



**News Flash** – The revised *Sole Community Hospital Fact Sheet* (March 2007), which provides information about Sole Community Hospital classification and payments, is now available in print format from the Centers for Medicare & Medicaid Services Medicare Learning Network. To place your order, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>, scroll down to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”

MLN Matters Number: MM5724

Related Change Request (CR) #: 5724

Related CR Release Date: September 21, 2007

Effective Date: June 28, 2007

Related CR Transmittal #: R1341CP

Implementation Date: October 22, 2007

**Note:** This article was updated on September 20, 2012, to reflect current Web addresses. All other information remains the same.

## Website for Approved Transplant Centers

### Provider Types Affected

All hospital transplant programs that submit claims to Medicare administrative contractors (A/B MACs), carriers or fiscal intermediaries (FIs), for organ transplants provided to Medicare beneficiaries.

### Provider Action Needed



#### **STOP – Impact to You**

This article is based on Change Request (CR) 5724, which states that on March 30, 2007, the Department of Health and Human Services (DHHS) established a regulation authorizing the survey and certification of transplant programs.



#### **CAUTION – What You Need to Know**

All hospital transplant programs covered by the regulation, whether currently approved by the Centers for Medicare & Medicaid Services (CMS) or seeking initial approval, must submit a request for approval under the new regulations to CMS by December 26, 2007 (180 days from the effective date of the regulation).

#### Disclaimer

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.

Those programs that were already Medicare approved for participation at the time of the effective date (June 28, 2007) of the regulation will continue to be covered under National Coverage Determination (NCD) or End-stage renal disease (ESRD) conditions for coverage (as applicable) until they are notified in writing by CMS of their approval or denial under the new regulations.



### GO – What You Need to Do

BE sure to submit your request for approval by December 26, 2007, and see the *Background/Key Points* section of this article for further details. The specific manual sections that relate to this article are attached to CR5724, which is available at the Web address listed in the *Additional Information* section of this article.

## Background/Key Items

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CMS is the federal agency responsible for monitoring compliance with the Medicare conditions of participation for transplant hospitals. CMS will review the information transplant hospitals submit and conduct onsite surveys as necessary to determine compliance with the conditions of participation. Transplant programs must be in compliance with the conditions of participation to continue Medicare approval or to receive initial approval for participation.

- On or about September 1, 2007, Medicare approved transplant centers for all Medicare approved transplant programs will be listed at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/index.html> on the CMS website.
- Transplant hospitals should review the above website and send applications to the following address:

Centers for Medicare & Medicaid Services Survey and Certification Group 7500 Security Blvd. Mailstop: S2-12-25 Baltimore, MD 21244
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- Medicare providers should be aware that the new CMS Certification Number (CCN) series 9800-9899, established via Transmittal 25 (CR 5490) on April 20, 2007 is **not for billing**. **Providers are not to bill with the CCN number.**
- CR5724 will not change the way your Medicare contractors process your claims. Your contractor will, however, continue to check to determine if you are an approved transplant center AND check the effective approval date.

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- Your Medicare contractor will also check to determine if your facility is certified for adults and/or pediatric transplants dependent upon the patient's age.

## Additional Information

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For complete details regarding this Change Request (CR) please see the official instruction (CR5724) issued to your Medicare FI, carrier, or A/B MAC. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1341CP.pdf> on the CMS website.

If you have questions, please contact your Medicare 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.

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