

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



News Flash -

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- [“The Basics of Medicare Enrollment for Physicians Who Infrequently Receive Medicare Reimbursement,”](#) Fact Sheet, ICN 006881, Downloadable only.



MLN Matters® Number: MM8199

Related Change Request (CR) #: CR 8199

Related CR Release Date: February 8, 2013

Effective Date: January 1, 2013

Related CR Transmittal #: R151NCD

Implementation Date: March 11, 2013

Change of Address for Percutaneous Transluminal Angioplasty (PTA) of the Carotid Artery Concurrent with Stenting Facility Approval and Recertification Letter Submission

Provider Types Affected

This MLN Matters® Article is intended for physicians and providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), carriers, and A/B Medicare Administrative Contractors (MACs)) for stenting services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8199, which updates the address identified in the National Coverage Determination (NCD) to which facilities must send their approval request letters and recertification letters. Make sure that your staffs are aware of this update.

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 2011 American Medical Association.

Background

Effective March 17, 2005, facilities wishing to receive Medicare coverage for Carotid Artery Stenting (CAS) procedures performed on patients at high risk for adverse events from Carotid Endarterectomy (CEA) were required to submit written documentation attesting to meeting the minimum facility standards identified in Section B4 of the NCD for Percutaneous Transluminal Angioplasty (PTA) (See Medicare National Coverage Determination Manual, Section 20.7, which is available at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf on the Centers for Medicare & Medicaid Services (CMS) website.) The NCD also requires facilities to submit recertification letters to CMS every two years. CR 8199 serves to update the address identified in the NCD to which the approval request letters and recertification letters must be sent. The address has been changed to:

Director, Coverage and Analysis Group
7500 Security Boulevard, Mailstop S3-02-01
Baltimore, MD 21244

All other aspects of this NCD remain the same.

Additional Information

The official instruction, CR8199, issued to your FI, carrier, and A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R151NCD.pdf> on the CMS website.

If you have any questions, please contact your 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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