

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 3421</b>	<b>Date: December 10, 2015</b>
	<b>Change Request 9078</b>

**Transmittal 3384, dated October 26, 2015, is being rescinded and replaced by Transmittal 3421, dated December 10, for the following reason:**

**The National Coverage Determination (NCD) for Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers (NCD20.8.3) was effective on August 13, 2013, and remains in effect. In order to address claims processing issues that were brought to the attention of the Centers for Medicare & Medicaid Services, we have instructed Medicare Administrative Contractors (MACs) to implement this NCD at the local level until CMS is able to revise the formal claims processing instructions. All aspects of the NCD policy in Publication 100-03, NCD Manual, section 20.8.3, remain in effect. Additionally, we are temporarily removing the corresponding Claims Processing Manual, Publication 100-04, chapter 32, section 320, as well as all but two business requirements, to avoid confusion and better clarify that the MACs will use their discretionary authority to process these claims.**

**SUBJECT: National Coverage Determination (NCD) for Single Chamber and Dual Chamber Permanent Cardiac Pacemakers**

**I. SUMMARY OF CHANGES: See above.**

**EFFECTIVE DATE: August 13, 2013**

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

**IMPLEMENTATION DATE: January 13, 2016**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**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 obliged 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**



Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	nationally covered implanted permanent cardiac pacemakers, single chamber or dual chamber, for the indications listed in Pub. 100-03, Medicare National Coverage Determinations Manual, chapter 1, section 20.8.3.									

### III. PROVIDER EDUCATION TABLE

9078-04.2	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> 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 sites 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 the contractor's 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						
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### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Patricia Brocato-Simons, 410-786-0261, or, Patricia.Brocato-Simons@cms.hhs.gov (Coverage), Sarah Fulton, 410-786-2749, or, Sarah.Fulton@cms.hhs.gov (Coverage), Wanda Belle, 410-786-7491, or, Wanda.Belle@cms.hhs.gov (Coverage), William Ruiz, 410-786-9283, or, William.Ruiz@cms.hhs.gov (Intermediary Part A Claims), Dennis Savedge, 410-786-0140, or, Dennis.Savedge@cms.hhs.gov (Practitioner Part B Claims)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**