

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



**News Flash** – All providers and suppliers who enrolled in the Medicare program prior to March 25, 2011, will have their enrollment revalidated under new risk screening criteria required by the Affordable Care Act (Section 6401a). Do NOT send in revalidated enrollment forms until you are notified to do so by your Medicare Administrative Contractor. You will receive a notice to revalidate between now and March 2013. For more information about provider revalidation, review MLN Matters® Special Edition Article SE1126, which can be found at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1126.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

MLN Matters® Number: MM7441 **Revised**

Related Change Request (CR) #: 7441

Related CR Release Date: September 22, 2011

Effective Date: July 7, 2011

Related CR Transmittal #: R2307CP and R135NCD

Implementation Date: September 26, 2011

### **Magnetic Resonance Imaging (MRI) in Medicare Beneficiaries with Food and Drug Administration (FDA)-Approved Implanted Permanent Pacemakers (PMs) for Use in the MRI Environment**

Note: This article was revised on March 22, 2013, to add a reference to article SE1239 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1239.pdf> on the CMS website. SE1239 announces the revised ICD-10 implementation date of October 1, 2014. All other information is the same.

#### **Provider Types Affected**

Physicians, providers, and suppliers who bill Medicare contractors (Fiscal Intermediaries (FI), Carriers, or A/B Medicare Administrative Contractors (A/B MAC)) for providing Magnetic Resonance Imaging (MRI) services to Medicare beneficiaries are affected.

#### **Disclaimer**

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## What You Need to Know

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This article, based on Change Request (CR) 7441, informs you that Medicare believes that the evidence is adequate to conclude that MRIs improve health outcomes for Medicare beneficiaries with implanted Pacemakers (PMs) when the PMs are used according to the Food and Drug Administration (FDA)-approved labeling for use in an MRI environment. Effective for services on or after July 7, 2011, Medicare will allow coverage of MRIs for beneficiaries with implanted PMs when the PMs are used according to the FDA-approved labeling for use in an MRI environment.

Effective for claims with dates of service on or after July 7, 2011, you should include the following information on MRI claims for beneficiaries with implanted PMs that are FDA-approved for use in an MRI environment:

- Appropriate MRI code;
- KX modifier; and
- ICD-9 code V45.01 (cardiac pacemaker).

Inclusion of the KX modifier on the claim line(s) means that the provider attests that documentation is on file verifying that FDA-approved labeling requirements are met. For such claims without the KX modifier, Medicare will deny MRI line items using the following remittance advice messages:

- Group Code of CO (contractual obligation); and
- Claim Adjustment Reason Code (CARC) 188 (This product/procedure is only covered when used according to FDA recommendations.).

As described previously in the MLN Matters® article MM7296 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7296.pdf>), Medicare posted a separate decision on February 24, 2011, that allows coverage of MRIs for beneficiaries with implanted PMs or implantable cardioverter defibrillators (ICDs) for use in an MRI environment in a Medicare-approved clinical study. This policy is effective for claims with dates of service on and after February 24, 2011. Providers should follow the instructions issued in the MM7296 article **and** the additional instructions referenced below.

The following information should be included on MRI claims for beneficiaries with implanted PMs or ICDs for use in an MRI environment in a Medicare-approved clinical study:

- Appropriate MRI code;
- Q0 modifier;

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- ICD-9 code V70.7 - Examination of participant in clinical trial (institutional claims only);
- Condition code 30 (institutional claims only); and
- ICD-9 code V45.02 (automatic cardiac defibrillator) or CPT code V45.01 (cardiac pacemaker).

MRI claims for beneficiaries with implanted PMs or ICDs for use in an MRI environment in a Medicare-approved clinical study that do not include all the line items listed above will be denied using the following remittance messages:

- Group Code of CO;
- CARC B5 (Coverage/program guidelines were not met or were exceeded); and
- Remittance Advice Remarks 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.gov/medicare-coverage-database/overview-and-quick-search.aspx> on the CMS website. If you do not have web access, you may contact the contractor to request a copy of the NCD).

Providers are reminded that ICD-10 implementation occurs on October 1, 2013. At that time the ICD-9 codes mentioned above will be replaced by the appropriate ICD-10 codes, which are:

- ICD-10 - Z006 - Encounter for examination for normal comparison and control in clinical research program;
- ICD-10- Z950 - Presence of cardiac pacemaker; and
- ICD-10- Z95810 - Presence of automatic implantable cardiac defibrillator.

Medicare payment for these services is as follows:

- Professional claims (practitioners and suppliers) - based on the Medicare Physician Fee Schedule (MPFS).
- Inpatient (Type of Bill (TOB) 11x) - Prospective payment system (PPS), based on the diagnosis-related group.
- Hospital outpatient departments (TOB 13x) - Outpatient PPS, based on the ambulatory payment classification.
- Rural Health Clinics (RHCs)/Federally Qualified Health Centers (FQHCs) (TOB 71x/77x) - All-inclusive rate, professional component only, based on the visit furnished to the RHC/FQHC beneficiary to receive the MRI. The technical component is outside the scope of the RHC/FQHC benefit. Therefore the provider of the technical service bills their carrier or A/B MAC on the ANSI X12N 837P or hardcopy Form CMS-1500 and payment is made under the MPFS.

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- Critical Access Hospitals (CAHs) (85x) - For CAHs that elected the optional method of payment for outpatient services, the payment for technical services would be the same as the CAHs that did not elect the optional method, which is reasonable cost. The FI or A/B MAC pays the professional component at 115% of the MPFS.

Medicare will not adjust claims automatically that were processed prior to implementation of CR7441. However, they will adjust such claims that you bring to the attention of your Medicare contractor.

Please be sure that your staffs are aware of these changes.

## Additional Information

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To view the article, MM7296, "Magnetic Resonance Imaging (MRI) in Medicare Beneficiaries with Implanted Permanent Pacemakers (PMs) or Implantable Cardioverter Defibrillators (ICDs)," visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7296.pdf> on the CMS website.

The official instruction, CR 7441, was issued to your FI, carrier, or A/B MAC regarding this change in two transmittals. The first modified the National Coverage Determinations Manual and is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R135NCD.pdf> on the CMS website.

The second updates the Medicare Claims Processing Manual and is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2307CP.pdf> on the CMS website.

If you have any questions, please contact your FI, carrier, or A/B MAC 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.

For current information on the new ICD-10 implementation date of October 1, 2014, see article SE1239 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1239.pdf> on the CMS website.

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