

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



News Flash –

New products from the Medicare Learning Network® (MLN)

- [“Discharge Planning”](#), Booklet, ICN 908184, downloadable

MLN Matters® Number: MM7888

Related Change Request (CR) #: CR 7888

Related CR Release Date: December 21, 2012

Effective Date: April 1, 2013

Related CR Transmittal #: R11590TN

Implementation Date: April 1, 2013

**New Healthcare Common Procedure Coding System (HCPCS) Code for External Ventricular Assist Devices or Any Ventricular Assist Device (VAD) For Which Payment Was Not Made Under Medicare Part A**

**Provider Types Affected**

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This MLN Matters® Article is intended for hospitals and suppliers of external Ventricular Assist Devices (VADs) or any VAD for which payment was not made under Medicare Part A. Such claims are billed to Medicare contractors (Fiscal Intermediaries (FIs), carriers and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

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## What You Need to Know

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This article, based on Change Request (CR) 7888, instructs FIs, carriers, and A/B MACs to implement a new Healthcare Common Procedure Coding System (HCPCS) codes in order to process claims for accessories and supplies for external VADs or any VAD for which payment was not made under Medicare Part A. Make sure that your billing staffs are aware of this change.

## Background

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The Centers for Medicare & Medicaid Services (CMS) provided instructions to its contractors on processing claims for replacement accessory and supplies for external VADs and for VADs for which payment was not made under Medicare Part A. Change Request (CR) 3931, issued on July 22, 2005, instructed that claims for replacement accessories and supplies for VADs implanted in patients who were not eligible for coverage under Medicare Part A or had other insurance that paid for the device and hospital stay at the time that the device was implanted should be billed using HCPCS code L9900. (See the related MLN Matters® Article, MM3931, at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/mm3931.pdf> on the CMS website.) Additionally, in rare instances, replacement accessory and supply claims for external VADs used by patients who are discharged from the hospital or an emergency backup controller for an external VAD were also to be billed using HCPCS code L9900.

Since the implementation of CR3931, CMS finds that the use of HCPCS code L9900 in the above circumstances presents claims processing issues. CR7888 enables FIs, carriers, and A/B MACs to make the necessary changes in order to process replacement accessory and supply claims for external VADs or VADs for which payment was not made under Medicare Part A using new HCPCS codes.

### *New HCPCS Code*

Payment on a fee schedule basis is required for prosthetic devices by the Social Security Act, Section 1834(h). The following codes are being added to the December 2012 HCPCS code set and are, effective for services on or after April 1, 2013:

- Q0507 - Miscellaneous Supply Or Accessory For Use With An External Ventricular Assist Device
- Q0509 - Miscellaneous Supply Or Accessory For Use With Any Implanted Ventricular Assist Device For Which Payment Was Not Made Under Medicare Part A

Effective April 1, 2013, claims for replacement of accessories and supplies for VADs implanted in patients who were not eligible for coverage under Medicare Part A or had other insurance that paid for the device and hospital stay at the time that the device was implanted, but are now eligible for coverage of the replacement supplies and accessories under Medicare Part B, should be submitted using HCPCS code Q0509. Such claims will be manually reviewed.

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In rare instances, it may be appropriate to pay for replacement of supplies and accessories for external VADs used by patients who are discharged from the hospital. In addition, in some rare instances, it may be necessary for a patient to have an emergency backup controller for an external VAD. Coverage of these items is at the discretion of your Medicare contractor. Claims for replacement of supplies and accessories used with an external VAD that are furnished by suppliers should be billed to the local carriers. Claims for replacement of supplies and accessories used with an external VAD that are furnished by hospitals and other providers should be billed to the FIs or A/B MACs. Effective April 1, 2013, these items should be billed using code Q0507 so that the claims can be manually reviewed.

In order to clarify the descriptor of miscellaneous VAD accessory and supply code Q0505, the following new code is being added December 2012 to the HCPCS Quarterly Update with an effective date of April 1, 2013:

- Q0508 - Miscellaneous Supply or Accessory For Use With An Implanted Ventricular Assist Device

Code Q0508 clarifies that the miscellaneous supplies and accessories billed under this code are for use with implanted VADs. Code Q0508 replaces code Q0505 that is discontinued March 31, 2013.

Please note that when determined to be medically necessary, dressings used with VADs are covered under the prosthetic device benefit as a supply necessary for the effective use of the VAD/prosthetic device. Claims for dressings necessary for the effective use of a VAD should be billed using the appropriate miscellaneous VAD supply code, depending upon whether the patient was eligible for coverage under Medicare Part A at the time that the VAD was implanted. The claims processing jurisdiction for dressings used with VADs is identical to that of other VAD replacement supplies and accessories and does not fall under DME MAC jurisdiction.

## Additional Information

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The official instruction, CR7888, issued to your FI, carrier and A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R11590TN.pdf> on the CMS website.

If you have any questions, please contact your 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.

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