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MLN Matters® Number: MM6743

Related Change Request (CR) #: 6743

Related CR Release Date: April 29, 2010

Effective Date: October 1, 2010

Related CR Transmittal #: R686OTN

Implementation Date: October 4, 2010

## Change in Claims Filing Jurisdiction for Tracheo-Esophageal Voice Prosthesis Healthcare Common Procedure Coding System (HCPCS) Code

### Provider Types Affected

This article is for physicians, non-physician practitioners and suppliers submitting claims to Medicare contractors (Medicare Administrative Contractors (MACs), carriers and/or Durable Medical Equipment Medicare Administrative Contractors (DME MACs)) for tracheo-esophageal voice prostheses provided to Medicare beneficiaries.

### Provider Action Needed

This article is based on change request (CR) 6743, which changes the claims filing jurisdiction for Healthcare Common Procedure Coding System (HCPCS) code L8509. HCPCS code L8509 describes a tracheo-esophageal voice prosthesis inserted by a licensed health care provider, any type. This device is inserted in a physician's office or other outpatient setting. Effective for dates of service on or after October 1, 2010, claims for HCPCS code L8509 must be submitted to the A/B MAC or Part B carrier, as applicable, instead of the DME MAC. This jurisdictional policy does not apply to tracheo-esophageal voice prostheses that are changed by the patient/caregiver in the home setting (HCPCS code L8507). The filing jurisdiction for these claims remains with the DME MACs. Be sure billing staff know of this change.

### Key Points of CR 6743

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2009 American Medical Association.

- Effective for dates of service on or after October 1, 2010, the DME MACs will deny claims containing HCPCS code L8509 as not payable under the contractor's claims jurisdiction area. When Medicare denies such claims, the provider will receive these messages: remark code N418 (Misrouted claim. See the payer's claim submission instructions.) and reason code 109 (Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.).
- Effective for dates of service on or after October 1, 2010, the A/B MACs and Part B carriers will accept HCPCS code L8509 for processing.
- The A/B MACs and Part B carriers will cover claims for HCPCS code L8509 as a prosthetic device. The A/B MACs and Part B carriers will base the Medicare allowed payment amount on the lower of the actual charge or the fee schedule amount for HCPCS code L8509.
- Tracheo-esophageal voice prostheses that are changed by the patient/caregiver in the home setting are billed using HCPCS code L8507 (tracheo-esophageal voice prostheses, patient inserted, any type, each) and are eligible for coverage under the prosthetic device benefit. The filing jurisdiction for these claims remains with the DME MACs.
- Medicare does not cover the item if it is shipped or dispensed to the beneficiary, who then takes the item to their physician's office for insertion. The A/B MACs or Part B carriers will deny claims in these instances, as described in Chapter 15, Section 120, in the *Medicare Benefit Policy Manual*, which states that "*Medicare does not cover a prosthetic device dispensed to a patient prior to the time at which the patient undergoes the procedure that makes necessary the use of the device. For example, the carrier does not make a separate Part B payment for an intraocular lens (IOL) or pacemaker that a physician, during an office visit prior to the actual surgery, dispenses to the patient for his or her use. Dispensing a prosthetic device in this manner raises health and safety issues. Moreover, the need for the device cannot be clearly established until the procedure that makes its use possible is successfully performed. Therefore, dispensing a prosthetic device in this manner is not considered reasonable and necessary for the treatment of the patient's condition.*"

## Additional Information

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If you have questions, please contact your Medicare DME MAC, A/B MAC, and/or carrier 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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The official instruction, CR6743, issued to your, A/B MAC, carrier and/or DME MAC regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R686OTN.pdf> on the CMS website.

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