

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1613	Date: OCTOBER 3, 2008
	Change Request 6221

Subject: Reasonable Charge Update for 2009 for Splints, Casts, Dialysis Supplies, Dialysis Equipment, and Certain Intraocular Lenses

I. SUMMARY OF CHANGES: This transmittal provides instructions regarding the calculation of reasonable charges for payment of claims for splints, casts, dialysis supplies, dialysis equipment, and intraocular lenses furnished in calendar year 2009. The initial release of this RN can be found in chapter 23, section 80 of the Medicare Claims Processing internet-only manual.

New / Revised Material

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1613	Date: October 3, 2008	Change Request: 6221
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SUBJECT: Reasonable Charge Update for 2009 for Splints, Casts, Dialysis Supplies, Dialysis Equipment, and Certain Intraocular Lenses

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

I. GENERAL INFORMATION

A. Background: Payment continues to be made on a reasonable charge basis for splints, casts, dialysis supplies, dialysis equipment and intraocular lenses. For intraocular lenses, payment is only made on a reasonable charge basis for lenses implanted in a physician’s office. For splints and casts, the Q-codes are to be used when supplies are indicated for cast and splint purposes. This payment is in addition to the payment made under the physician fee schedule for the procedure for applying the splint or cast.

B. Policy: This transmittal provides instructions regarding the calculation of reasonable charges for payment of claims for splints, casts, dialysis supplies, dialysis equipment, and intraocular lenses furnished in calendar year 2009. Payment on a reasonable charge basis is required for these items by regulations contained in 42 CFR 405.501. The 2009 payment limits for splints and casts will be based on the 2008 limits that were announced in CR 5740 last year, increased by 5.0 percent, the percentage change in the consumer price index for all urban consumers for the 12-month period ending June 30, 2008.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6221.1	A/B MACs and Carriers shall compute 2009 customary and prevailing charges for the codes identified below using actual charge data from July 1, 2007 through June 30, 2008. <u>Intraocular Lenses Implanted in a Physician’s Office</u> V2630, V2631, V2632	X			X						
6221.2	DME MACs shall compute 2009 customary and prevailing charges for the codes identified below using actual charge data from July 1, 2007 through June 30, 2008. <u>Dialysis Supplies Billed With AX Modifier</u> A4215 A4216 A4217 A4244 A4245 A4246 A4247 A4248 A4450 A4452 A4651 A4652 A4657 A4660 A4663 A4670 A4927 A4928 A4930 A4931 A6216 A6250 A6260 A6402 <u>Dialysis Supplies Billed Without AX Modifier</u> A4653 A4671 A4672 A4673 A4674 A4680 A4690 A4706 A4707 A4708 A4709 A4714 A4719 A4720 A4721 A4722 A4723 A4724 A4725 A4726 A4728 A4730 A4736 A4737 A4740 A4750 A4755 A4760 A4765 A4766 A4770 A4771 A4772 A4773 A4774 A4802 A4860 A4870 A4890 A4911 A4918 A4929 E1634 <u>Dialysis Equipment Billed With AX Modifier</u> E0210NU E1632 E1637 E1639 <u>Dialysis Equipment Billed Without AX Modifier</u> E1500 E1510 E1520 E1530 E1540 E1550 E1560 E1570 E1575		X						X		

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
	E1580 E1590 E1592 E1594 E1600 E1610 E1615 E1620 E1625 E1630 E1635 E1636											
6221.3	A/B MACs and Carriers shall compute 2009 Inflation-Indexed Charge (IIC) amounts for the codes identified in requirement 6221.1 that were not paid using gap-filled payment amounts in 2008.	X			X							
6221.4	DME MACs shall compute 2009 IIC amounts for codes identified in requirement 6221.2 that were not paid using gap-filled amounts in 2008.		X							X		
6221.5	Contractors shall make payment for splints and casts furnished in 2009 based on the lower of the actual charge or the payment limits established for these codes. Refer to Attachment A for a detailed list of the applicable HCPCS codes and 2009 payment limits.	X		X	X							
6221.6	Contractors shall use the 2009 reasonable charges or payment limits in Attachment A to pay claims for items furnished from January 1, 2009 through December 31, 2009.	X	X	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
6221.7	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X							

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
6221.1 through 6221.4	Instructions for calculating reasonable charges are located in section 80 of chapter 23 of the Medicare Claims Processing Manual (Pub. 100-04).
6221.1 & 6221.2	Instructions for calculating customary and prevailing charge are located in section 80.2 and 80.4 of chapter 23 of the Medicare Claims Processing Manual (Pub. 100-04).
6221.3 &	Instructions for calculating the IIC are located in section 80.6 of chapter 23 of the Medicare Claims Processing

X-Ref Requirement Number	Recommendations or other supporting information:
6221.4	Manual (Pub. 100-04). The IIC update factor for 2009 is 5.0 percent.

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Hafsa Bora (410)786-7899 and Karen Jacobs (410)786-2173

Post-Implementation Contact(s): Hafsa Bora (410)786-7899 and Karen Jacobs (410)786-2173

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs) and Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment A

2009 Payment Limits for Splints and Casts

A4565	\$7.75
Q4001	\$44.11
Q4002	\$166.75
Q4003	\$31.69
Q4004	\$109.71
Q4005	\$11.68
Q4006	\$26.33
Q4007	\$5.86
Q4008	\$13.17
Q4009	\$7.80
Q4010	\$17.56
Q4011	\$3.90
Q4012	\$8.78
Q4013	\$14.20
Q4014	\$23.95
Q4015	\$7.10
Q4016	\$11.97
Q4017	\$8.21
Q4018	\$13.09
Q4019	\$4.11
Q4020	\$6.55
Q4021	\$6.07
Q4022	\$10.96
Q4023	\$3.06
Q4024	\$5.48
Q4025	\$34.07
Q4026	\$106.37
Q4027	\$17.04
Q4028	\$53.19
Q4029	\$26.05
Q4030	\$68.58
Q4031	\$13.03
Q4032	\$34.28
Q4033	\$24.30
Q4034	\$60.44
Q4035	\$12.15
Q4036	\$30.23
Q4037	\$14.83
Q4038	\$37.14
Q4039	\$7.43
Q4040	\$18.56
Q4041	\$18.02
Q4042	\$30.77
Q4043	\$9.02
Q4044	\$15.39
Q4045	\$10.46
Q4046	\$16.83
Q4047	\$5.22
Q4048	\$8.42
Q4049	\$1.91