

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1977	Date: May 28, 2010
	Change Request 6903

SUBJECT: Collagen Meniscus Implant

I. SUMMARY OF CHANGES: Upon completion of a national coverage analysis for the collagen meniscus implant, the decision was made that the collagen meniscus implant is noncovered for Medicare beneficiaries.

EFFECTIVE DATE: MAY 25, 2010

IMPLEMENTATION DATE: JULY 6, 2010

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

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

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted 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.

IV. ATTACHMENTS:

Business Requirements

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

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: This is a new national coverage determination (NCD). There is no existing NCD on collagen meniscus implants.

On August 27, 2009, the Centers for Medicare and Medicaid Services (CMS) initiated a national coverage analysis on the collagen meniscus implant. The collagen meniscus implant is manufactured from bovine collagen and is used to fill a meniscal defect that results from a partial meniscectomy. This change request (CR) communicates the findings of that analysis.

B. Policy: Effective for services performed on or after May 25, 2010, CMS concludes that the evidence demonstrates that the collagen meniscus implant does not improve health outcomes. Thus, CMS has determined that the collagen meniscus implant is not reasonable and necessary and is non-covered as identified in Pub. 100-03, NCD, section 150.12.

NOTE: Effective with the July updates of the Medicare Physician Fee Schedule Database and the Integrated Outpatient Code Editor, a new HCPCS code G0428: Collagen or other tissue engineered meniscus knee implant procedure for filling meniscal defects (e.g., collagen scaffold, Menaflex) will be available for use in non-covering collagen meniscus implant claims with dates of service on and after May 25, 2010.

NOTE: Cadaver meniscus transplant not included, see CPT code 29868 for meniscus transplant.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R I E R	R H H I I S S	Shared-System Maintainers				OTHER
						F I S	M C S	V M S	C W F		
6903.1	Effective for claims with dates of service on and after May 25, 2010, contractors shall deny claims containing HCPCS code G0428 submitted for collagen meniscus implant.	X		X	X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6903.1.1	<p>Contractors shall deny collagen meniscus implant services using the following:</p> <p>MSN 21.11, "This service was not covered by Medicare at the time you received it."</p> <p>Spanish Version: "Este servicio no estaba cubierto por Medicare cuando usted lo recibió."</p> <p>CARC 96, "Non-covered charge(s)"</p> <p>RARC 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 access, you may contact the contractor to request a copy of the NCD.</p> <p>Contractors shall use Group Code PR (Patient Responsibility) assigning financial liability to the beneficiary indicating a signed ABN is on file.</p> <p>Contractors shall use Group Code CO (Contractual Obligation) assigning financial liability to the provider indicating no signed ABN is on file.</p>	X		X	X						
6903.2	Contractors need not search their files to recoup payment for claims already paid prior the implementation of this CR. However, contractors shall adjust claims brought to their attention.	X		X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6903.3	A provider education article related to this instruction will be available at	X		X	X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>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.</p> <p>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 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.</p>										

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Deirdre O’Connor, (410) 786-3263, deirdre.oconnor@cms.hhs.gov, coverage; Michele Atkinson (410) 786-2881, Michelle.atkinson@cms.hhs.gov, coverage; Patricia Brocato-Simons, (410) 786-0261. Patricia.brocato-simons@cms.hhs.gov, coverage; Cynthia Glover, (410) 786-2589, Cynthia.Glover@cms.hhs.gov, carrier claims; Elizabeth Carmody, institutional claims, 410-786-7533, elizabeth.carmody@cms.hhs.gov.

Post-Implementation Contact(s): Appropriate regional office or MAC project officer

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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Section B: *For Medicare Administrative Contractors (MACs)*, include the following statement:

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