CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 349	**Date: JUNE 6, 2008**
	Change Request 6046

Subject: Inappropriate Denials of Claims for Percutaneous Transluminal Angioplasty (PTA) of Carotid Arteries Concurrent with Stenting Based on Facility Recertification Due Dates

I. SUMMARY OF CHANGES: This CR clarifies CMS's certification and recertification process for carotid artery stenting facilities for the purpose of rectifying inappropriate claim denials based on facility recertification dates.

Clarification
Effective Date: March 17, 2005
Implementation Date: July 7, 2008

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:

One-Time Notification

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

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 349	Date: June 6, 2008	Change Request: 6046

SUBJECT: Inappropriate Denials of Claims for Percutaneous Transluminal Angioplasty (PTA) of Carotid Arteries Concurrent with Stenting Based on Facility Recertification Due Dates

Effective Dates: March 17, 2005 (CR 3811 NCD policy)
April 30, 2007 (CR 5660 NCD clarification)

Implementation Dates: 30 days from issuance (CR 6046 instructions to remove incorrect edits)
July 5, 2005 (CR 3811 NCD policy)
July 30, 2007 (CR 5660 NCD clarification)

I. GENERAL INFORMATION

A. Background:

Effective March 17, 2005, the Centers for Medicare and Medicaid Services (CMS) revised the national coverage determination (NCD) for PTA of the carotid artery concurrent with placement of an FDA-approved carotid stent for certain beneficiaries at high risk for carotid endarterectomy. On April 22, 2005, CMS issued change request (CR) 3811 to implement NCD 20.7, which included detailed steps facilities must follow to become certified by CMS to perform this procedure.

On April 30, 2007, as a result of a request for reconsideration of NCD 20.7, CMS posted a final decision that the current coverage policy would remain unchanged. CR 5660 was subsequently released on September 12, 2007, reiterating its decision. CR 5660 also made clarifying revisions to NCD 20.7 which included additional, detailed recertification steps a facility must follow every 2 years in order to maintain Medicare coverage of CAS procedures.

Subsequently, it has come to our attention that some contractors are misapplying the initial certification and recertification requirements contained in CR 3811 and CR 5660, respectively, thereby inappropriately denying claims when a facility is not immediately recertified at the end of a 2-year period.

B. Policy:

Certifying and recertifying facilities for Medicare payment is solely under CMS jurisdiction. When CMS certifies a facility, the facility name and effective date appear on a list of approved facilities located on the CMS Web site at http://www.cms.hhs.gov/MedicareApprovedFacilitie/CASF/list.asp. If CMS disapproves a facility at any time, that facility is placed on a separate list of formerly approved facilities indicating the time period during which the facility was certified (also accessible on the above-noted Web site). Therefore, as long as a facility appears on the approved list, it is considered certified by CMS whether or not recertification is in pending status. Contractors are expected to consult the two facility lists in determining certification status. Contractors are not to deny claims based on any other certification factors such as erroneously applied expiration date edits. All requirements contained in CR 3811 and CR 5660 remain in effect.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement

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

		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
6046.1	Effective for dates of service on and after March 17, 2005, contractors shall use the list of approved facilities located at http://www.cms.hhs.gov/MedicareApprovedFacilitie/CASF/list.asp to determine if a facility is certified to perform PTA of the carotid artery concurrent with placement of an FDA-approved carotid stent.	X		X	X							
6046.2	Contractors shall remove any edits that result in denial of claims based on recertification due dates.	X		X	X							
6046.3	Contractors shall adjust any claims brought to their attention that were incorrectly denied.	X		X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
6046.4	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							

IV. SUPPORTING INFORMATION

A. Recommendations and supporting information associated with listed requirements:
"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
6046.1	To automatically receive updates to the CMS Coverage Web site, subscribe to the CMS Coverage Listserv at http://subscriptions.cms.hhs.gov/service/subscribe.html?code=USCMS_531.

B. All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s):
Sarah McClain, coverage, sarah.mcclain@cms.hhs.gov, 410-786-2994, Pat Brocato-Simons, coverage, patricia.brocatosimons@cms.hhs.gov, 410-786-0261.

Post-Implementation Contact(s): Appropriate CMS Regional Office

VI. FUNDING

Section A: ***For Fiscal Intermediaries and Carriers:***
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