Related Medlearn Matters Article #: MM 3761

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Related CR #: 3761

New HCPCS Codes and System Edits for Supplies and Accessories for Ventricular Assist Devices (VADs)

Key Words

HCPCS, Ventricular, Assist, Device, MM3761, CR3761, VADs, DMEPOS

Provider Types Affected

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

Key Points

The effective date for instruction is October 1, 2005.

- MM 3761 and related CR 3761 provide the new codes that are being added to HCPCS edits for replacement accessories and supplies for (VADs), effective October 1, 2005.
- The codes which describe replacement accessories and supplies for VADs that are being added to the HCPCS effective October 1, 2005 are on pages 2 and 3 of Medlearn Matters article, MM 3761.
- Instructions regarding the implementation of the fee schedule amounts for these codes will be included in the October quarterly Durable Medical Equipment, Prosthetics, and Orthotics (DMEPOS) fee schedule update instructions.
- The quarterly updates process for DMEPOS fee schedule is located in the Medicare Claims Processing Manual, Pub. 100-04, Chapter 23, Section 60, which can be viewed at: http://www.cms.hhs.gov/manuals/104_claims/clm104c23.pdf
- 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 for the medically necessary supplies and replacement accessories after the patient is discharged from the hospital can be made under Medicare Part B by carriers or FIs.

- 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 hospitals should be billed to the FIs.
- 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).
- Where replacement supplies and accessories HCPCS should be covered before the lifetime of the item has expired, 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, Hospitals must bill HCPCS codes Q0480 through Q0505 with revenue code 274.

Important Links

http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM3761.pdf
http://www.cms.hhs.gov/manuals/pm_trans/R548CP.pdf
http://www.cms.hhs.gov/manuals/104_claims/clm104c23.pdf