CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 2005	**Date: July 23, 2010**
	Change Request 7015

Transmittal 1994 dated July 2, 2010, is rescinded and replaced by Transmittal 2005, dated July 23, 2010 This Transmittal corrects the short descriptor for Healthcare Common Procedural Coding System (HCPCS) 33244 in Section 270.1 of Pub, 100-04, Chapter 32. All other information remains the same.

SUBJECT: Billing and Claims Processing for Automatic Implantable Cardiac Defibrillator (ICD) Services

I. SUMMARY OF CHANGES: This CR implements the new manual sections for Publication 100-04, Chapter 32, Sections 270, 270.1, 270.2, which describes the Automatic Implantable Cardiac Defibrillator (ICD) Services.

EFFECTIVE DATE: August 31, 2010
IMPLEMENTATION DATE: August 31, 2010

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	32/Table of Contents
N	32/270/Claims Processing for Implantable Automatic Defibrillators
N	32/270.1/Coding Requirements for Implantable Automatic Defibrillators
N	32/270.2/Billing Requirements for Patients Enrolled in a Data Collection System

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 2005	Date: July 23, 2010	Change Request: 7015

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SUBJECT: Billing and Claims Processing for Automatic Implantable Cardiac Defibrillator (ICD) Services

EFFECTIVE DATE: August 31, 2010

IMPLEMENTATION DATE: August 31, 2010

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to add information previously omitted to the Medicare Claims Processing manual, Publication 100-04. This CR is updating the manual and is not changing current policy. The following CRs are being incorporated into the claims processing manual:

- Transmittal 497, CR 3604, dated March 8, 2005
- Transmittal 819, CR 4273, dated January 27, 2006
- Transmittal 1418, CR 5805, dated January 18, 2008
- Transmittal 663, CR 6867, dated March 26, 2010

B. Policy: This CR incorporates previously published information and instructions regarding ICDs in a new section in Chapter 32, of Publication 100-04.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7015.1	Contractors shall be aware of billing and claims processing instructions for Automatic Implantable Cardiac Defibrillator (ICD) Services, located in Publication 100-04, Chapter 32, Section 270, 270.1, 270.2.	X		X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)

		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None

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

V. CONTACTS

Pre-Implementation Contact(s): Division of Practitioner Claims Processing
Cynthia Thomas at 410-786-8169 or cynthia.thomas2@cms.hhs.gov
Vera Dillard at 410-786-6149 or vera.dillard@cms.hhs.gov

Division of Institutional Claims Processing
Joseph Bryson at 410-786-2986 or joseph.bryson@cms.hhs.gov

Post-Implementation Contact(s): Appropriate Project Officer or Contractor Manager

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers,* use only one of the following statements:

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),* include the following statement:

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.

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

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(Rev.2005, Issued: 7-23-10)

270 – Claims Processing for Implantable Automatic Defibrillators
(Rev.2005, Issued: 7-23-10, Effective: 8-31-10, Implementation: 8-31-10)

Coverage Requirements- The implantable automatic defibrillator is an electronic device designed to detect and treat life threatening tachyarrhythmias. The device consists of a pulse generator and electrodes for sensing and defibrillating.
See §20.4 -Medicare National Coverage Determinations (NCD) Manual for the complete list of covered indications.

270.1 – Coding Requirements for Implantable Automatic Defibrillators
(Rev.2005, Issued: 7-23-10, Effective: 8-31-10, Implementation: 8-31-10)

The following are the applicable procedure codes for implantable automatic defibrillators:

33240- (Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator)
33241(Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator)
33243 (Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy)
33244 (Removal of single or dual chamber pacing cardioverter-defibrillator electrodes by transvenous extraction)
33249- (Insertion or repositioning of electrode leads(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator)

For inpatient hospitals claims, ICD-9 CM procedure code 37.94 shall be used for to report the implantation/replacement of automatic defibrillators.

270.2 – Billing Requirements for Patients Enrolled in a Data Collection System
(Rev.2005, Issued: 7-23-10, Effective: 8-31-10, Implementation: 8-31-10)

Effective for dates of service on or after April 1, 2005, Medicare required that patients receiving a defibrillator for the primary prevention of sudden cardiac arrest be enrolled in a qualifying data collection system. Providers shall use modifier Q0 to identify patients whose data is being submitted to a data collection system.

The following ICD-9 diagnosis codes identify non-primary prevention (secondary prevention) patient or replacement implantations (e.g. due to recalled devices):

427.1 Ventricular tachycardia
427.41 Ventricular fibrillation
427.42 Ventricular flutter

427.5 Cardiac arrest

427.9 Cardiac dysrhythmia, unspecified

V12.53 Personal history of sudden cardiac arrest

996.04 Mechanical complication of cardiac device, implant, and graft, due to automatic implantable cardiac defibrillator

V53.32 Fitting and adjustment of other device, automatic implantable cardiac defibrillator

When any of the above codes appear on a claim, the Q0 modifier is not required. The Q0 modifier may be appended to claims for secondary prevention indications when data is being entered into a qualifying data collection system.