

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



Coding for ICD-10-CM: More of the Basics MLN Connects™ Video - In this MLN Connects™ video on [Coding for ICD-10-CM: More of the Basics](#), Sue Bowman from the American Health Information Management Association (AHIMA) and Nelly Leon-Chisen from the American Hospital Association (AHA) provide a basic introduction to ICD-10-CM coding. The objective of this video is to enhance viewers' understanding of the characteristics and unique features of ICD-10-CM, as well as similarities and differences between ICD-9-CM and ICD-10-CM.

Run time: 36 minutes.

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Related Change Request (CR) #: Not applicable

Related CR Release Date: N/A

Effective Date: July 1, 2015

Related CR Transmittal #: N/A

Implementation Date: July 6, 2015

Discontinued Coverage of Vacuum Erection Systems (VES) Prosthetic Devices in Accordance with the Achieving a Better Life Experience Act of 2014

Provider Types Affected

This MLN Matters® Special Edition (SE) is intended for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) suppliers submitting claims to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for services to Medicare beneficiaries.

Provider Action Needed



STOP – Impact to You

Medicare currently pays for coverage of Vacuum Erection Systems (VES) prosthetic devices and related accessories, when reasonable and necessary. This article notifies suppliers of changes to the July DMEPOS Fee Schedule related to VES devices and

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instructs the DME MACs to implement changes to prohibit payment on claims for VES prosthetic devices (Healthcare Common Procedure Codes (HCPCS) L7900 and L7902) for dates of service on or after July 1, 2015.



CAUTION – What You Need to Know

Section 203 of the Achieving a Better Life Experience (ABLE) Act of 2014 implements changes to treat VES prosthetic devices and related accessories as statutorily noncovered in the same manner that erectile dysfunction drugs are treated in Part D. Effective for claims with dates of service on or after July 1, 2015, DME MACs will deny claims submitted with HCPCS codes L7900 and L7902.



GO – What You Need to Do

Make sure that your billing staffs are aware of these changes.

Background

As of July 1, 2015, HCPCS codes L7900 and L7902 codes are statutorily excluded from Medicare coverage and, therefore, are not payable when billed to Medicare. The Centers for Medicare & Medicaid Services (CMS) has issued instructions to the DME MACs to begin changes that are necessary to deny coverage for the following HCPCS codes for VES and related accessories effective for dates of service on or after July 1, 2015:

- L7900 - Male Vacuum Erection System
- L7902 - Tension Ring, for vacuum erection device, any type, replacement only, each

Pursuant to the above, DME MACs will deny such claims using Remittance Advice Remarks Code N425 (Statutorily excluded service(s).) and a Group Code of PR (Patient responsibility).

Additional Information

If you have any questions, please contact your DME MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under “How Does It Work” on the CMS website.

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