remittance Advice Remark Code (RARC) 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. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact your local contractor to request a copy of the NCD.*
 - Group Code: Contractual Obligation (CO).
- Medicare beneficiaries, whose provider bills Medicare for dermal injections for treatment of LDS prior to the coverage date of March 23, 2010, will receive the following Medicare Summary Notice (MSN) message upon the Medicare denial:
 - MSN 21.11 - *This service was not covered by Medicare at the time you received it.*

Billing for Services not Meeting Comorbidity Requirements

- Hospitals and practitioners billing for dermal injections for treatment of LDS on patients that do not have on the claim both ICD-9-CM diagnosis codes of 042 and 272.6, indicating HIV and lipodystrophy will receive the following messages upon their Medicare claims denial:
 - Claim Adjustment Reason Code 50: *These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information*

REF), if present.

- RARC M386: *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. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact your local contractor to request a copy of the NCD.*
- Group Code: Contractual Obligation (CO)
- Medicare beneficiaries who do not meet Medicare comorbidity requirements of HIV and lipodystrophy (or even depression if deemed required by the Medicare contractor) and whose provider bills Medicare for dermal injections for treatment of LDS will receive the following MSN message upon the Medicare denial:
 - MSN 15.4 - *The information provided does not support the need for this service or item.*

Background

- The Centers for Medicare & Medicaid Services (CMS) received a request for national coverage of treatments for facial LDS for HIV-infected Medicare beneficiaries.
- LDS is often characterized by a loss of fat that results in a facial abnormality such as severely sunken cheeks. This fat loss can arise as a complication of HIV and/or highly active antiretroviral therapy.
- Due to their appearance, patients with LDS may become depressed, socially isolated, and in some cases may stop their HIV treatments in an attempt to halt or reverse this complication.

Operational Impact

N/A

Reference Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6953.pdf> on the CMS website.

The official instruction (CR6953) regarding this change was issued via two transmittals. The first transmittal revised the *Medicare NCD Manual* and may be viewed at <http://www.cms.gov/transmittals/downloads/R122NCD.pdf> on the CMS website. The second transmittal revises the *Medicare Claims Processing Manual* and may be viewed at <http://www.cms.gov/Transmittals/downloads/R1978CP.pdf> on the CMS website.