



PQRI Information Available

A new CMS web page dedicated to providing information on the Physician Quality Reporting Initiative (PQRI) is now available.

On December 20, 2006, the President signed the Tax Relief and Health Care Act of 2006 (TRHCA). Section 101 under Title I authorizes the establishment of a physician quality reporting system by CMS. CMS has titled the statutory program the Physician Quality Reporting Initiative. For more information, visit <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website.

MLN Matters Number: MM5505

Related Change Request (CR) #: 5505

Related CR Release Date: March 2, 2007

Effective Date: April 1, 2007

Related CR Transmittal #: R1192CP

Implementation Date: April 2, 2007

Note: This article was updated on September 26, 2012, to reflect current Web addresses. All other information remains the same.

Payment and Billing for Islet Isolation Add-On in National Institutes of Health (NIH) Clinical Trial (Inpatient Prospective Payment System (IPPS) Pricer Updated to Account for this Change)

Provider Types Affected

Providers submitting claims to Medicare Fiscal Intermediaries (FIs) or Part A/B Medicare Administrative Contractors (A/B MACs) for services related to islet cell transplantation for patients with Type I diabetes participating in a National Institutes of Health (NIH) sponsored clinical trial.

Provider Action Needed

This article is based on Change Request (CR) 5505 which announces that for services performed/discharges on or after October 1, 2004, Medicare covers islet cell transplantation for patients with Type I diabetes who are participating in a National Institutes of Health (NIH) sponsored clinical trial. In addition, Medicare will also pay an add-on payment for islet isolation services as discussed below. Note

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that although Medicare began covering this trial for discharges on or after October 1, 2004, patients are not expected to participate in the trial until mid-2007.

Background

For services performed or discharges on or after October 1, 2004, Medicare covers islet cell transplantation for patients with Type I diabetes who are participating in a National Institutes of Health (NIH) sponsored clinical trial.

Inpatient hospitals participating in this trial are entitled to an add-on payment of \$18,848.00 for islet isolation services. This amount is in addition to the final Inpatient Prospective Payment System (IPPS) payment made to the hospital. Should two infusions occur during the same hospital stay, Medicare will pay for two add-ons for isolation of the islet cells, but never for more than two add-ons for a hospital stay.

Note: The islet cell transplant may be done alone or in combination with a kidney transplant.

Medicare will pay IPPS hospitals participating in the trial for claims billed with

- ICD-9-CM procedure code 52.85 (All transplantation of cells of Islets of Langerhaus), and
- ICD-9-CM diagnosis code V70.7 (Examination of participant in clinical trial).
Note that V70.7 must be in the secondary diagnoses code position.

The add-on payment will be based on the number of times the ICD-9-CM procedure code 52.85 appears

Hospitals participating in the trial should report in the organ acquisition revenue center (0810, 0811, 0812, 0813, or 0819), charges for pre-transplant items and services related to the acquisition and delivery of pancreatic islet cell transplantation.

There are no donor charges associated because islet cells are acquired from a cadaveric pancreas. Like other Medicare covered organ transplants, these charges are subtracted from the total charges on the claim and paid as a pass-through. Pancreata procured for islet cell transplant are not included in the IPPS payment. They are paid on a reasonable cost basis. This is a pass-through cost for which interim payments may be made.

Hospitals paid under Periodic Interim Payment (PIP) will be paid this add-on in addition to their PIP payment.

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Additional Information

The official instruction, CR 5505, issued to your FI and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1192CP.pdf> on the CMS web site. A revised portion of the Medicare Claims Processing Manual is attached to CR5505 and that manual change includes additional information regarding this issue. You may also wish to review the Medicare National Coverage Determinations Manual, Section 260.3.1, regarding this issue. That manual is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html> on the CMS web site.

If you have any questions, please contact your Medicare FI or A/B MAC at their toll-free number, which may be found on the CMS web site at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Flu Shot Reminder

It's Not Too Late to Give and Get the Flu Shot

The peak of flu season typically occurs between late December and March; however, flu season can last until May. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a lifetime pneumococcal vaccination. Remember - influenza and pneumococcal vaccination and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. For more information about Medicare's coverage of adult immunizations and educational resources, <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0667.pdf> on the CMS website.

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