

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



News Flash – The Centers for Medicare & Medicaid Services is pleased to announce the scheduled release of modifications to the Healthcare Common Procedure Coding System (HCPCS) code set. These changes have been posted to the HCPCS website at http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS_Quarterly_Update.html on the CMS website. Changes are effective on the date indicated on the update.

MLN Matters® Number: MM7820

Related Change Request (CR) #: CR 7820

Related CR Release Date: May 11, 2012

Effective Date: October 1, 2012

Related CR Transmittal #: R2465CP

Implementation Date: October 1, 2012

Assigned Codes for Home Oxygen Use for Cluster Headache (CH) in a Clinical Trial (ICD-10)

Provider Types Affected

This MLN Matters® Article is intended for providers and suppliers who bill Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for providing home use of oxygen services to Medicare beneficiaries.

Provider Action Needed



STOP – Impact to You

Effective for claims with dates of service on or after October 1, 2012, your DME MAC will pay for home use of oxygen for the treatment of Cluster Headaches (CH) during the 36 month rental period, if the claims contain all of the codes and modifiers described in the Background Section below.

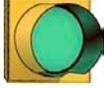


CAUTION – What You Need to Know

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Change Request (CR) 7820, from which this article is taken, provides the oxygen codes and modifiers that will be used, effective October 1, 2012, to identify home use of oxygen for CH provided in a Medicare approved clinical study under Coverage with Evidence Development (CED) pursuant to the "National Coverage Determinations Manual," Chapter 1, Part 4 (Sections 200 – 310.1) Coverage Determinations, Section 240.22 (Home Oxygen Use to Treat Cluster Headache (CH) – (Effective January 4, 2011)).



GO – What You Need to Do

You should make sure that your billing staffs are aware of these codes and modifiers for home use of oxygen for CH.

Background

On January 14, 2011, the Centers for Medicare & Medicaid Services (CMS) released CR7235, "Home Use of Oxygen to Treat Cluster Headache (CH)," effective January 4, 2011, to be implemented February 14, 2011. (You can find the associated MLN Matters® Article at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7235.pdf> on the CMS website).

CR7235 explained that effective for claims with dates of service on or after January 4, 2011, Medicare will allow for coverage of home use of oxygen to treat Medicare beneficiaries diagnosed with CH when those beneficiaries are enrolled in CMS approved clinical studies, for the purpose of gaining further evidence. The clinical studies must: 1) Compare normobaric 100% oxygen with at least one clinically appropriate comparator for the treatment of CH, and 2) Address whether the home use of oxygen improves Medicare beneficiaries' health outcomes in compliance with the criteria in the "Medicare National Coverage Determinations Manual," Chapter 1, Part 4 (Sections 200 – 310.1) Coverage Determinations, Section 240.2.2 (Home Oxygen Use to Treat Cluster Headache (CH) (Effective January 4, 2011)) which you can find at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf on the CMS website.

The following oxygen codes and modifiers will be used, effective October 1, 2012, to identify home use of oxygen for CH, provided pursuant to a Medicare-approved clinical study under Coverage with Evidence Development (CED):

Code	Description
E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula or Mask, and Tubing
E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit
E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit
Modifier	Description
QF	Prescribed Amount of Oxygen Exceeds 4 Liters Per minute (LPM) and Portable Oxygen is Prescribed
QG	Prescribed Amount of Oxygen is Greater than 4 Liters Per Minute (LPM).

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Please note that for the treatment of CH, this policy refers to the use of gaseous oxygen equipment and contents only. Further, the usual dosage of oxygen for the treatment of CH is between 6-12 liters per minute. Modifiers "QG" or "QF" will be used with E0424 to adjust the monthly stationary oxygen payment amount to recognize that oxygen is prescribed for CH at a rate that exceeds 4 liters per minute. Therefore, during the 36 month rental period:

- If the beneficiary is prescribed stationary gaseous oxygen at a rate that exceeds 4 LPM, suppliers use the modifier "QG" with Healthcare Common Procedure Coding System (HCPCS) code E0424 to increase the monthly stationary oxygen payment amount by 50 percent.
- If the beneficiary is prescribed both stationary and portable gaseous oxygen at a rate that exceeds 4 LPM, suppliers use the modifier "QF" with HCPCS code E0424 to increase the monthly stationary oxygen payment amount by 50 percent in accordance with the payment rules found in the "Medicare Claims Processing Manual," Chapter 20 (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)), Section 130.6 (Billing for Oxygen and Oxygen Equipment), which you can find at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c20.pdf> on the CMS website. A separate monthly payment is not allowed for the portable gaseous oxygen equipment described under HCPCS code E0431.

Payment for Oxygen Contents

Beginning with dates of service on or after the end date of service for the month representing the 36th payment for code E0424, suppliers may bill on a monthly basis for furnishing oxygen contents (stationary and/or portable). If only stationary gaseous oxygen equipment was furnished in month 36 and billed with code E0424, suppliers may bill on a monthly basis for stationary oxygen contents using HCPCS code E0441. However, if both gaseous stationary and portable oxygen equipment were furnished in month 36 and billed using code E0424 "QF", suppliers may bill on a monthly basis for both stationary and portable oxygen contents using HCPCS codes E0441 and E0443.

Additional Billing Information

Specifically, DME MACs will pay claims with dates of service on or after October 1, 2012, for home use of oxygen for the treatment of Cluster Headaches (CH) during the 36 month rental period, if they contain all of the following:

- HCPCS code E0424; and Modifier "QF" or "QG" and modifier Q0 (clinical trial); and
- ICD-9 diagnosis code 339.00, 339.01, or 339.02; and
- ICD-9 diagnosis code V70.7; and
- POS 12 (home)

Adding the 8-digit clinical trial number is optional.

DME MACs will pay claims with dates of service on or after October 1, 2012, for home use of oxygen for the treatment of Cluster Headaches (CH) after the 36 month rental period, if they contain all of the following:

- HCPCS code E0441 and/or E0443; and

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- Modifier modifier Q0 (clinical trial); and
- ICD-9 diagnosis code 339.00, 339.01, or 339.02; and
- ICD-9 diagnosis code V70.7; and
- POS 12 (home).

Again, adding the 8-digit clinical trial number is optional.

Effective October 1, 2012, DME MACs will deny claims received with HCPCS code E1399 when billed with ICD-9 diagnosis code(s) 339.00, 339.01, or 339.02. When denying such claims, they will use the following codes:

- Claim Adjustment Reason Code (CARC) 167 – This (these) diagnosis (es) are not covered. Note: Refer to the 835 Healthcare Policy Identification segment (loop 2110 Service Payment Information REF), if present.
- Remittance Advice Remark Code (RARC) N386 - This decision was based on a National Coverage Determination (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/mcd/search.asp> on the CMS website. If you do not have web access, you may contact the contractor to request a copy of the NCD.
- MSN 14.9- "Medicare cannot pay for this service for the diagnosis shown on the claim."
- Group Code CO (Contractual Obligation)

CR7820 also relates the appropriate ICD-10 codes for CH are as follows:

- Cluster Headache ICD-10 diagnosis code(s): G44.001, G44.009, G44.011, G44.019, G44.021, or G44.029; and
- Clinical Trial ICD-10 diagnosis code Z00.6

Additional Information

The official instruction, CR7820, is located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2465CP.pdf> on the CMS website.

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

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