

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 819

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: JANUARY 27, 2006

Change Request 4273

SUBJECT: Modification to QR Modifier Edit for Automatic Implantable Cardiac Defibrillator (ICD) Services

I. SUMMARY OF CHANGES: This CR will prevent QR modifier requirements for new ICDs from being erroneously applied to replacement ICDs. It will also clarify the appropriate use of the QR modifier for ICD services in general.

NEW/REVISED MATERIAL

EFFECTIVE DATE: April 1, 2005

IMPLEMENTATION DATE: April 3, 2006

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

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 819	Date: January 27, 2006	Change Request 4273
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SUBJECT: Modification to QR Modifier Edit for Automatic Implantable Cardiac Defibrillator (ICD) Services

I. GENERAL INFORMATION

A. Background: On March 8, 2005, Change Request (CR) 3604, Transmittal 497, was issued to provide instructions to CMS contractors on how to process ICD services under the 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 indication that is for the primary prevention of sudden cardiac arrest (no history of induced or spontaneous arrhythmias) to show that the data is being submitted to a data collection system. 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 secondary prevention diagnosis codes follow:

Secondary Prevention Diagnoses

- 427.1 Ventricular tachycardia
- 427.41 Ventricular fibrillation
- 427.42 Ventricular flutter
- 427.5 Cardiac arrest
- 427.9 Cardiac dysrhythmia, unspecified

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.

Since the publication of CR 3604, CMS became aware that there are additional possible diagnoses which show neither primary nor secondary preventions of cardiac arrest. Such a diagnosis would occur when the patient is having his/her ICD replaced, as could occur due to ICD recall or device complication (such as the end of battery-life). It would be incorrect to deny such claims on the basis that they lacked a QR modifier. Therefore, CMS will be adding two new ICD-9-CM diagnosis codes, to the list of those that do not require a QR modifier:

- a. **996.04**, Mechanical complication of cardiac device, implant, and graft,
Due to automatic implantable cardiac defibrillator.

- b. **V53.32**, Fitting and adjustment of other device,
Automatic implantable cardiac defibrillator.

B. Policy: The QR modifier identifies services covered under a clinical study. It is required as a condition for payment on claims for ICD services rendered as part of new indications effective on January 27, 2005, as well as for any other ICD services rendered as a primary prevention of cardiac arrest.

In addition, it is appropriate to append the QR modifier for ICD services rendered for the secondary prevention of cardiac arrest when data is being sent to a data collection registry. However, for ICD services rendered for the secondary prevention of cardiac arrest, CMS will not be using the presence or absence of a QR modifier as criteria in determining whether such claims are payable in its automatic claims processing systems.

The following diagnosis codes do not by themselves represent a condition where primary or secondary prevention can be ascertained:

- a. **996.04**, Mechanical complication of cardiac device, implant, and graft,
Due to automatic implantable cardiac defibrillator.

This diagnosis is used when the patient is having his/her ICD replaced due to a mechanical complication, as could occur due to ICD recall.

- b. **V53.32**, Fitting and adjustment of other device,
Automatic implantable cardiac defibrillator.

This diagnosis is used when there is a fitting or an adjustment and can include device removal or replacement; it would be used when the ICD reaches its natural end-of-battery life.

To ensure that claims having either of these codes as a diagnosis are not denied for lack of the QR modifier, these codes will be added to the list of diagnosis codes for which the QR modifier is not required (previously limited to diagnosis codes indicating the secondary prevention of cardiac arrest).

This CR instructs CMS contractors to add the ICD-9-CM diagnosis codes **996.04** and **V53.32** to the list of diagnosis codes for which a QR modifier is not required for payment. Effective for dates of service on or after April 1, 2005 (same dates of service as for the original edit), the following is the new list of diagnoses that do not require a QR modifier for ICD services in order to be paid:

New List of Diagnoses Codes Not Requiring the QR Modifier

- 427.1 Ventricular tachycardia
- 427.41 Ventricular fibrillation
- 427.42 Ventricular flutter
- 427.5 Cardiac arrest
- 427.9 Cardiac dysrhythmia, unspecified
- **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

The CMS contractors are to adjust as appropriate denied ICD replacement claims brought to their attention as well as inform providers on the appropriate use of the QR modifier for data reporting.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4273.1	<p>Medicare contractors shall modify their edits such that claims for otherwise covered ICD services need not have a QR modifier when there is a diagnosis code of ICD-9-CM 996.04 or V53.32 in any position. That is, contractors shall add this diagnosis code to the list of diagnosis codes for which a QR modifier is not required in order to pay for the claim, effective with claims with dates of service on or after April 1, 2005. The new list of ICD-9-CM codes not requiring a QR modifier shall now be:</p> <ul style="list-style-type: none"> • 427.1 Ventricular tachycardia • 427.41 Ventricular fibrillation • 427.42 Ventricular flutter • 427.5 Cardiac arrest • 427.9 Cardiac dysrhythmia, unspecified • 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 	X		X		X	X	X	

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	<p>Note the following:</p> <p>a. The presence of the 996.04 or V53.32 diagnosis is the determining factor in not requiring the QR modifier when either of these diagnoses is on the claim; the presence of other diagnosis codes shall have no bearing on determining whether a QR modifier is needed when the 996.04 or V53.32 diagnosis is also present on a claim.</p> <p>Contractors shall not deny ICD claims with the 996.04 or V53.32 diagnosis on the basis of the presence of the QR modifier.</p>									
4273.2	Effective for claims with dates of service on or after April 1, 2005, Medicare contractors shall adjust as appropriate claims brought to their attention that were denied because the diagnosis code was 996.04 or V53.32 and lacked a QR modifier.	X		X			X	X		
4273.3	Medicare contractors shall inform providers they have the ability to append a QR modifier on claims for ICD services rendered as secondary preventions of cardiac arrest in order to report the data to the data collection system when this reporting applies.	X		X			X	X		

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4273.4	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
4273.1	FIs shall accept ICD claims billed on 11X and 13X types of bills.

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: April 1, 2005</p> <p>Implementation Date: April 3, 2006</p> <p>Pre-Implementation Contact(s): Coverage: JoAnna Baldwin at Joanna.baldwin@cms.hhs.gov</p> <p>Part A/fiscal intermediary claims: Joe Bryson at joseph.bryson@cms.hhs.gov</p> <p>Part B/carrier claims: Claudette Sikora at claudette.sikora@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Regional office</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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