
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 64

Date: JANUARY 16, 2004

CHANGE REQUEST 3068

I. SUMMARY OF CHANGES: Coding change for ventricular assist devices (VADs) for beneficiaries in an Medicare+Choice (M+C) plan.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 1, 2003

***IMPLEMENTATION DATE:** February 16, 2004

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.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

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

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
x	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

One-Time Notification

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SUBJECT: Coding Change for Ventricular Assist Devices (VADs) for Beneficiaries in an Medicare+Choice (M+C) Plan.

I. GENERAL INFORMATION

A. Background: This One-Time Notification provides billing instructions for a coding change related to ventricular assist devices (VADs) for beneficiaries in an M+C plan. **The current procedural terminology (CPT) codes listed in Change Request (CR) 2958, dated October 17, 2003 are incorrect. This instruction provides the correct code. All information, except the CPT coding, within CR 2958 remains the same.**

B. Policy: CMS is correcting the CPT code so M+C providers can be appropriately paid fee for services directly related to the implantation of a ventricular assist device for the expanded indication (destination therapy) as outlined in Pub. 100-03, Medicare National Coverage Determination (NCD) Manual, Section 20.9.

The original CPT codes in CR 2958 (33975 and 33976) should be replaced with CPT 33979. CPT 33979 correctly describes the service as implanting an intracorporeal VAD.

C. Provider Education: Carriers shall inform affected providers of this change by posting either a summary or relevant portions of this document on their Web site within 2 weeks. Also, contractors shall publish this same information in their next regularly scheduled bulletin. If they have a listserv that targets affected providers, they shall use it to notify subscribers that information about the change in coding VADs for beneficiaries in an M+C plan is available on their Web site.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3068 #1	Contractors shall pay fee-for service for any line item services that contain the KZ modifier for risk M+C beneficiaries with dates of service on or after October 1, 2003, with procedure code 33979.	Carriers
3068 # 2	Contractors shall not apply Part B deductible for claims containing the procedure code 33979 when billed with modifier KZ.	Carriers
3068 # 3	Contractors shall not search and adjust claims that have already been processed unless brought to their attention.	Carriers
3068 # 4	Contractors shall publish provider education	Carriers

	language on their Web sites as soon as possible but no later than 2 weeks from the issuance date of this instruction.	
3068 # 4.1	Contractors shall publish provider education in their next regularly scheduled bulletin.	Carriers
3068 # 4.2	Contractors who have a listserv that targets the affected provider communities shall use their listservs to notify subscribers that coding information for VADs for beneficiaries in an M+C plan has been changed to reflect procedure code 33979 instead of procedure codes 33975 and 33976.	Carriers

III. SUPPORTING INFORMATION & 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

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: October 1, 2003</p> <p>Implementation Date: February 16, 2004</p> <p>Pre-Implementation Contact(s): Yvette Cousar (410) 786-2160 (Carrier claims processing).</p> <p>Post-Implementation Contact(s): Appropriate regional office</p>	<p>These instructions shall be implemented within your current operating budget.</p>
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