

CMS Manual System

Pub 100-20 One-Time Notification

Transmittal 200

Department of Health &
Human Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

Date: JANUARY 13, 2006

Change Request 4249

SUBJECT: Mandatory Transition to New Registry That Satisfies Medicare Data Reporting Requirements for Implantable Cardioverter Defibrillators (ICDs)

I. SUMMARY OF CHANGES: No later than April 1, 2006, hospitals that currently use the ICD Abstraction Tool through the Quality Network Exchange System (QNet) to satisfy Medicare's data reporting requirement for primary prevention ICD implantations, must transition to, and begin using, the American College of Cardiology National Cardiovascular Data Registry's ICD Registry. A Special Edition MedLearn Matters article (SE0578) was published on November 11, 2005 regarding this issue.

NEW/REVISED MATERIAL

EFFECTIVE DATE: November 30, 2005

IMPLEMENTATION DATE: February 13, 2006

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/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 200	Date: January 13, 2006	Change Request 4249
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SUBJECT: Mandatory Transition to New Registry That Satisfies Medicare Data Reporting Requirements for Implantable Cardioverter Defibrillators (ICDs)

I. GENERAL INFORMATION

A. Background: Reporting data for primary prevention ICD implants is a requirement of Medicare coverage. In order to obtain reimbursement, Medicare national coverage policy requires that providers implanting ICDs for primary prevention clinical indications (i.e., patients without a history of cardiac arrest or spontaneous arrhythmia) report data on each primary prevention ICD procedure. This policy became effective January 27, 2005, and is available in complete form at http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part1.pdf.

Hospitals that currently use the ICD Abstraction Tool through the Quality Network Exchange System (QNet) to report data on certain ICD implantations for Medicare beneficiaries will soon be required to transition to a new registry. The ICD Abstraction Tool was first made available to hospitals in January 2005, and was originally designed as a temporary data collection system.

The CMS has identified a new registry available to providers that will take the place of the ICD Abstraction Tool through QNet. On October 27, 2005, we announced that the American College of Cardiology National Cardiovascular Data Registry’s (ACC-NCDR) ICD Registry™ satisfies Medicare’s data reporting requirement for primary prevention ICD implantations.

B. Policy: In order to ensure that a complete and timely transition is made, hospitals must contact the ACC-NCDR by January 1, 2006, and must be enrolled with ACC-NCDR by April 1, 2006. Hospitals will need to work with the ACC-NCDR directly in order to participate. Information is available on the web at <http://www.accncdr.com> or by telephone at 1-800-253-4636, ext. 451.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F	R	C	D	Shared System Maintainers				Other
		I	H	A	M	F	M	V	C	
			H	R	E	I	C	M	W	
			I	R	R	S	S	S	F	
				I	C					
				e						
				r						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4249.1	Fiscal intermediaries (FIs) shall be aware that effective April 1, 2006, the Implantable Cardioverter Defibrillator (ICD) Abstraction Tool through the Quality Network Exchange System (QNet) will be replaced with the American College of Cardiology Cardiovascular Data Registry’s (ACC-NCDR) ICD Registry™ for purposes of Medicare data reporting requirements for primary prevention ICD implants. See national coverage policy, effective January 27, 2005, at http://www.cms.hhs.gov/manuals/103_cov_detem/ncd103c1_Part1.pdf	X							JSM
4249.2	FIs shall be aware that no later than April 1, 2006, all ICD implanting hospitals within their respective jurisdiction must be fully transitioned and enrolled with the ACC-NCDR ICD Registry™ and begin reporting their primary prevention ICD procedure data to the ACC-NCDR.	X							JSM
4249.3	FIs shall be aware that no later than January 1, 2006, all ICD implanting hospitals within their respective jurisdiction must begin the registry transition process by contacting the ACC-NCDR directly. Detailed information is available at http://www.accncdr.com , or at 1-800-253-4636, x451.	X							JSM
4249.4	FIs shall follow the instructions outlined in the Joint Signature Memorandum (JSM) #06067 dated November 30, 2005, subject: Letter from Office of Clinical Standards and Quality Addressed to Hospital Chief Executive Officers (CEOs), sent under separate cover, and outlined in this CR.	X							JSM
4249.5	No later than December 15, 2005, FIs shall send via U.S. postage service, hardcopy letters sent under separate cover as an attachment to JSM #06067, to the attention of all hospital CEOs	X							JSM

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	within their respective jurisdiction. FIs shall consult the hospital roster, sent under separate cover as an attachment to JSM #06067, in determining jurisdictional responsibility.								

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4249.6	FIs shall post a link to the Special Edition MedLearn Matters article (SE0578) located at http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0578.pdf , on their Web site and include information about it in a listserv message within 1 week of the release of this instruction.	X							

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: November 30, 2005</p> <p>Implementation Date: February 13, 2006</p> <p>Pre-Implementation Contact(s): JoAnna Baldwin, coverage, JoAnna.Baldwin@cms.hhs.gov, 410-786-7205.</p> <p>Post-Implementation Contact(s): Respective RO</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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