



Related MLN Matters Article #: MM5727

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Lumbar Artificial Disc Replacement (LADR)

Key Words

MM5727, CR5727, R75NCD, 1340CP, Lumbar, Artificial, Disc, LADR

Provider Types Affected

All physicians, hospitals, and providers who submit claims to Medicare carriers, Part A/B Medicare Administrative Contractors (A/B MACs), or Medicare Fiscal Intermediaries (FIs) for LADR provided to Medicare beneficiaries

Key Points

- The effective date of the instruction is August 14, 2007.
- The implementation date is October 1, 2007.
- On November 28, 2006, the Centers for Medicare and Medicaid Services (CMS) initiated a national coverage analysis for the reconsideration of the National Coverage Determination (NCD) on LADR.
- The original NCD for LADR was focused on a specific lumbar artificial disc implant (Charite™) because it was the only one with the Food and Drug Administration (FDA) approval at that time.
- In the original decision memorandum for LADR, CMS stated that when another lumbar artificial disc received FDA approval CMS would reconsider the policy.
- Subsequently, another lumbar artificial disc, ProDisc®-L, received FDA approval, which initiated the reconsideration of the NCD on LADR.
- After reviewing the evidence, CMS is convinced that indications for the procedure of LADR exclude the over age 60 populations. Therefore, the revised NCD addresses the procedure of LADR rather than LADR with a specific manufacture's implant.

Key Points in Change Request (CR) 5727

- For services performed on or after August 14, 2007, Medicare contractors will consider LADR a non-covered service for Medicare beneficiaries over 60 years of age as indicated in the Medicare *NCD Manual*, Section 150.10.

Note: For Medicare beneficiaries 60 years of age and younger, there is no NCD, leaving such determinations to be made by local Medicare contractors.

- Medicare contractors will deny claims submitted with Category III Codes 22857 and 0163T for Medicare beneficiaries over 60 years of age, (i.e., on or after a beneficiary's 61st birthday).
- Medicare contractors will deny claims submitted with International Classification of Diseases, Ninth Revision, Clinical Modification procedure code 84.65 for Medicare beneficiaries over 60 years of age.
- Where claims are denied:
 - Associated Medicare Summary Notices to beneficiaries will contain a message (21.24) indicating "This service is not covered for patients over age 60."
 - The associated remittance advice will reflect the following:
 - Claim Adjustment Reason Code 96: "Non-covered charge(s)" and
 - Remittance Advice Remark Code N386: "This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD."

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5727.pdf> on the CMS website.

The official instructions (CR5727) regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R75NCD.pdf> and

<http://www.cms.gov/Transmittals/downloads/R1340CP.pdf> on the CMS website.

Providers may also wish to review the following related MLN matters articles:

- MM5057 (Lumbar Artificial Disc Replacement (LADR)) at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5057.pdf> and
- MM5462 (Coding Change for Lumbar Artificial Disc Replacement (LADR)) at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5462.pdf> on the CMS website.

If providers have questions regarding this issue, they may contact their Medicare FI, carrier, or A/B MAC 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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