

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1957	Date: April 28, 2010
	Change Request 6909

SUBJECT: Update to the HCPCS Codes for Payment of Surgical Dressings in Indian Health Service (IHS) Providers

I. SUMMARY OF CHANGES: The CMS periodically updates the list of surgical dressing Healthcare Common Procedure Coding System (HCPCS) codes billable by IHS providers to the specialty contractor (Trailblazer Health Enterprises, LLC). This instruction updates these codes for the calendar years 2009 and 2010.

EFFECTIVE DATE: January 1, 2009

IMPLEMENTATION DATE: October 4, 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/revise 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	19/Table of Contents
R	19/90.2.1.1/Prosthetics/Orthotics and Supplies Billed to the A/B MAC

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

Manual Instruction

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

Attachment - Business Requirements

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SUBJECT: Update to the HCPCS Codes for Payment of Surgical Dressings in Indian Health Service (IHS) Providers

Effective Date: January 1, 2009

Implementation Date: October 4, 2010

I. GENERAL INFORMATION

A. Background: The CMS periodically updates the list of surgical dressing Healthcare Common Procedure Coding System (HCPCS) codes billable by IHS providers to the specialty contractor (Trailblazer Health Enterprises, LLC).

This instruction updates the surgical dressing HCPCS codes payable under revenue code 0623 (surgical dressings) on type of bill (TOB) 12X (hospital inpatient part B), 13X (hospital outpatient) or 85X (Critical Access Hospital) for the calendar year 2009.

NOTE: IHS owned and operated providers, tribally owned and operated providers electing to bill as IHS, tribally operated IHS providers, and tribally owned and IHS operated providers are referred to as IHS providers throughout this document. The term provider refers to all hospital or hospital-based facilities, including Critical Access Hospitals and outpatient clinics.

B. Policy: The legislative change in Section 630 of the Medicare Modernization Act (MMA) of 2003 allows IHS providers to bill for other Medicare Part B services, not covered under section 1848 of the Social Security Act for the 5 year period beginning January 1, 2005. Section 2902 of the Patient Protection and Affordable Care Act indefinitely extends Section 630 of the MMA, retroactive to January 1, 2010. These covered services include surgical dressings, payable based on the lesser of the actual charges or the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule amount.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A/ B	D M E	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	CWF	
6909.1	Medicare contractors shall pay claim lines submitted on TOB 12X, 13X or 85X by IHS providers with dates of service January 1, 2009, through December 31, 2009, and revenue code 0623 (Surgical dressings) for the following surgical dressings HCPCS codes: A6010 – A6011, A6021 –A6024, A6154, A6196 –A6197,						X				X (Trailblazer Health Enterprises, LLC)

Number	Requirement	Responsibility									
		A/ B	D M E M A C	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	CWF	
	A6199, A6203 – A6204, A6207, A6209 – A6212, A6214, A6219- A6220, A6222 – A6224, A6229, A6231 – A6238, A6240 – A6248, A6251 – A6255, A6257 - A6259, A6266, A6402 –A6403, A6407, A6410, and A6441 – A6457.										
6909.2	Medicare contractors shall pay claim lines submitted on TOB 12X, 13X or 85X by IHS providers with dates of service January 1, 2010 through December 31, 2010 and revenue code 0623 (Surgical dressings) for any of the HCPCS codes listed in BR 6909.1. In addition, HCPCS code A6412 is added to the 2009 list in BR6909.1 for calendar year 2010.						X				X (Trailblazer Health Enterprises, LLC)
6909.3	Medicare contractors shall not search for and adjust claims that have been processed prior to the implementation date. However, contractors shall adjust claims brought to their attention.										X (Trailblazer Health Enterprises, LLC)

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/ B	D M E	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	CWF	
6909.4	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 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.										X (Trailblazer Health Enterprises, LLC)

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information:

CR3674, Transmittal 461, dated February 4, 2005 – Processing Durable Medical Equipment (DME), Orthotics, Prosthetics, Drugs, and Surgical Dressings Claims for Indian Health Services (IHS) and Tribally Owned and Operated Hospitals and Hospital Based Facilities including Critical Access Hospitals (CAHs)

V. CONTACTS

Pre-Implementation Contact(s): Susan Guerin at susan.guerin@cms.hhs.gov or 410786-6138

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:

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

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

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.

Medicare Claims Processing Manual

Chapter 19 – Indian Health Services

Table of Contents *(Rev. 1957, 04-28-10)*

90.2.1.1 - Prosthetics, Orthotics and Supplies Billed to the *A/B MAC*

90.2.1.1 - Prosthetics, Orthotics and Supplies Billed to the *A/B MAC*
(Rev. 1957; Issued: 04-28-10; Effective Date: 01-01-09; Implementation Date: 10-04-10)

Effective for dates of service on or after July 1, 2005, IHS providers, including CAHs shall bill the designated *A/B MAC* for prosthetics and orthotics *under revenue code 0274 (prosthetic/orthotic devices) on type of bill (TOB) 12X (hospital inpatient part B), 13X (hospital outpatient) or 85X (Critical Access Hospital (CAH))*. Medicare Part B payment may be made to IHS providers that furnish prosthetic devices which replace all or part of an internal body organ (including contiguous tissue), or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ. Ostomy, tracheostomy, and urological supplies meet the definition of this benefit and are billed to the *A/B MAC* by IHS providers.

Effective for dates of service on or after July 1, 2005, IHS providers (including CAHs) shall bill the designated *A/B MAC* for surgical dressings *under revenue code 0623 (surgical dressings) on TOB 12X, 13X or 85X*. Splints and casts are included in the AIR for IHS providers.

Payment is made by the *A/B MAC* for pharmaceuticals when billed with a clinic visit. Payment is included in the AIR.

The prosthetics, orthotics and surgical dressings HCPCS codes are updated on a periodic basis and published in a "Recurring Update Notification."