CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 663	Date: March 26, 2010
	Change Request 6867

SUBJECT: Update to List of ICD-9-CM Diagnosis Codes Not Requiring the Q0 Healthcare Common Procedure Coding System (HCPCS) Modifier for Automatic Implantable Cardiac Defibrillator (ICD) Services Provided in a Clinical Study

I. SUMMARY OF CHANGES: This change request updates the list of ICD-9-CM diagnosis codes not requiring the Q0 HCPCS modifier for ICD services provided in a clinical study.

EFFECTIVE DATE: OCTOBER 1, 2007, FOR ICD-9-CM V12.53
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:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Update to List of ICD-9-CM Diagnosis Codes Not Requiring the Q0 Healthcare Common Procedure Coding System (HCPCS) Modifier for Automatic Implantable Cardiac Defibrillator (ICD) Services Provided in a Clinical Study

EFFECTIVE DATES: **OCTOBER 1, 2007, FOR ICD-9-CM V12.53**
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I. GENERAL INFORMATION

A. Background: Requiring reporting of HCPCS modifier QR to identify primary prevention indications for ICDs.

Transmittal 497, Change Request (CR) 3604, dated March 8, 2005, was issued to provide instructions to CMS contractors on how to process ICD implantations under newly expanded coverage. Among other specifications, CR 3604, informed CMS contractors that one of the requirements for covering the new indications is that the patient be enrolled in a data collection system. That the patient is enrolled in such a data collection system is indicated by the presence on the claim of the QR modifier, which identifies services being covered under a clinical study. CMS instructed its systems maintainers to create an edit to require the presence of a QR modifier on ICD claims billed for patients receiving a defibrillator for the new indications or for any other primary prevention indication (i.e., no history of induced or spontaneous arrhythmias). The edit was constructed to check for the absence of a secondary prevention diagnosis code: if the diagnosis code was other than one of these secondary diagnosis codes, then the QR modifier would be required in order to cover the services. The diagnosis code list was updated by Transmittal 819, Change Request 4273, dated January 27, 2006.

Further, when any of these codes do appear on an ICD claim, the QR modifier is not required. However, it should be noted that providers are permitted to append the QR modifier for secondary prevention diagnoses if they deem it appropriate, i.e., that data is submitted to a data collection registry.

Currently, CMS identifies claims through the procedure code for defibrillator implantation and the ABSENCE of 5 specified arrhythmia codes and 2 codes often used when the device is being replaced. It has come to CMS' attention that 1 other code should be included on this list – V12.53, personal history of sudden cardiac arrest, bringing the total number of diagnosis codes to 8.

<u>Replacing of HCPCS Modifier QR with Q0 (zero)</u>

Transmittal 1418, Change Request 5805, dated January 18, 2008 (after CR 3604 was issued). Among other things, CR 5805, replaced HCPCS modifier QR with HCPCS modifier Q0 (zero), effective for date of service on or after January 1, 2008.

Policy: This CR instructs CMS contractors to add the ICD-9-CM diagnosis code V12.53 (effective October 1, 2007) to the list of diagnosis codes for which either a Q0 modifier (for dates of service on or after January 1, 2008) or a QR modifier (for dates of service prior to January 1, 2008) is not required for payment.

- 427.1 Ventricular tachycardia
- 427.41 Ventricular fibrillation

- 427.42 Ventricular flutter
- 427.5 Cardiac arrest
- 427.9 Cardiac dysrhythmia, unspecified
- **V12.53 Personal history of sudden cardiac arrest**
- 996.04 Mechanical complication of cardiac device, implant, and graft, due to automatic implantable cardiac defibrillator
- V53.32, Fitting and adjustment of other device, automatic implantable cardiac defibrillator

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6867.1	Medicare contractors shall modify their edits such that claims for otherwise covered ICD services need not have a Q0 modifier (for dates of service on or after January 1, 2008) or a QR modifier (for dates of service prior to January 1, 2008) when there is a diagnosis code of ICD-9-CM V12.53 in any position. That is, contractors shall add this diagnosis code to the list of diagnosis codes for which a Q0 modifier is not required in order to pay for the ICD claims, effective with dates of service on or after October 1, 2007. The new list of ICD-9-CM codes not requiring a Q0/QR modifier is: 427.1 Paroxysmal Ventricular tachycardia 427.41 Ventricular fibrillation 427.42 Ventricular flutter 427.5 Cardiac arrest 427.9 Cardiac dysrhythmia, unspecified V12.53 Personal history of sudden cardiac arrest 996.04 Mechanical complication of automatic implantable cardiac defibrillator V53.32 Fitting and adjustment of automatic implantable cardiac defibrillator	X		X	X		X				
6867.2	Effective for claims with dates of service on or after October 1, 2007, Medicare contractors shall adjust as appropriate claims brought to their attention that were denied because the diagnosis code was V12.53 and lacked a Q0 modifier (for dates of service on or after January 1, 2008) or a QR modifier (for dates of service prior to January 1, 2008).	X		X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6867.3	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		X	X						

V. SUPPORTING INFORMATION

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

V. CONTACTS

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Post-Implementation Contact(s): ROs

VI. FUNDING

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

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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.