



News Flash – The revised, Guided Pathways to Medicare Resources (1st Quarter 2010), are now available from the Centers for Medicare & Medicaid Services' (CMS) Medicare Learning Network. Guided Pathways leads Medicare Fee-For-Service providers through a variety of resources organized by topic. Quickly explore these three easy-to-navigate online guides to learn important Medicare policy and requirements. Guided Pathways information is available at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.

MLN Matters® Number: MM6903

Related Change Request (CR) #: 6903

Related CR Release Date: May 28, 2010

Effective Date: May 25, 2010

Related CR Transmittal #: R121NCD and R1977CP Implementation Date: July 6, 2010

Note: This article was updated on November 30, 2012, to reflect current Web addresses. All other information remains unchanged.

Collagen Meniscus Implant

Provider Types Affected

This article is for physicians, non-physician practitioners (NPPs) and facilities that bill Medicare Carriers, Fiscal Intermediaries (FIs), and/or Medicare Administrative Contractors (MACs) for services related to the collagen meniscus implant procedure for Medicare beneficiaries.

What You Need to Know

This article pertains to change request (CR) 6903 and announces that **claims submitted for a collagen meniscus implant procedure will be denied**. Also, effective with the July updates of the Medicare Physician Fee Schedule Database (MPFSDB) and the Integrated Outpatient Code Editor (I/OCE), a new HCPCS code, G0428 (Collagen or other tissue engineered meniscus knee implant procedure for filling meniscal defects (e.g. collagen scaffold, Menaflex)), will be available for use in non-covering collagen meniscus implant procedure claims with dates of service on and after May 25, 2010.

Disclaimer

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Background

The Centers for Medicare & Medicaid Services (CMS) concluded that the evidence demonstrates that the collagen meniscus implant does not improve health outcomes. Thus, CMS determined that the collagen meniscus implant is not reasonable and necessary for the treatment of meniscal injury/tear and is non-covered by Medicare, as identified in section 150.12 of the National Coverage Determination (NCD) Manual. That section of the NCD manual is available as an attachment to CR 6903.

This is a new NCD as there was no existing NCD on collagen meniscus implants. On August 27, 2009, CMS initiated a national coverage analysis (NCA) on the collagen meniscus implant. The collagen meniscus implant is manufactured from bovine collagen and is used to fill a meniscal defect that results from a partial meniscectomy. CR 6903 communicates the findings of that analysis. Upon completion of a NCA for the collagen meniscus implant, the decision was made that the collagen meniscus implant is non-covered for Medicare beneficiaries.

Key Points of CR 6903

- Effective for dates of service on and after May 25, 2010, claims submitted for a collagen meniscus implant procedure will be denied.
- In denying such claims, Medicare will use Claim Adjustment Reason Code 96 (Non-covered charge(s)) and Remittance Advice Remark Code 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.gov/medicare-coverage-database/overview-and-quick-search.aspx> on the CMS website. If you do not have access, you may contact the local contractor to request a copy of the NCD.) In addition, Medicare contractors will use Group Code PR (Patient Responsibility) assigning financial liability to the beneficiary if a signed Advance Beneficiary Notice (ABN) is on file; otherwise, Group Code CO (Contractual Obligation) will be used assigning financial liability to the provider if no signed ABN is on file.
- Your contractor will not search their files to recover payment for claims paid prior to implementing CR 6903. However, they will adjust such claims that are brought to their attention.

Additional Information

If you have questions, please contact your Medicare FI, carrier and/or MAC at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data->

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[and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html](#) on the CMS website. The official instruction, CR6903, issued to your Medicare FI, carrier and/or MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R121NCD.pdf> (for the NCD manual revision) and <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1977CP.pdf> (for claims processing instructions) on the CMS website.

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