

Related Change Request (CR) #: 3902

MLN Matters Number: MM3902

Related CR Release Date: July 29, 2005

Related CR Transmittal #: 627

Effective Date: January 1, 2005

Implementation Date: October 31, 2005

MMA – Low Osmolar Contrast Media (LOCM): Payment Criteria and Payment Level

Note: This article was updated on February 11, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Physicians, suppliers, and providers who bill Medicare carriers for LOCM

Provider Action Needed



STOP – Impact to You

CMS has eliminated the restrictive criteria (see Background section) for the payment of LOCM for non-hospital patients, effective January 1, 2005. CMS has additionally established new codes and a new payment methodology for LOCM. The payment methodology is effective as of April 4, 2005.



CAUTION – What You Need to Know

HCPCS code replacement:

- Use HCPCS codes Q9945 - Q9951 instead of A4644 - A4646, respectively, when billing Medicare carriers for LOCM.
- Refer to MLN Matters article MM3748, page 2, for a description of these new HCPCS codes (see Additional Information section).



GO – What You Need to Do

Be sure billing staff are aware of these changes to ensure prompt and accurate payment of your claims for LOCM.

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This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

Effective January 1, 2005, payment for LOCM furnished as part of medically necessary imaging procedures for intrathecal procedures and in intraarterial and intravenous injections will be made regardless of whether any of the five medical conditions listed in previous instructions are present. These previously restrictive criteria included:

- History of previous adverse reaction to contrast material, with the exception of a sensation of heat, flushing, or a single episode of nausea or vomiting;
- History of asthma or allergy;
- Significant cardiac dysfunction including recent or imminent cardiac decompensation, severe arrhythmia, unstable angina pectoris, recent myocardial infarction, and pulmonary hypertension;
- Generalized severe debilitation;
- Sickle cell disease.

Medicare Carriers will use status indicator "E" for HCPCS codes Q9945-Q9951 and these codes are being updated on the Medicare Physician Fee Schedule effective for services on or after April 1, 2005.

Effective April 4, 2005, payment by carriers for LOCM is based on the average sales price (ASP) plus six percent, in accordance with the standard method for drug pricing established by the Medicare Modernization Act (MMA) for other than hospital outpatient claims. For services during the period of January 1, 2005 to April 3, 2005, inclusive, payment is made in accordance with the established payment for calendar year 2004.

Additional Information

Medicare Part B drug pricing files are available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/index.html> on the CMS website.

MLN Matters article MM3748 is available at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3748.pdf> on the CMS website.

The official instruction (CR3902) issued to your carrier regarding this change can be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R627CP.pdf> on the CMS website.

For additional information relating to this issue, please refer to your local carrier 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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