

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



News Flash – The Centers for Medicare & Medicaid Services (CMS) has posted online the Monday, June 20, letter from CMS Administrator, Donald M Berwick, MD, that highlights opportunities for providers, Medicare beneficiaries, and patients not covered by Medicare as a result of the Affordable Care Act. The letter was sent to Medicare Fee-For-Service providers by the Medicare Administrative Contractors (MACs) during the week of Monday, June 20, and can be found at http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.

MLN Matters® Number: MM7476

Related Change Request (CR) #: 7476

Related CR Release Date: July 15, 2011

Effective date s: 10/1/2011-ICD-9 Updates; 1/1/2011-DME Updates

Related CR Transmittal #: R2255CP

Implementation Date: October 3, 2011

Quarterly Update to the End-Stage Renal Disease Prospective Payment System

Provider Types Affected

Physicians, providers, and suppliers, including End-Stage Renal Disease (ESRD) facilities and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers, submitting claims to Fiscal Intermediaries (FIs), DME Medicare Administrative Contractors (DME MACs), or A/B MACs for ESRD supplies and services provided to Medicare beneficiaries are affected by this article.

Provider Action Needed

This article, based on Change Request (CR) 7476, advises you about the following corrections to Attachment 4 and Attachment 5 provided in CR7064:

- Removes equipment and supply codes from Attachment 4 that are not separately payable to DMEPOS suppliers, and
- Adds these removed codes to Attachment 5.

You are also advised of the update to Attachment 8 provided with CR7064, which is

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. CPT only copyright 2010 American Medical Association.

the list of ICD-9-CM codes eligible for the ESRD Prospective Payment System (PPS) co-morbidity payment adjustment. The list of ICD-9-CM codes that are eligible for a co-morbidity payment adjustment effective January 1, 2011 and the list of ICD-9-CM codes that are eligible for a co-morbidity payment adjustment effective October 1, 2011 is available at

http://www.cms.gov/ESRDPayment/40_Comorbidity_Conditions.asp#TopOfPage on the Centers for Medicare & Medicaid Services (CMS) website.

The revised attachments 4 and 5 are attached to CR7476 at

<http://www.cms.gov/Transmittals/downloads/R2255CP.pdf> on the CMS website.

Items and services that are subject to the ESRD PPS consolidated billing requirements can be found at

http://www.cms.gov/ESRDPayment/50_Consolidated_Billing.asp#TopOfPage on the CMS website.

Please be sure to inform your staffs of these changes.

Background

MM7064, entitled "End Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Consolidated Billing for Limited Part B Services," advised you about the implementation of a new bundled payment system for renal dialysis items and services provided on and after January 1, 2011. You may review this article by going to <http://www.cms.gov/MLNMattersArticles/downloads/MM7064.pdf> on the CMS website.

The ESRD PPS provides payment adjustments for six categories (three acute and three chronic) of co-morbid conditions. When applicable, ESRD facilities can report specific ICD-9-CM diagnosis codes on ESRD facility claims to be eligible for a co-morbidity payment adjustment. The ICD-9-CM codes are updated annually and are published in the Federal Register in April/May of each year as part of the Proposed Changes to the Hospital Inpatient Prospective Payment Systems and are effective each October 1. CR7476 provides updates to attachment 8 of CR7064, which includes the ICD-9-CM codes eligible for the ESRD PPS co-morbidity payment adjustment in accordance with the annual ICD-9-CM update, which is effective October 1, 2011.

Changes to the ICD-9-CM codes that are eligible for a co-morbidity payment adjustment effective October 1, 2011 include:

1. In the chronic comorbid conditions under the hereditary hemolytic and sickle cell anemia category, ICD-9 code 282.41 – Sickle-cell thalassemia without crisis has been revised to include microdrepanocytosis.

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. CPT only copyright 2010 American Medical Association.

2. In the chronic comorbid conditions under the hereditary hemolytic and sickle cell anemia category, the 5 new ICD-9 codes added are as follows:
- **282.43 Alpha thalassemia**
 - o Alpha thalassemia major
 - o Hemoglobin H Constant Spring
 - o Hemoglobin H disease
 - o Hydrops fetalis due to alpha thalassemia
 - o Severe alpha thalassemia
 - o Triple gene defect alpha thalassemia

Excludes: alpha thalassemia trait or minor (282.46); hydrops fetalis due to isoimmunization (773.3); hydrops fetalis not due to immune hemolysis (778.0)
 - **282.44 Beta thalassemia**
 - o Beta thalassemia major
 - o Cooley's anemia
 - o Homozygous beta thalassemia
 - o Severe beta thalassemia
 - o Thalassemia intermedia
 - o Thalassemia major

Excludes: beta thalassemia minor (282.46); beta thalassemia trait (282.46); delta-beta thalassemia (282.45); hemoglobin E beta thalassemia (282.47); sickle-cell beta thalassemia (282.41, 282.42)
 - **282.45 Delta-beta thalassemia**
 - o Homozygous delta-beta thalassemia
 - o Excludes: delta-beta thalassemia trait (282.46)
 - **282.46 Thalassemia minor**
 - o Alpha thalassemia minor
 - o Alpha thalassemia trait
 - o Alpha thalassemia silent carrier
 - o Beta thalassemia minor
 - o Beta thalassemia trait
 - o Delta-beta thalassemia trait
 - o Thalassemia trait NOS

Excludes: alpha thalassemia (282.43); beta thalassemia (282.44); delta beta thalassemia (282.45); hemoglobin E-beta thalassemia (282.47); sickle-cell trait (282.5)
 - **282.47 Hemoglobin E-beta thalassemia**

Excludes: beta thalassemia (282.44); beta thalassemia minor (282.46); beta thalassemia trait (282.46); delta-beta thalassemia (282.45); delta-beta thalassemia trait (282.46); hemoglobin E disease (282.7); other hemoglobinopathies (282.7); sickle-cell beta thalassemia (282.41, 282.42)
3. In the chronic comorbid conditions under the hereditary hemolytic and sickle cell anemia category, ICD-9 code 282.49 – Other thalassemia has been revised to no

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. CPT only copyright 2010 American Medical Association.

longer include Cooley's anemia, Hb-Bart's disease, Microdrepanocytosis, Thalassemia (alpha) (beta) (intermedia) (major) (minima) (minor) (mixed) (trait), and Thalassemia NOS.

4. In the chronic comorbid conditions under hereditary hemolytic and sickle cell anemia category, ICD-9 code 282.49 – Other thalassemia has been revised to include Dominant thalassemia, Hemoglobin C thalassemia, Mixed thalassemia, and continues to include Thalassemia with other hemoglobinopathy.
5. In the chronic comorbid conditions under hereditary hemolytic and sickle cell anemia category, ICD-9 code 282.49 – Other thalassemia has been revised to exclude hemoglobin C disease (282.7); hemoglobin E disease (282.7); other hemoglobinopathies (282.7); sickle cell anemias (282.60-282.69); and sickle-cell beta thalassemia (282.41-282.42)

Attachment 4 of CR7064, DME ESRD Supply Healthcare Common Procedure Coding System (HCPCS) for ESRD PPS Consolidated Billing Edits, included the list of equipment and supplies that are ESRD-related but can be used in other provider settings for reasons other than for the treatment of ESRD. Attachment 5 of CR7064, DME ESRD Supply HCPCS Not Payable to DME Suppliers, included the list of the DME ESRD supply codes that are no longer separately payable to Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) suppliers. To allow DMEPOS suppliers to get paid for furnishing these services under other circumstances covered by Medicare, CR7064 provided instructions stating that DMEPOS suppliers may bill the items listed on Attachment 4 with the AY modifier to indicate that the item is used for reasons other than for the treatment of ESRD. Currently, there are equipment and supplies listed on Attachment 4 that are not used in other provider settings and would therefore never be used for reasons other than for the treatment of ESRD. Therefore, these items would not be covered by Medicare because there is no other benefit category that can provide coverage. CR7476 rescinds and replaces Attachments 4 and 5 of CR7064 as follows: Removes equipment and supply codes from Attachment 4 that are either not separately payable or not payable by Medicare and add these codes to Attachment 5. Surgical dressing code A6204 will also be included in Attachment 5.

Additional Information

The official instruction, CR7476, issued to your Medicare contractor regarding this change, may be viewed at <http://www.cms.gov/Transmittals/downloads/R2255CP.pdf> on the CMS website.

If you have any questions, please contact your FI, A/B MAC, or DME MAC at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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. CPT only copyright 2010 American Medical Association.