



News Flash – Revised in January 2009 -- The *Outpatient Code Editor (OCE) Web-Based Training (WBT)*, which is made available by the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network (MLN), can help healthcare professionals, and medical administrative staff, to understand the OCE utilized under the Outpatient Prospective Payment System (OPPS), as well as other payment systems. This WBT addresses the OCE in the Fiscal Intermediary Standard System (FISS). It can be accessed by going to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html> on the CMS website. Then, scroll to the “Related Links Inside CMS” section and select [Web Based Training \(WBT\) Modules](#). You will find the “Outpatient Code Editor WBT” from the list provided.

MLN Matters Number: MM6366

Related Change Request (CR) #: 6366

Related CR Release Date: March 12, 2009

Effective Date: December 8, 2008

Related CR Transmittal #: R1697CP and R99NCD

Implementation Date: April 6, 2009

Heartsbreath Test for Heart Transplant Rejection

Note: This article was updated on December 17, 2012, to reflect current Web addresses. This article was previously revised on March 12, 2009, to reflect a revised transmittal related to CR 6366. The CR release date, transmittal number (see above), and the Web address for accessing that transmittal were changed. All other information remains the same.

Provider Types Affected

Providers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or Medicare Administrative Contractors (MACs)) for Heartsbreath testing services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6366 and alerts providers that the Centers for Medicare & Medicaid Services (CMS) determined that the **Heartsbreath Test is not reasonable and necessary** under section 1862(a)(1)(A) of the Social Security Act, **and is non-covered for dates of service**

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on or after December 8, 2008. See the Background and Additional Information Sections of this article for further details regarding this issue.

Background

On December 8, 2008, CMS issued a decision memorandum in response to a formal request for Menssana Research, Inc., to consider national coverage of the Heartsbreath test as an adjunct to the heart biopsy to detect grade 3 heart transplant rejection in patients who have had a heart transplant within the last year and an endomyocardial biopsy in the prior month. CMS determined that the evidence does not adequately define the technical characteristics of the test nor demonstrate that Heartsbreath testing to predict heart transplant rejection improves health outcomes in Medicare beneficiaries.

Key Points of CR 6366

- Effective for claims with dates of service on and after December 8, 2008, the Heartsbreath test used to predict heart transplant rejection is nationally non-covered. This coverage change to Current Procedural Terminology (CPT) Code 0085T, breath test for heart transplant rejection, will be effective with the April 1, 2009, quarterly update of the Medicare Physician Fee Schedule Database.
- Effective with the April 1, 2009, quarterly update of the Integrated Outpatient Code Editor, CPT code 0085T, breath test for heart transplant rejection, is no longer payable by Medicare.
- When denying claims for CPT code 0085T, Medicare contractors will use:
 - Medicare Summary Notice (MSN) message 16.10: Medicare does not pay for this item or service,
 - Claim Adjustment Reason Code 50: These are non-covered services because this is not deemed a medical necessity by the payer;
 - Claim Adjustment Remark Code MA 51: Missing/Incomplete/Invalid Procedure Code(s); and,
 - N386: This decision was based on an NCD. An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> on the CMS website.

(If you do not have Web access, contact your Medicare contractor to request a copy of the NCD.)

- For beneficiaries who choose to have this procedure anyway, providers shall

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issue an Advance Beneficiary Notice (ABN) indicating that Medicare issued an NCD at section 260.10 of the NCD Manual stating that the Heartsbreath test is not reasonable and necessary for Medicare beneficiaries. Medicare never pays for this test and the beneficiary would be held financially liable.

(Beginning March 1, 2009, the ABN-G will no longer be valid and providers must issue the revised ABN (CMS-R-131.)

- Medicare Contractors will include the Group Code CO (contractor obligation) or PR (provider responsibility) depending on liability.
- For claims already processed with dates of service between December 8, 2008, and April 1, 2009, contractors will not search their files, but may go back and adjust claims that are brought to their attention.

Additional Information

If you have questions, please contact your Medicare FI, carrier or 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.

The official instruction (CR6366) was issued to your Medicare FI, carrier or MAC via two transmittals. The first conveys the revised claims processing instructions and is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1697CP.pdf> on the CMS website.

The second transmittal conveys the change to the National Coverage Determinations Manual and that transmittal is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R99NCD.pdf> on the CMS website.

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