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MLN Matters® Number: MM6867 **Revised**

Related Change Request (CR) #: 6867

Related CR Release Date: March 26, 2010

Effective Date: October 1, 2007 for ICD-9-CM V12.53

Related CR Transmittal #: R6630TN

Implementation Date: July 6, 2010

## Update to List of ICD-9-CM Diagnosis Codes Not Requiring the Q0 Healthcare Common Procedure Coding System (HCPCS) Modifier for Automatic Implantable Cardiac Defibrillator (ICD) Services Provided in a Clinical Study

**Note:** This article was updated on November 30, 2012, to reflect current Web addresses. This article was previously revised on April 29, 2010, to correct several entries of the Q0 modifier to emphasize that the article refers to modifier Q0 (zero) and not QO. All other information remains the same.

### Provider Types Affected

This article is for all providers who bill Medicare Carriers, fiscal intermediaries (FIs), or Medicare Administrative Contractors (A/B MACs) for ICD services rendered to Medicare beneficiaries.

### Provider Action Needed

This article is based on Change Request (CR) 6867 and updates the list of ICD-9-CM diagnosis codes not requiring the Q0 (zero) HCPCS modifier for ICD services provided in a clinical study. Be sure billing staff know of this change.

### Key Point of CR 6867

ICD-9-CM diagnosis code **V12.53** (effective October 1, 2007) does not require a Q0 modifier for payment. The following is a complete list of diagnosis codes that do not require a Q0 modifier.

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| Diagnosis codes that do not require either a QR modifier (for dates of service prior to January 1, 2008) or a Q0 modifier (for dates of service on or after January 1, 2008) |   |
|--|---|
| ICD-9-CM Code  | Secondary Prevention Diagnosis  |
| 427.1  | Ventricular tachycardia   |
| 427.41   | Ventricular fibrillation  |
| 427.42   | Ventricular flutter   |
| 427.5  | Cardiac arrest  |
| 427.9  | Cardiac dysrhythmia, unspecified  |
| V12.53   | Personal history of sudden cardiac arrest   |
| 996.04   | Mechanical complication of cardiac device, implant, and graft, due to automatic implantable cardiac defibrillator |
| V53.32   | Fitting and adjustment of other device, automatic implantable cardiac defibrillator                               |

Further, when any of these codes do appear on an ICD claim, the QR modifier is not required. However, it should be noted that providers are permitted to append the QR modifier for secondary prevention diagnoses if they deem it appropriate, i.e., that data is submitted to a data collection registry.

## Background

### Requiring Reporting of HCPCS Modifier QR to Identify Primary Prevention Indications for ICDs

On March 8, 2005, Change Request (CR) 3604, Transmittal (TR) 497, was issued to provide instructions to Centers for Medicare & Medicaid Services (CMS) contractors on how to process ICD implantations under newly expanded coverage. Among other specifications, CR 3604 informed CMS contractors that one of the requirements for covering the new indications is that the patient be enrolled in a data collection system.

Currently, CMS identifies claims through the procedure code for defibrillator implantation and the ABSENCE of five specified arrhythmia codes and two codes often used when the device is being replaced. It has come to CMS' attention that one other code should be included on this list – V12.53, personal history of sudden cardiac arrest, bringing the total number of diagnosis codes to eight.

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### Replacing of HCPCS Modifier QR with Q0 (zero)

Change Request 5805 was issued on January 18, 2008 (after CR 3604 was issued). Among other things, CR 5805 replaced HCPCS modifier QR with HCPCS modifier Q0 (zero), effective for dates of service on or after January 1, 2008. To review the MLN Matters® article related to CR5805 you may go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM5805.pdf> on the CMS website.

**Providers take note:** effective for claims with dates of service on or after April 1, 2005, for 427.89 and on or after October 1, 2007, for V12.53, your Medicare contractors will adjust as appropriate claims brought to their attention that were denied because the diagnosis code was V12.53 and lacked a Q0 modifier for dates of service on or after January 1, 2008, or lacked the QR modifier for dates of service prior to January 1, 2008.

### Additional Information

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If you have questions, please contact your Medicare MAC, FI or carrier at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

The official instruction, and the revised *Medicare Claims Processing Manual* instruction associated with this CR6867, issued to your Medicare MAC, FI or carrier regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R6630TN.pdf> on the CMS website.

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