

# Program Memorandum Intermediaries

Department of Health and  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal A-01-97

Date: AUGUST 8, 2001

## CHANGE REQUEST 1743

This is a technical correction to Program Memoranda (PM) A-01-40, CR 1601, dated March 22, 2001, A-01-41, CR 1610, dated March 22, 2001, and A-01-73, CR 1707, dated June 1, 2001.

**SUBJECT: Technical Corrections Under the Hospital Outpatient Prospective Payment System (OPPS)**

This PM contains a list of corrected category designations for devices that were listed in Attachment III of Transmittal A-01-41. This PM also provides additional information on Lomustine which was addressed in Transmittal A-01-40, as well as additional clarifications/corrections to specific items listed in Transmittal A-01-73.

The outpatient code editor (OCE) and PRICER currently contain the codes included in this document. All of the C-codes included in this document are used exclusively for services paid under the OPPS and may **not** be used to bill services paid under other Medicare payment systems.

The listing of HCPCS codes contained in this instruction does not assure coverage of the specific item or service in a given case. To be eligible for pass-through payments, the items contained in this document must be considered reasonable and necessary.

### I. Category Re-designation for Pass-Through Devices Effective April 1, 2001

The category designations for the specific devices listed below have been revised and supercedes the previous category designations published in Transmittal A-01-41.

Current C-Code	Long Descriptor	New Category C-code
C1003	Livewire TC Ablation Catheter 402205, 402006, 402207, 402208 (formerly listed as Livewire TC Compass Ablation Catheter)	C1733
C1008	Stent, urethral, UroLume	C1876
C1025	Marinr CS	C1730
C1035	Catheter, intracardiac echocardiography, Ultra ICE 6F, 12.5 MHz Catheter with Disposable Sheath, Ultra ICE 9F, 9 MHz Catheter with Disposable Sheath	C1759/ C1893
<b>NOTE:</b> To appropriately bill for these pass-through devices, report two categories. The catheter is reported with category code C1759 and the introducer/sheath is reported with category code C1893.		
C1036	Bard Port Implanted Port, Bard Rosenblatt Lumen Port, Bard Ultra Low Profile Port, BardPort Titanium Implanted Port, BardPort X-Port Implanted Port, BardPort M.R.I. Dual Implanted Port, BardPort M.R.I. Hard-Base Implanted Port	C1788
C1101	Zuma Guide Catheter, Medtronic AVE Vector Guide Catheter, Medtronic AVE Vector X Guide Catheter	C1887

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C1115	Lead, pacemaker 2188 Coronary Sinus Lead	C1898
C1143	Paragon III (models 2314L, 2315 M/S)	C2619
C1319	Wallstent Esophageal Prosthesis (Double) With Permalume Covering, UltraFlex Esophageal Stent System With Permalume Covering	C1874
C1319	Wallstent Esophageal Prosthesis (Double) Non-Covered, UltraFlex Esophageal Stent System, Non-Covered	C1876
C1362	Stent, biliary, RX HERCULINK 14 Biliary Stent, OTW MEGALINK SDS Biliary Stent	C1876
C1365	Hi-Torque Balance (this was previously listed as Hi-Torque Extra Balance)	C1769
C1370	Tension-Free Vaginal Tape Single Use Device	C1771
C1371	Nir Biliary Stent (this was previously listed as Nir Biliary Stent System)	C1877
C1420	TransFix Bone Anchor System with Dermis, StapleTac2 Bone Anchor System with Dermis	C1771
C1421	TransFix Bone Anchor System without Dermis, Staple Tac2 Bone Anchor System without Dermis	C1771
C1811	Biomet Repicci II Unicondylar Knee System	C1776
C1932	Dispatch Coronary Infusion Catheter, AngioDynamics Pulse Spray Infusion Catheter, AngioDynamics Unifuse Infusion Catheter	C1751
C2001	Catheter, Constellation Diagnostic Catheter	C1732
C2002	Catheter, Mariner	C1730
C2010	Response Fixed Curve Catheter, Supreme Fixed Curve Catheter, Torqr CS	C1730
C2012	Catheter, ablation, Biosense Webster Celsius 5mm Temperature Ablation Catheter, Biosense Webster Celsius Temperature Sensing Diagnostic/Ablation Tip Catheter	C1733
C2019	Cardima Naviport Deflectable Tip Guiding Catheter, Cardima Venaport Guiding Catheter	C1887
C5009	Stent, biliary, Biliary VistaFlex Stent	C1876
C5012	IntraStent Double Strut Para Mount Biliary Stent	C1876
C5016	Wallstent Single-Use Covered Biliary Endoprosthesis with Unistep Plus Delivery System	C1874
C5030	BiodivYsio AS PC Coated Coronary Stent Delivery System (11mm)	C1874
C5031	BiodivYsio AS PC Coated Coronary Stent Delivery System (15mm)	C1874

C5039	IntraCoil Peripheral Stent (40mm stent length)	3 C1876
C5040	IntraCoil Peripheral Stent (60mm stent length)	C1876
C5281	Wallgraft Tracheobronchial Endoprosthesis with Unistep Delivery System (70mm in length)	C1874
C5282	Wallgraft Tracheobronchial Endoprosthesis with Unistep Delivery System (20mm, 30mm, 50mm in length)	C1874
C6650	Introducer, guiding, Fast-Cath Two-Piece Guiding Introducer (models 406869, 406892, 406893, 406904)	C1766*

\*Refer to Transmittal A-01-73 (CR 1707) published on June 1, 2001, for information on this category.

## **II. Pass-Through Item No Longer Eligible for Pass-Through Status Effective April 1, 2001**

Section B of PM A-01-40, which was issued on March 22, 2001, lists Lomustine (C9017) as a drug approved for transitional pass-through status effective April 1, 2001. However, we have subsequently determined that Lomustine is not a drug which qualifies for coverage as an oral chemotherapeutic agent under 1861(s)(2)(Q). Therefore, this oral anti-cancer drug is not covered by Medicare. As a result:

1. HCPCS code C9017 and APC 9017 will be deleted from the October 1, 2001, release of the OCE.
2. The July 1, 2001, release of PRICER has been updated to reflect these determinations.

### **Claims Processing Instructions:**

Do not search for previously adjudicated claims with regards to Lomustine. However, re-open and reprocess claims brought to your attention.

## **III. Additional Clarifications/Corrections**

- A. Transmittal A-01-41 announced the deletion of many item specific C-codes for pass-through devices effective July 1, 2001. To facilitate implementation of the changes, fiscal intermediaries are encouraged to download the file listed below, which is available for immediate retrieval via CMS's mainframe telecommunication system.

Data [P@HCP.@AAA2360.HCPC0601.CONTR](mailto:P@HCP.@AAA2360.HCPC0601.CONTR)  
 Print [P@HCP.@AAA2360.HCPC0601.PRINT](mailto:P@HCP.@AAA2360.HCPC0601.PRINT)

- B. In Transmittal A-01-73, issued June 1, 2001, under Section VIII titled "HCPCS Codes Removed from the Inpatient Only List and HCPCS Codes Reassigned to New Status Indicators," we made a reference to status indicator "B." We wish to clarify that status indicator "B" is used solely for purposes of the OCE, and has not been adopted as a standard OPPS status indicator. It is used by the OCE to distinguish noncovered services that may be payable under certain conditions under other payment systems from all other noncovered services. For OPPS billing purposes, only status indicator "E" is used to denote any noncovered service.
- C. In Transmittal A-01-73, issued June 1, 2001, under Section V titled "C-codes Replaced With Designated National HCPCS Codes," we indicated that the following C-codes would no longer be reportable under the hospital OPPS: C1024, C1059, C1086, and C1205. However, these specific HCPCS codes are in the July 2001 OCE. Therefore, this change will not occur until the October 2001 OCE is implemented. Note this change will be made retroactive to July 1, 2001.

## D. Drug Issues

<b>HCP Code</b>	<b>SI</b>	<b>Short Descriptor</b>	<b>APC</b>	<b>Payment Rate</b>	<b>Minimum Unadjusted Co-Insurance</b>
A9502*	G	Technetium tc99m tetrofosmin	705	\$ 106.40	\$ 15.23
A9700**	G	Echocardiography contrast	9016	\$ 39.58	\$ 5.67
C9019#	J	Caspofungin acetate, 5 mg	9019	\$ 34.20	\$ 4.90
J1561*#	G	Immune globulin 500 mg	905	\$ 42.75	\$ 5.49
J2405##	G	Ondansetron HCL injection	768	\$ 6.13	\$ 0.88
J2997%	K	Alteplase recombinant, 1 mg	7048	\$ 18.70	\$ 3.74
J9150&	G	Daunorubicin	820	\$ 76.62	\$ 6.94

\* The payment rate for A9502 was incorrectly listed as \$129.96 in Transmittal A-01-73. The correct payment rate is \$106.40. This change has been included in the October 2001 PRICER and will be made retroactive to July 1, 2001. Note this radiopharmaceutical was reportable under OPSS effective August 1, 2000. Fiscal intermediaries are advised to hold claims containing this code until the October 2001 PRICER is implemented. At that time release the claims for payment, including any applicable interest, as interest payments will be impacted due to the inability to process these claims timely. For claims already processed, hospitals are advised to submit adjustment bills.

\*\* Inform hospitals that for services rendered during the period July 1, 2001 through September 30, 2001, A9700 (echocardiography contrast per study) may be shown with 3 units to properly capture the cost of a 3ml, single-dose vial. This billing instruction of reporting 3 units will not apply to services furnished on or after October 01, 2001. The payment rate associated with A9700 will be revised for the October update, and will be correctly reflected in the October 2001 PRICER.

# The short descriptor for C9019 listed in Section IX of Transmittal A-01-73 has been revised from "50 mg" to "5 mg." This change does not affect the status indicator, payment rate, or co-payment assigned to C9019. The short descriptor for C9019 may not be appropriately defined in the July version of the OCE, however, the descriptor will be corrected in the October version of the OCE.

\*# The payment rate for J1561 was incorrectly listed as \$25.92 effective August 1, 2000. The correct payment rate is \$42.75. This change has been included in the October 2001 PRICER and will be made retroactive to August 1, 2000. Fiscal intermediaries are advised not to search for previously adjudicated claims. However, re-open and reprocess claims brought to your attention.

## The payment rate for J2405 was incorrectly listed as \$3.96 in Transmittal A-01-73. The correct payment rate is \$6.13. This change has been included in the October 2001 PRICER and will be made retroactive to July 1, 2001. Note this drug was reportable under OPSS effective August 1, 2000. Fiscal intermediaries are advised to hold claims containing this code until the October 2001 PRICER is implemented. At that time release the claims for payment, including any applicable interest, as interest payments will be impacted due to the inability to process these claims timely. For claims already processed, hospitals are advised to submit adjustment bills.

% The payment rate for J2997 was incorrectly listed as \$26.13 in Addendum A Update of Calendar Year 2001 Hospital Outpatient Payment Rates and Coinsurance Amounts Effective April 1, 2001, which was posted on our website. The correct payment rate is \$18.70. This change has been included in the October 2001 PRICER and will be made retroactive to July 1, 2001. Note this radiopharmaceutical was reportable under OPSS

effective January 1, 2001. Fiscal intermediaries are advised to hold claims containing this code until the October 2001 PRICER is implemented. At that time release the claims for payment, including any applicable interest, as interest payments will be impacted due to the inability to process these claims timely. For claims already processed, hospitals are advised to submit adjustment bills.

& The payment rate for J9150 was incorrectly listed as \$76.72 in Transmittal A-01-73. The correct payment rate is \$76.62, which is correctly reflected in the July 2001 PRICER.

- E. The following codes were assigned to new APCs effective July 1, 2001 and October 1, 2001. However, these APCs were not appropriately reflected in Attachment III of Transmittal A-01-73. The information below supercedes the information published in Transmittal A-01-73 related to these specific codes. The OCE for the October 2001 reflects these changes.

HCPCS	SI	Short Descriptor	Old APC	New APC (as of 7/1/01)	New APC (as of 10/1/01)
70486	S	Ct maxillofacial w/o dye	0282		0332
73206	S	Ct angio upr extrm w/o&w dye	0283	0332	0333
73700	S	Ct lower extremity w/o dye	0283	0332	
75554	S	Cardiac mri/function	0284		0335
75555	S	Cardiac mri/limited study	0284		0335
75635	S	Ct angio abdominal arteries	0283		0333
76390	S	Mr spectroscopy	0284		0335
76400	S	Magnetic image, bone marrow	0284		0335

**NOTE:** Fiscal intermediaries are advised to make this PM available to providers. If available, immediately place this PM on your website. This PM should be distributed with your next regularly scheduled bulletin.

**The effective dates for this PM vary. Sections I and II were effective April 1, 2001. Section III is effective July 1, 2001 and October 1, 2001.**

**The implementation date for this PM is August 22, 2001.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after April 1, 2002.**

**If you have any questions, contact Marjorie Baldo (MBaldo@cms.hhs.gov) at (410) 786-4617.**