CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1315	**Date: AUGUST 10, 2007**
	Change Request 5667

Subject: Clarification of Percutaneous Transluminal Angioplasty (PTA) Billing Requirements Issued in CR 3811

I. SUMMARY OF CHANGES: We are adding ICD-9-CM diagnosis code 433.11, occlusion of the carotid artery with infarct, to the list of payable claims for PTA to ensure all eligible patients are covered.

New / Revised Material
Effective Date: March 17, 2005
Implementation Date: October 1, 2007

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
R	32/160/160.3/Carotid Artery Stenting (CAS) With Embolic Protection Coverage

III. FUNDING:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1315	Date: August 10, 2007	Change Request: 5667

SUBJECT: Clarification of Percutaneous Transluminal Angioplasty (PTA) Billing Requirements Issued in CR 3811

Effective Date: March 17, 2005

Implementation Date: October 1, 2007

I. GENERAL INFORMATION

A. Background: On April 22, 2005, CMS issued change request (CR) 3811 providing Medicare coverage for PTA of the carotid artery concurrent with placement of an FDA-approved carotid stent when beneficiaries are at high risk for carotid endarterectomy (CEA). This national coverage determination (NCD) can be found in section 20.7 of Pub.100-03, Medicare NCD Manual. It has come to our attention that the business requirements failed to list all applicable ICD-9-CM codes for identifying patients at high risk.

B. Policy: The purpose of this clarification is to ensure that these claims are paid appropriately. The NCD released on March 17, 2005 provides coverage for patients with symptomatic carotid artery stenosis who meet the coverage criteria specified in the policy. As stated in the NCD, patients who experience non-disabling strokes (modified Rankin scale <3) are considered to be symptomatic and therefore eligible for coverage; however, patients who experience disabling strokes (modified Rankin scale ≥3) are not eligible for coverage. Currently, there are no codes that distinguish between non-disabling and disabling strokes. In order to ensure that claims for all eligible patients can be paid, this clarification adds the ICD-9-CM diagnosis code 433.11 (occlusion and stenosis of carotid artery, with cerebral infarction) to the list of payable claims for CAS. Not including diagnosis 433.11 as part of the original coverage criteria, which was effective on March 17, 2005, is considered an administrative error by CMS. Therefore, Medicare contractors should follow the guidelines for allowing extension of the timely filing limits which are in Pub 100-04, Chapter 1, Section 70.7.1. **Patients who experience disabling strokes remain ineligible for coverage.** Only those business requirements changing from CR 3811 are specified below.

Note: To correctly bill covered bilateral carotid services, providers can code both 433.30 or 433.31 and 433.10 or 433.11 in any order on the same claim. Code 433.30 with 433.10 or 433.31 with 433.11 to identify the multiple and bilateral condition and 433.10 or 433.11 to specifically identify the carotid artery.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DME RC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5667.1	Effective for dates of service performed on	X		X	X							

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	
	and after March 17, 2005, contractors shall pay claims for PTA of the carotid artery concurrent with placement of an FDA-approved carotid stent when beneficiaries are at high risk for CEA as specified in section 20.7 of Pub.100-03, Medicare NCD Manual.											
5667.1.1	Contractors shall allow claims that contain any of the following ICD-9-CM diagnosis codes: • 433.10 • 433.10 and 433.30 • 433.11 • 433.11 and 433.31 Along with any of the following CPT procedure codes: • 37215 • 0075T • 0076T	X			X							
5667.1.2	Contractors shall accept claims that contain all of the following ICD-9-CM codes: Claims for carotid without infarction: • Diagnosis code 433.10, and • Procedure code 00.61, and • Procedure code 00.63 Claims for bilateral carotid without infarction: • Diagnosis code 433.10, and • Diagnosis code 433.30, and • Procedure code 00.61, and • Procedure code 00.63 Claims for carotid with infarction: • Diagnosis code 433.11, and • Procedure code 00.61, and • Procedure code 00.63 Claims for bilateral carotid with infarction: • Diagnosis code 433.11, and • Diagnosis code 433.31, and	X		X				X				

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	
	• Procedure code 00.61, and • Procedure code 00.63											
5667.2	Contractors need not search their files to pay claims. However, contractors shall adjust claims brought to their attention.	X		X	X							
5667.3	Contractors shall allow claims with ICD-9-CM diagnosis code 433.11 (occlusion and stenosis of carotid artery, with cerebral infarction) that are outside timely filing limitations, as claims with 433.11 were not previously payable.	X		X	X			X				
5667.3.1	Contractors shall follow the guidelines in Pub 100-04, Chapter 1, Section 70.7.1 regarding exceptions for allowing extension of the timely filing limitation. The time limit will be extended through the last day of the sixth calendar month following the month in which the error is rectified by notification to the provider.	X		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	
5667.4	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	X		X	X							

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	
	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.											

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
5667.1.1 5667.1.2	ICD-9-CM Diagnosis Codes 433.10 Occlusion and stenosis of carotid artery, without mention of cerebral infarction. 433.11 Occlusion and stenosis of carotid artery, with cerebral infarction. 433.30 Occlusion and stenosis of multiple and bilateral arteries, without mention of cerebral infarction. 433.31 Occlusion and stenosis of multiple and bilateral arteries, with cerebral infarction.
5667.1.1	CPT Procedure Codes 37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, Percutaneous; with distal embolic protection. 0075T Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel. 0076T Each additional vessel.
5667.1.2	ICD-9-CM Procedure Codes 00.61 Percutaneous angioplasty or atherectomy of precerebral (extracranial) vessels. 00.63 Percutaneous insertion of carotid artery stent(s).

B. For all other recommendations and supporting information, use the space below:

V. CONTACTS

Pre-Implementation Contact(s):

National Coverage: Sarah McClain, sarah.mcclain@cms.hhs.gov or 410-786-2994
Institutional Claims Processing: Joe Bryson, joseph.bryson@cms.hhs.gov or 410-786-2986

Institutional Claims Processing: Valeri Ritter, valeri.ritter@cms.hhs.gov or 410-786-8652
Practitioner Claims Processing: Vera Dillard, vera.dillard@cms.hhs.gov or 410-786-6149

Post-Implementation Contact(s): Regional Office

VI. FUNDING

A. TITLE XVIII Contractors:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. Medicare Administrative Contractors:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

160.3 – Carotid Artery Stenting (CAS) With Embolic Protection Coverage

(Rev.1315, Issued: 08-10-07, Effective: 03-17-05, Implementation: 10-01-07)

CR 3811 (Effective March 17, 2005)

Medicare covers PTA of the carotid artery concurrent with the placement of an FDA-approved carotid stent under specific patient indications found in The National Coverage Determinations Manual, chapter 1, part 1, section 20.7. In addition to the specific patient indications, CMS determined that CAS with embolic protection is reasonable and necessary only if performed in facilities meeting specified facility requirements and are, therefore, determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes. Facilities meeting facility standards for coverage are deemed "approved" for receiving Medicare payment for CAS with embolic protection and are viewable on the following Web site: http://www.cms.hhs.gov/MedicareApprovedFacilitie/CASF/list.asp.

CR 5667 (Effective March 17, 2005)

As stated in the NCD, patients who experience non-disabling strokes (modified Rankin scale <3) are considered to be symptomatic and therefore eligible for coverage; however, patients who experience disabling strokes (modified Rankin scale ≥3) are not eligible for coverage. Prior to the implementation of CR 5667, there are no codes that distinguish between non-disabling and disabling strokes. To ensure claims for all eligible patients can be paid, CR 5667 adds the ICD-9-CM diagnosis code 433.11, occlusion of the carotid artery with infarct, to the list of payable claims for CAS. Patients who experience disabling strokes remain ineligible for coverage.