



News Flash – The Centers for Medicare & Medicare Services (CMS) has launched the official website for the Medicare & Medicaid EHR Incentive Programs. This website provides the most up-to-date, detailed information about the EHR incentive programs. The Medicare and Medicaid EHR Incentive Programs will provide incentive payments to eligible professionals and hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. Bookmark this site and visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html> /often to learn about who is eligible for the programs, how to register, meaningful use, upcoming EHR training and events, and much more!

MLN Matters® Number: MM6978 **Revised**

Related Change Request (CR) #: 6978

Related CR Release Date: July 30, 2010

Effective Date: January 1, 2011

Related CR Transmittal #: R2008CP

Implementation Date: January 3, 2011

Common Working File (CWF) Override Edit for Kidney Transplant Donor Claims When the Kidney Recipient is Deceased

Note: This article was updated on December 6, 2012, to reflect current Web addresses. This MLN Matters® Article was previously revised on June 4, 2012, to add a reference to MM7816 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7816.pdf> which instructs providers to use a temporary work around to enable the payment of claims for organ donor complications. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for physicians and providers submitting claims to Medicare carriers, fiscal intermediaries (FIs), RHHs, or Part A/B Medicare Administrative Contractors (A/B MACs) for live kidney donor and related services for Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6978 which instructs Medicare contractors to override certain edits on claims for donor expenses when the kidney

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recipient is deceased. Please make sure your billing staff is aware of these changes.

Background

Medicare instructions allow donor expenses incurred after the death of the kidney recipient to be treated as incurred before the death of the kidney recipient. However, some of these claims are being rejected by Medicare systems. CR6978 corrects this problem for services performed on or after January 1, 2011.

Key Points of CR 6978:

- All physicians' services rendered to the living donor and all physicians' services rendered to the transplant recipient are billed to the Medicare program in the same manner as all Medicare Part B services are billed.
- All donor physicians' services must be billed to the account of the recipient (i.e., the recipient's Medicare number). Modifier Q3 (Live Kidney Donor and Related Services) must appear on the claim.
- For institutional claims which do not require modifiers, Medicare contractors may process the claim when the donor is receiving institutional services related to the donation of the kidney where the transplant recipient has died and the donor receives those services subsequent to the recipient's death.

Additional Information

If you have questions, please contact your Medicare MAC, carrier, or FI 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 Centers for Medicare & Medicaid Services (CMS) website.

The official instruction (CR6978) issued to your Medicare MAC, carrier, and/or FI may be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2008CP.pdf> on the CMS website.

You may want to review MM7523 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7523.pdf> that provides clarifying information regarding Medicare coverage of treatment for donor, post-kidney transplant complications.

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