

**Contractor Name**

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954
05101, 05201, 05301, 05401,
05102, 05202, 05302, 05402,
52280

Contractor Type

Carrier
MAC B

LCD Title

Stereotactic Computer Assisted Volumetric and/or Navigational Procedure

LCD Database ID Number

L29586

Contractor's Determination Number

GSURG-050

Original Determination Effective Date

08/16/2009

This is a new WPS Medicare LCD for our Fiscal Intermediary (FI), MAC A and MAC B contracts. This LCD is a merger with the Carrier policy on this topic that became effective 11/16/2008. LCD, Stereotactic Computer Assisted Volumetric and/or Navigational Procedure, will be L29586 for all WPS jurisdictions in August. This policy can be read in its entirety on the CMS Website.

Coverage – Retired Policies

LCD Title

Blepharoplasty

LCD ID Number

Legacy: L2690

MAC: L26602

Contractor's Determination Number

2002-3

This LCD is retired effective 7/15/2009 and replaced with Blepharoplasty, Blepharoptosis and Brow Lift (OPHTH-022). (New database ID number is L29973).



POLICIES THAT WILL BE RETIRED EFFECTIVE AUGUST 16, 2009

The new policy Brachytherapy RAD-036 (L30320), will replace the policy listed below. This is effective August 16, 2009

Legacy A
L25041 Accelerated Partial Breast Irradiation

The new policy Radiation Oncology Including Intensity Modulated Radiation Therapy (IMRT) RAD-014 (L30316), will replace the policy listed below. This is effective August 16, 2009.

Legacy A
L25166 Intensity Modulated Radiation Therapy (IMRT)

The new policy, GSURG-052 Application of Bioengineered Skin Substitutes (L30135), will replace the policy listed below. This is effective August 16, 2009

Legacy A
L28357 Application of Bioengineered Skin Substitutes

**Legacy Providers Only****RETIREMENT OF POLICY
L14319 OUTPATIENT OBSERVATION SERVICES**

Policy L14319 for Outpatient Observation Services is being retired effective 08/01/2009.

The policy affects the Legacy A providers; formerly Mutual of Omaha (transitioned to Wisconsin Physicians Service). Retirement of this policy does not affect or change coverage of outpatient observation services or claims processing.

Providers can view information specific to outpatient observations services in:

CMS Publication Manual:

CMS Manual, Publication 100-02, Chapter 1, Section 10
CMS Manual, Publication 100-02, Chapter 6, Section 20.1
CMS Manual, Publication 100-02, Chapter 6, Section 20.6
CMS Manual, Publication 100-04, Chapter 1, Section 50.3
CMS Manual, Publication 100-04, Chapter 1, Section 50.3.2
CMS Manual, Publication 100-04, Chapter 1, Section 70.4
CMS Manual, Publication 100-04, Chapter 4, Section 10.7.2.1, 10.7.2.3, and 10.7.2.4
CMS Manual, Publication 100-04, Chapter 4, Section 290

Code of Federal Regulations:

Federal Register, Final Rule/Vol. 66, No 231/November 30, 2001, pp 59879-59883.
Code of Federal Regulations, Section 421.100 (a) (2),
Federal Register, Final Rule/Vol. 69, No. 219/Monday, November 15, 2004/Rules and Regulations, pg 66335- 66384.

Coverage – Revised Policies

MAC Providers Only

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

05101, 05201, 05301, 05401,
05102, 05202, 05392, 05302,
05402, 00951, 00952, 00953,
00954

Contractor Type

Carrier
MAC A
MAC B

LCD Title

Botulinum Toxin Type A & Type B

LCD Database ID Number

L28555

Contractor's Determination Number

INJ-018

Original Determination Effective Date

07/01/2009

Added ICD-9 code

374.03 Spastic entropion and 333.1 Essential and other specified forms of tremor to CPT codes 64614 and 64640.



MAC Providers Only

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Type

Carrier
MAC A
MAC B

LCD Title

Chemotherapy Drugs and their Adjuncts

LCD Database ID Number

L28576

Contractor's Determination Number

HONC-010

Revision Effective Date

05/16/09

Indications and Limitations of Coverage and/or Medical Necessity

The following coverage has been added to this document.

40. Pemetrexed Disodium (Alimta™), 10 mg (J9305)
Ovarian Cancer-Preferred single-agent recurrence therapy, if platinum resistant, for progressive or stable disease on primary chemotherapy, stage II-IV disease showing partial response to primary treatment (183.0-183.9).
45. Topotecan (Hycamtin) 4 mg (J9350)
Primary central nervous system lymphoma-relapsed or refractory (200.50)

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05402, 52280

Contractor Type

Carrier
Fiscal Intermediary (FI)
MAC A
MAC B

LCD Title

Computerized Tomography (CAT Scans)

LCD Database ID Number

L28544

Contractor's Determination Number

RAD-033

Revision Effective Date

03/25/2009

07/01/2009, For CPT range 71250-71270 corrected ICD-9 Coding range 154.0 – 154.8, 610.0-610.9, and 611.0-611.89. Expanded ICD-9 code range 172 series to include 172.0-172.9. For CPT range 72191- 72194, 74150-74175, 75635 added ICD-9 codes 172.0-172.9. For CPT range 72131-72133 corrected ICD-9 code 793.99.



MAC Providers Only

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

05101, 05201, 05301, 05401

Contractor Type

MAC A

LCD Title

Interventional Cardiology

LCD Database ID Number

L26608

Primary Geographic Jurisdiction

Iowa, Kansas, Missouri, Nebraska

The text and CPT codes referring to Percutaneous Coronary Interventions were removed from this LCD effective 7/1/2009. A table was added for the non covered ICD-9 codes for Right Heart Catheterization for clarification, the addition of this table did not change reimbursement. Please see the jurisdictional LCD L28478 for coverage of Percutaneous Coronary Interventions (PCI).

Table added:

ICD-9 Codes that DO NOT Support Medical Necessity

For **Right** Heart Catheterization (CPT/HCPCS code 93501)

410.10	Acute myocardial infarction of other anterior wall; episode of care unspecified
411.1	Other acute and subacute forms of ischemic heart disease; intermediate coronary syndrome
413.9	Other an unspecified angina pectoris
414.00	Coronary atherosclerosis; of unspecified type of vessel, native or graft
414.01	Coronary atherosclerosis; of native coronary artery
414.02	Coronary atherosclerosis; of autologous vein bypass graft
786.05	Shortness of breath
786.50	Chest pain; unspecified
786.59	Chest pain; other

**Contractor Name**

Wisconsin Physicians Service (WPS)

Contractor Type

Fiscal Intermediary (FI)
MAC A

LCD Title

Psychiatric Partial Hospitalization Program

LCD Database ID Number

MAC A: L26611
Legacy: L2403

Revision Effective Date

01/01/2009

Effective for dates of service on or after 01/01/2009: revision to “CPT/HCPCS Codes” section, clarification was added to indicate that HCPCS G0410 and G0411 replace CPT codes 90853 and 90857 for PHP services, CPT codes 90849 and 90899 are no longer accepted as billable PHP codes in accordance with the Federal Register volume 73, Number 223 published November 2008.

Deleted CPT/HCPCS codes 90849, 90853, 90857, and 90899. Claims processing article published on March 2, 2009.

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00951, 00952, 00953, 00954
05101, 05201, 05301, 05401,
05102, 05202, 05392, 05302,
05402, 52280

Contractor Type

Carrier
Fiscal Intermediary (FI)
MAC A
MAC B

LCD Title

Transesophageal Echocardiography (Including Intraoperative TEE)

LCD Database ID Number

L28574

Contractor's Determination Number

CV-007

CPT/HCPCS Codes

*93325 Doppler echocardiography with color-flow velocity mapping (list separately in addition to codes for echocardiographic imaging).

*07/01/2009, CPT code 93325 incorrectly listed as 93225. CPT code corrected to read 93325,

Correction of ICD-9 coding ranges 428.0-428.93 and 429.0-429.93. ICD-9 codes 428.0 and 429.0 inadvertently included a 5th digit.

LCD Database ID Number

Database ID number incorrectly listed on WPS Website has been corrected.

Sources of Information and Basis for Decision for Intraoperative Transesophageal Echocardiography

WPS LCD CV-034 inadvertently omitted from this list and is now included as a source of information.

Electronic Data Interchange (EDI)

ELECTRONIC DATA INTERCHANGE (EDI) ASK-THE-CONTRACTOR TELECONFERENCES (ACTS)

WPS Medicare is pleased to announce the 2009 schedule for our Electronic Data Interchange (EDI) Ask-the-Contractor Teleconference (ACT).

We have scheduled our EDI ACT for 2009. These teleconferences will last one and one-half hours. We encourage providers, billing staff, vendors, and clearinghouses to call with any Medicare EDI questions they deem appropriate.

We will approach the call much in the same way CMS approaches their valuable Open Door Forums, promoting a forum that is less structured, and encourages participants to ask whatever they choose, as long as it pertains to Medicare EDI. We look forward to your participation in these calls!

What are Ask-the-Contractor Teleconferences (ACTs)?

The Medicare Modernization Act (MMA) requires Medicare contractors to hold Ask-the-Contractor Teleconferences (ACTs). This requirement is based on CMS' goal of giving those who provide service to beneficiaries, the information they need to: understand the Medicare program; be informed often and early about changes; and, in the end bill correctly.

The ACT promotes valuable interaction between the Medicare Contractor (WPS) and EDI customers. As stated previously, we modeled our ACTs after CMS Open Door Forums.

Participants are encouraged to ask questions and raise concerns. EDI staff is available during the call to provide education, program updates, answer questions, and take feedback. In addition, we will provide necessary follow-up to any issues that cannot be resolved during the call time.

WPS Medicare encourages providers to participate in this important educational activity. You can access a recording of the EDI ACT teleconference on this Website approximately one week following the event.

Please Note: No Registration is Necessary

Date	Time	Dial-In Number	Conference ID
July 9, 2009	1 pm CT	800-305-2862	70745908
September 10, 2009	1 pm CT	800-305-2862	70746156
November 12, 2009	1 pm CT	800-305-2862	70746399

* Remember you can access a recording of this session on our Website approximately one week following the teleconference.

NEW INFORMATION ON EDI WEBSITE

In an effort to assist those who wish to retrieve Electronic Remittance Advice (ERA) notices, the WPS Electronic Data Interchange Department (EDI) has created a PowerPoint tutorial, which will walk you through how to correctly complete the ERA Authorization Form. The tutorial is only available by using PowerPoint or a PowerPoint viewer.

To view the tutorial on the WPS EDI Website please visit the following pages:
http://www.wpsic.com/edi/med_macj5.shtml under the "Forms" section or
<http://www.wpsic.com/edi/tools.shtml> under the "Electronic Remit Advice" section

Once you choose the PowerPoint link, you will be prompted to "Open" the document. This will begin the presentation. Press ESC at any time to end the presentation. During the presentation, you may select the right or left arrow keys in the lower left hand corner to skip ahead or back up during the presentation.

For additional questions on completing the Electronic Remittance Advice (ERA) Authorization Form or regarding the PowerPoint Presentation, please contact your EDI Help Desk:

Medicare Part A Legacy
(Multiple States)
Phone: (866) 734-6656

Medicare Part A J5 MAC
(IA, KS, MO, NE)
Phone: (866) 503-9670

General Information**QUARTERLY PROVIDER UPDATE**

The Quarterly Provider Update is a comprehensive resource published by the Centers for Medicare & Medicaid Services (CMS) on the first business day of each quarter. It is a listing of all non-regulatory changes to Medicare, including Program Memoranda, manual changes, and any other instructions that could affect providers. Regulations and instructions published in the previous quarter are also included in the Update. The purpose of the Quarterly Provider Update is to:

- Inform providers about new developments in the Medicare program;
- Assist providers in understanding CMS programs and complying with Medicare regulations and instructions;
- Ensure that providers have time to react and prepare for new requirements;
- Announce new or changing Medicare requirements on a predictable schedule; and
- Communicate the specific days that CMS business will be published in the Federal Register.

The Quarterly Provider Update can be accessed at:
<http://www.cms.hhs.gov/QuarterlyProviderUpdates/>

We encourage you to bookmark this Website and visit it often for this valuable information. To receive notification when regulations and program instructions are added throughout the quarter, sign up for the Quarterly Provider Update Listserv (electronic mailing list) at:
http://subscriptions.cms.hhs.gov/service/subscribe.html?code=USCMS_460

Provider Education**EDUCATION SCHEDULE**

If you are a Legacy Part A provider within the United States and/or U.S. Virgin Islands, who was previously contracted with Mutual of Omaha and joined WPS in November 2007, please visit the WPS Medicare Education Schedule at:

http://www.wpsmedicare.com/part_a/education/seminars.shtml and http://www.wpsmedicare.com/part_a/education/teleconferences.shtml to learn more about the educational events we have scheduled for the upcoming months.

If you are a MAC J5 Part A provider within Iowa, Kansas, Missouri, and/or Nebraska please visit the WPS Medicare Education Schedule at:

http://www.wpsmedicare.com/j5macparta/training/training_programs/ to learn more about the educational events we have scheduled for the upcoming months.

Reimbursement

JULY QUARTERLY UPDATE FOR 2009 FOR DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES (DMEPOS)

~CMS MLN Matters~

MLN Matters® Number: MM6511

Related CR Release Date: June 5, 2009

Related CR Transmittal #: R1754CP

Related Change Request (CR) #: 6511

Effective Date: January 1, 2009 for implementation of fee schedule amounts for codes in effect then; April 1, 2009 for code K0739; July 1, 2009 for all other changes

Implementation Date: July 6, 2009

Provider Types Affected

Providers and suppliers submitting claims to Medicare contractors (carriers, DME Medicare Administrative Contractors (DME MACs), Fiscal Intermediaries (FIs), Medicare Administrative Contractors (MACs), and/or Regional Home Health Intermediaries (RHHIs)) for DMEPOS provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6511 and alerts providers that the Centers for Medicare & Medicaid Services (CMS) has issued instructions for implementing and/or updating the DMEPOS fee schedule payment amounts on a semiannual basis (January and July), with quarterly updates as necessary (April and October). Be sure your billing staffs are aware of these changes.

Background

The DMEPOS fee schedules are updated on a quarterly basis in order to implement fee schedule amounts for new codes and to revise any fee schedule amounts for existing codes that were calculated in error. The quarterly update process for the DMEPOS fee schedule is located in section 60, Chapter 23 of the Medicare Claims Processing Manual and is located at <http://www.cms.hhs.gov/manuals/downloads/clm104c23.pdf> on the CMS Website. Other information on the fee schedule, including access to the DMEPOS fee schedules is at http://www.cms.hhs.gov/DMEPOSFeeSched/01_overview.asp on the CMS Website.

Key Points of CR 6511

- The following table identifies the 2009 fees for the Healthcare Common Procedure Codes System (HCPCS) codes K0739/E1340. The * denotes revised for the 2009 fee schedule.

State	K0739/E1340	State	K0739/E1340
AK*	25.27	MT	13.41
AL*	13.41	NC	13.41
AR*	13.41	ND*	16.72
AZ*	16.59	NE	13.41

CA*	20.58	NH*	14.40
CO*	13.41	NJ*	18.10
CT*	22.40	NM*	13.41
DC*	13.41	NV*	21.37
DE*	24.71	NY*	24.71
FL*	13.41	OH*	13.41
GA*	13.41	OK	13.41
HI*	16.59	OR	13.41
IA*	13.41	PA*	14.40
ID*	13.41	PR	13.41
IL	13.41	RI*	15.99
IN	13.41	SC	13.41
KS	13.41	SD*	14.99
KY	13.41	TN	13.41
LA	13.41	TX	13.41
MA*	22.40	UT*	13.45
MD	13.41	VA	13.41
ME*	22.40	VI	13.41
MI	13.41	VT*	14.40
MN	13.41	WA*	21.37
MO	13.41	WI	13.41
MS	13.41	WV	13.41
WY*	18.70		

- The 2009 allowed payment amounts for codes E1340/K0739 are revised as part of this quarterly update to reflect updates that were brought to CMS' attention. The allowed payment amounts (listed above) for codes E1340/K0739 are effective as follows:
 - For claims with dates of service from January 1, 2009, through March 31, 2009 submitted using HCPCS code E1340 (Repair or Non-routine Service for DME Requiring the Skill of a Technician, Labor Component, Per 15 Minutes); and
 - For claims with dates of service from April 1, 2009, through December 31, 2009 submitted using code K0739 (Repair or Non-routine Service for DME Other Than Oxygen Equipment Requiring the Skill of a Technician, Labor Component, Per 15 Minutes).
- Medicare contractors will adjust previously processed claims for HCPCS code E1340/K0739 with dates of service on or after January 1, 2009 through June 30, 2009, if they are resubmitted as adjustments.
- HCPCS codes A6545, E0656, E0657 and L0113 were added to the HCPCS file effective January 1, 2009. The fee schedule amounts for these HCPCS codes are established as part of this update and are effective for claims with dates of service on or after January 1, 2009. These items were paid on a local fee schedule basis prior to implementation of the fee schedule amounts established in accordance with this

- update. **Claims for the above codes with dates of service on or after January 1, 2009 that have already been processed will not be adjusted** to reflect the newly established fees if they are resubmitted for adjustment.
- As part of this update CMS is adding the AW modifier to the fee schedule file for HCPCS code A6545 *Gradient Compression Wrap, Non-Elastic, Below Knee, 30-50 MM HG, Each*. Code A6545 is covered when it is used in the treatment of an open venous stasis ulcer. Currently, code A6545 is noncovered for the following conditions:
 - Venous insufficiency without stasis ulcers, prevention of stasis ulcers, prevention of the reoccurrence of stasis ulcers that have healed, and treatment of lymphedema in the absence of ulcers. In these situations, since an ulcer is not present, the gradient compression wraps do not meet the definition of a surgical dressing. **Suppliers are advised that when the non-elastic gradient compression wrap code A6545 is used in the treatment of an open venous stasis ulcer, it must be billed with the AW modifier.** Claims for code A6545 that do not meet the covered indications should be billed without the AW modifier and as such, will be denied as non-covered.
 - As part of this update, the fee schedule amounts for HCPCS code K0606 (Automatic External Defibrillator, with Integrated Electrocardiogram Analysis, Garment Type) billed without the KF modifier are being removed from the DMEPOS fee schedule file.
 - A one-time notification regarding the changes in payment for oxygen and oxygen equipment as a result of the MIPPA of 2008 and additional instructions regarding payment for DMEPOS was issued on December 23, 2008, (Transmittal 421, Change Request (CR) 6297). A related MLN Matters® article may be reviewed at <http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM6297.pdf> on the CMS Website). CR 6297 included 2009 labor payment rates for HCPCS codes E1340, L4205 and L7520.
 - In 2009, code K0739 was established in the HCPCS file to replace code E1340 for Medicare claims for the repair of beneficiary-owned DME with dates of service on or after April 1, 2009 (see Transmittal 443, CR 6296 issued on February 13, 2009 which may be reviewed at <http://www.cms.hhs.gov/transmittals/downloads/R443OTN.pdf> on the CMS Website). The 2009 allowed payment amounts for code E1340 mapped directly to code K0739.

Additional Information

If you have questions, please contact your Medicare contractor at their toll-free number which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS Website. For complete details regarding this Change Request (CR) please see the official instruction (CR6511) issued to your Medicare MAC, DME/MAC, carrier, FI or RHHI. That instruction may be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R1754CP.pdf> on the CMS Website.

WPS MEDICARE PROVIDER SERVICES

For additional information on the content of this newsletter, changes in policy or procedures, how to obtain a hardcopy of an LMRP/LCD, or if you experience difficulties obtaining a policy on our Website, please contact a customer service representative at the telephone numbers/addresses listed below.

Part A Legacy	
<p>Southeast Region WPS Insurance Company Medicare Administration P.O. Box 1602 Omaha, Nebraska 68101 866-580-5981</p>	<p>Central Region WPS Insurance Company Medicare Administration P.O. Box 1602 Omaha, Nebraska 68101 866-580-5984</p>
<p>West Region WPS Insurance Company Medicare Administration P.O. Box 1602 Omaha, Nebraska 68101 866-580-5987</p>	<p>Northeast Region WPS Insurance Company Medicare Administration P.O. Box 1602 Omaha, Nebraska 68101 866-580-5945</p>
Part A MAC (IA, KS, MO, NE)	
<p>Iowa WPS Medicare Part A General Correspondence P.O. Box 7665 Madison, WI 53707-7665 (866) 518-3285</p>	<p>Kansas WPS Medicare Part A General Correspondence P.O. Box 7576 Madison, WI 53707-7576 (866) 518-3285</p>
<p>Missouri WPS Medicare Part A General Correspondence P.O. Box 8890 Madison, WI 53707-8890 (866) 518-3285</p>	<p>Nebraska WPS Medicare Part A General Correspondence P.O. Box 8799 Madison, WI 53708-8799 (866) 518-3285</p>

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