



**News Flash** – Do you ever wonder about how to utilize search tools in selected areas of the CMS website? The searchable Medicare Coverage Database (MCD) contains all Medicare National Coverage Determinations (NCDs), National Coverage Analyses (NCAs), Local Coverage Determinations (LCDs), and local policy articles. The Medicare Learning Network (MLN) has produced a "How To" booklet (2.5 MB), that provides an explanation of the MCD, as well as how to use the Search, Indexes, Reports and Downloads features. The revised How to Use the Medicare Coverage Database booklet is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> on the MLN Publications page. Use search key words "how to" to locate this publication quickly. Understanding the search tool is the best way to find the information for which you are looking!

MLN Matters® Number: MM6970

Related Change Request (CR) #: 6970

Related CR Release Date: June 11, 2010

Effective Date: October 27, 2008

Related CR Transmittal #: R7190TN

Implementation Date: October 4, 2010

**Note:** This article was updated on December 6, 2012, to reflect current Web addresses. All other information remains unchanged.

## **Reprocessing of Claims for Certain Replacement Parts, Accessories, or Supplies for Prosthetic Implants and Surgically Implanted Durable Medical Equipment (DME) with Dates of Service of October 27, 2008, through December 31, 2009**

### **Provider Types Affected**

This article impacts DME suppliers billing Medicare Carriers and Part A/B Medicare Administrative Contractors (A/B MACs) for certain replacement parts, accessories, or supplies for prosthetic implants and surgically implanted DME with dates of service of October 27, 2008, through December 31, 2009.

### **Provider Action Needed**

The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 6970 in order to augment previously issued CR 6573. CMS issued CR 6573, Transmittal 531 on August 14, 2009. That CR included a list of Healthcare Common Procedure Coding System (HCPCS) codes that could be billed as a

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replacement part, accessory, or supply for prosthetic implants and surgically implanted DME according to guidelines established by CR 5917. CR 6970 directs Medicare Contractors to **reprocess claims with dates of service October 27, 2008, through December 31, 2009, containing the HCPCS codes found in the attachment to CR 6573**, using the guidelines established by CRs 5917 and 6573. That list is an attachment to CR 6573 at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R5310TN.pdf> on the CMS website. Make certain your billing staffs are aware of these adjustments that will be processed later this year.

## Background

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CR 5917, Transmittal 1603, issued on September 26, 2008, *"Claims Jurisdiction and Enrollment Procedures for Suppliers of Certain Prosthetics, Durable Medical Equipment (DME) and Replacement Parts, Accessories and Supplies,"* communicated that entities enrolled with the National Supplier Clearinghouse (NSC) as a Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) supplier may enroll with and bill to the carrier/A/B MAC replacement parts, accessories, and supplies for prosthetic implants and surgically implanted DME items that are not required to be billed to the Medicare fiscal intermediary. Included with CR 5917 was an excerpt of the 2008 annual jurisdiction list containing HCPCS codes, which CMS instructed at the time may be billed to the carrier/MAC as a replacement part, accessory or supply for prosthetic implants and surgically implanted DME.

CR 6573, Transmittal 531, issued on August 14, 2009, clarified the claims filing jurisdiction and payment policies for DMEPOS items submitted under the guidelines established in CR 5917. CR 6573 also provided an updated list of HCPCS codes that may be billed as a replacement part, accessory, or supply for prosthetic implants and surgically implanted DME, under these guidelines. CR 6573 was effective for DMEPOS claims with dates of service on and after January 1, 2010.

## Key Points of CR 6970

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- Medicare Contractors will reprocess claims with dates of service of October 27, 2008 through December 31, 2009 containing the HCPCS codes found in Attachment A of CR 6573, using the claims processing instructions previously communicated in CRs 5917 and 6573.
- CR 6970 and the billing guidelines for replacement parts, accessories and supplies for implanted devices established in CRs 5917 and 6573 apply only to DMEPOS suppliers enrolled with the NSC and their local carrier/A/B MAC

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and does not change the existing carrier/A/B MAC billing rules that apply to physicians, facilities, or other entities that are implanting the devices.

## Additional Information

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If you have questions, please contact your Medicare 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. The official instruction (CR6970) issued to your Medicare Carrier or A/B MAC is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7190TN.pdf> on the CMS website.

CR 6573 contains the *2008 DMEPOS Fee Schedule HCPCS Codes Payable as a Replacement Part, Accessory or Supply for Prosthetic Implants and Surgically Implanted DME (Rev. March 2009)* and that list is an attachment to CR 6573 at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R5310TN.pdf> on the CMS website.

To review the MLN Matters® article related to CR 5917, go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM5917.pdf> on the CMS website.

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