MLN Matters®
Information for Medicare Fee-for-Service Health Care Professionals

*News Flash –* The Centers for Medicare & Medicaid Services (CMS) would like to remind Physician Quality Reporting Initiative (PQRI) participants that there is a "Verify Report Portlet" look-up tool available on the PQRI Portal for Eligible Professionals (EPs) to verify if a 2007 re-run and/or 2008 PQRI feedback report exists for your organization's Tax Identification Number (TIN) or National Provider Identifier (NPI). The TIN or NPI must be the one used by the EP to submit Medicare claims and valid PQRI quality data codes. This tool is available at (*https://www.qualitynet.org/portal/server.pt*) on the internet. There are two ways to access 2007 re-run and/or 2008 PQRI feedback reports: 1) An individual EP can simply call their respective Carrier or A/B MAC provider contact center to request confidential 2007 PQRI re-run and/or 2008 PQRI feedback reports that will contain information based on their individual NPI, or 2) EPs can logon to the secure PQRI Portal on QualityNet at (*http://www.qualitynet.org/portal/server.pt*) to access their feedback report(s) based their TIN, or for a group.

MLN Matters® Number: MM6775 Revised

Related Change Request (CR) #: 6775

Related CR Release Date: March 9, 2010

Effective Date: December 23, 2009

Related CR Transmittal #: R117NCD and R1930CP

Implementation Date: April 5, 2010

# Outpatient Intravenous Insulin Treatment (Therapy)

Note: This article was revised on March 30, 2010, to correct the dates when contractors may adjust claims on page 4. The start date should be December 23, 2009. All other information remains the same.

## Provider Types Affected

This article is for physicians, hospitals, and other providers who bill Medicare contractors (Fiscal Intermediaries (FI), carriers, or Medicare Administrative Contractors (A/B MACs)) for providing outpatient intravenous insulin therapy (OIVIT) to Medicare beneficiaries.

## What You Need to Know

On December 23, 2009, the Centers for Medicare & Medicaid Services (CMS) issued a National Coverage Determination (NCD) announcing the non-coverage decision on the use of outpatient intravenous insulin therapy (OIVIT).

Specifically, CMS has determined (effective for claims with dates of service on or after December 23, 2009) that the evidence does not support a conclusion that

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OIVIT improve health outcomes in Medicare beneficiaries. Therefore, OIVIT is not reasonable and necessary for any indication under section 1862(a)(1)(A) of the Social Security Act and services comprising an OIVIT regimen are therefore nationally non-covered under Medicare when furnished pursuant to an OIVIT regimen. You should ensure that your billing staffs are aware of this NCD.

## Background

CMS (on December 23, 2009) issued a national non-coverage decision on the use of OIVIT. CR 6775, from which this article is taken, provides details about this decision.

The term OIVIT refers to an outpatient regimen that integrates pulsatile or continuous intravenous infusion of insulin via any means guided by the results of measuring:

- Respiratory quotient; and/or
- Urine urea nitrogen (UUN); and/or
- Arterial, venous, or capillary glucose; and/or
- Potassium concentration; and
- Performed in scheduled recurring periodic intermittent episodes.

Most commonly delivered in pulses (but sometimes as a more conventional drip solution), the insulin administration is an adjunct to the patient's routine oral agent or insulin-based diabetic (or other disease) management regimen, typically performed on an intermittent basis (often weekly), and frequently performed chronically without duration limits.

Note: OIVIT is also sometimes termed Cellular Activation Therapy (CAT), Chronic Intermittent Intravenous Insulin Therapy (CIIT), Hepatic Activation Therapy (HAT), Intercellular Activation Therapy (iCAT), Metabolic Activation Therapy (MAT), Pulsatile Intravenous Insulin Treatment (PIVIT), Pulse Insulin Therapy (PIT), *and* Pulsatile Therapy (PT).

### *HCPCS Coding for OIVIT*

For use with this non-coverage decision, effective April 5, 2010, CMS will create a new HCPCS code (G9147), that is to be implemented with the April 2010 Integrated Outpatient Code Editor (IOCE) and Medicare Physician Fee Schedule Database (MPFSDB). You should use this new code on claims that you submit for non-covered OIVIT and any services compromising an OIVIT regimen with dates of service on and after December 23, 2009.

Effective April 5, 2010, HCPCS code 99199 (Unlisted Special Service, Procedure, or Report) should not be used when billing non-covered OIVIT and any services

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comprising an OIVIT regimen. Your FI, carrier, or A/B MAC will return any such claims that you submit with 99199 unprocessable using the following messages:

- Claim Adjustment Reason Code (CARC) 189 (NOS or unlisted procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service.);
- Remittance Advice Remark Code (RARC) N56 (The procedure code billed is not correct/valid for the services billed or the date of service billed.); and
- RARC MA66 (Missing/incomplete/invalid principal procedure code).

Also, effective April 5, 2010, HCPCS code 94681 (exhaled air analysis $O_2/CO_2$) must not be used on claims billing for non-covered OIVIT and any services comprising an OIVIT regimen or for claims billing diabetes-related conditions 250.00-250.93. Such claims submitted with HCPCS code 94681 will also be returned as unprocessable using the following messages:

- CARC 11 (The diagnosis is inconsistent with the procedure.);
- RARC N56 (The procedure code billed is not correct/valid for the services billed or the date of service billed.); and
- RARC MA66 (Missing/incomplete/invalid principal procedure code).

Effective April 5, 2010, when HCPCS code G9147 is billed on claims for non-covered OIVIT and any services comprising an OIVIT regimen for dates of service on and after December 23, 2009, Medicare contractors will deny the claim with the following messages

- Medicare Summary Notice (MSN) 16.10: Medicare does not pay for these item(s) or service(s);
- CARC 96: Non-covered charge(s);
- CARC M51: Missing/Incomplete /Invalid Procedure Code(s); and
- RARC N386: This decision was based on an 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.gov/mcd/search.asp* on the CMS website. If you do not have web access, you may contact the contractor to request a copy of the NCD.

NOTE: Prior to April 5, 2010, non-covered OIVIT claims with dates of service on and after December 23, 2009, should be processed as they currently are now using NOS code 99199 and HCPCS code 94681. On April 5, 2010, these codes should no longer be used for non-covered OIVIT claims and new HCPCS code G9147, created for this purpose, should be used in their place.

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Please remember that individual components of OIVIT may have medical uses in conventional treatment regimens for diabetes and other conditions; and in these contexts, coverage may be determined by other local or national Medicare determinations, and do not pertain to OIVIT.

For examples of these uses you might want to look at the *Medicare National Coverage Determinations Manual* Sections 40.2, (Home Glucose Monitors), Section 40.3 (Closed-loop Blood Glucose Control Devices), Section 190.20 (Blood Glucose Testing), and Section 280.14 (Infusion Pumps. You may also want to look at the *Medicare Claims Processing Manual*, Chapter 18, Section 90, on Diabetes Screening. These manuals are available at *http://www.cms.gov/Manuals/IOM/list.asp* on the CMS website.

In addition, you should know that your contractors will not automatically search their files for claims with dates of service between December 23, 2009, and April 5, 2010, but may go back and adjust claims that you bring to their attention.

## Additional Information

You can find more information about non-coverage of OIVIT by going to CR 6775, which was issued via two transmittals. The first transmittal, located at *http://www.cms.gov/Transmittals/downloads/R117NCD.pdf*, contains the updated *Medicare National Coverage Determinations Manual* sections related to CR6775. The second transmittal, located at *http://www.cms.gov/Transmittals/downloads/R1930CP.pdf*, contains the updated sections of the e *Medicare Claims Processing Manual.*

If you have any questions, please contact your FI, carrier, or A/B MAC at their toll-free number, which may be found at *http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.

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