

Related Change Request (CR) #: 3931

MLN Matters Number: MM3931

Related CR Release Date: July 22, 2005

Related CR Transmittal #: 613

Effective Date: October 1, 2005

Implementation Date: October 3, 2005

New HCPCS Codes and System Edits for Supplies and Accessories for Ventricular Assist Devices – Full Replacement of CR3761

Note: This article was revised to contain Web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

Provider Types Affected

Providers and suppliers who bill Medicare carriers or Fiscal Intermediaries (FIs) for supplies and accessories for ventricular assist devices

Provider Action Needed



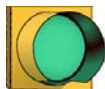
STOP – Impact to You

This instruction and related CR 3931 announce new Health Care Common Procedure Coding System (HCPCS) codes and implement related Medicare system edits for replacement accessories and supplies for implanted Ventricular Assist Devices (VADs) that are covered under the prosthetic device benefit in section 1834(h) of the Social Security Act. **This was previously communicated to providers as CR3761 and via MLN Matters article MM3761.**



CAUTION – What You Need to Know

Providers and suppliers furnishing replacement accessories and supplies for VADs should be aware of the new codes that are being added, effective October 1, 2005.



GO – What You Need to Do

Be sure your billing staff is aware of these changes that affect billing for these services on or after October 1, 2005.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

The fee schedules, which Medicare uses to pay for Durable Medical Equipment, Prosthetics, and Orthotics (DMEPOS), are updated on a quarterly basis in order to implement fee schedule amounts for new codes and to revise, as necessary, any fee schedule amounts for existing codes. The Social Security Act (Sections 1834 (a), (h)(i)) requires that payment for DMEPOS be made on a fee schedule basis.

This article provides the new codes that are being added to HCPCS edits for replacement accessories and supplies for (VADs), effective October 1, 2005. Instructions regarding the implementation of the fee schedule amounts for these codes will be included in the October quarterly DMEPOS fee schedule update instructions.

Following are the codes which describe replacement accessories and supplies for VADs that are being added to the HCPCS effective October 1, 2005:

Code	Description of Code
Q0480	Driver for use with pneumatic ventricular assist device, replacement only
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only
Q0484	Monitor/display module for use with electric electric/pneumatic ventricular assist device, replacement only
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only
Q0488	Power pack base for use with electric ventricular assist device, replacement only
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only
Q0490	Emergency power source for use with electric ventricular assist device, replacement only
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0496	Battery for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0499	Belt/vest for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only - Note: Replacement filters described by Q0500 are furnished in boxes of varying quantities by different manufacturers. Thus, the base unit for code 0500 for billing purposes is per each filter.
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only

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Code	Description of Code
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only
Q0503	Battery for pneumatic ventricular assist device, replacement only, each
Q0504	Power Adapter for pneumatic ventricular assist device, replacement only, vehicle type
Q0505	Miscellaneous supply or accessory for use with ventricular assist device

Medicare payment for VADs is made under Medicare Part A, since they are implanted in the beneficiary in an inpatient setting. Payment for supplies and accessories, including all the accessories necessary for the VAD to function, that are provided in the inpatient setting, are included in the Part A payment made by the Medicare FI.

Medicare payment can be made under Medicare Part B by carriers or FIs, for the medically necessary supplies and replacement accessories after the patient is discharged from the hospital. Claims for replacement of supplies and accessories used with the VAD that are furnished by suppliers should be billed to the local carriers. Claims for replacement of supplies and accessories that are furnished by providers (e.g., hospital outpatient departments) should be billed to the FIs.

Based on information provided to the Centers for Medicare & Medicaid Services (CMS) by VAD manufacturers, CMS has determined that the lifetime of the batteries is 6 months and the lifetime of all other accessories is 1 year. Thus, CMS will implement edits to deny claims for replacement supplies and accessories before the lifetime of the item has expired (6 or 12 months following discharge from the hospital or previous Part B payment for replacement of the item).

There are instances where replacement supplies and accessories HCPCS should be covered before the lifetime of the item has expired (i.e. cases where the item is lost, stolen, or irreparably damaged). In these situations, the local carrier or FI is responsible for determining if these items should be covered before the lifetime of the item has expired. Suppliers and hospitals are required to add HCPCS modifier "RP" (replacement and repair) to the claim with codes Q0480 thru Q0499 and Q0501 thru Q0504, in those instances where replacement is needed before the lifetime of the item has expired.

Also, Medicare will process claims for replacement of supplies and accessories in instances where the VAD was not covered by Part A, for example, where the patient did not have Medicare Part A coverage, but does have Part B. In these cases, the provider should bill under code L9900 and your Medicare carrier or FI will determine if payment is warranted.

Also, Hospitals must bill HCPCS codes Q0480 through Q0505 with revenue code 274.

Implementation Date

The implementation date for this instruction is October 3, 2005.

Additional Information

The quarterly updates process for the DMEPOS fee schedule is located in the Medicare Claims Processing Manual, Pub. 100-04, Chapter 23 (Fee Schedule Administration and Coding Requirements), Section 60 (Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule), which can be reviewed at <http://www.cms.hhs.gov/manuals/downloads/clm104c23.pdf> on the CMS website.

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Additional Information

The official instruction issued to your carrier/FI regarding this change may be found at <http://cms.hhs.gov/transmittals/downloads/R613CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/FI at their toll free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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