



CBR Audit Project

New Outpatient Code Editor Edits for Dual Chamber Pacemaker Insertions Effective Date: July 1 2006

Background Information

Over the past few years CMS has implemented several strategies to capture the cost of expensive devices that are used in conjunction with certain outpatient procedures. The latest version of this process is captured in the Medicare Claims Processing Manual 100-04, Chapter 4, section 61, and in MedLearn Matters article MM4017.

“Effective January 1, 2005, hospitals paid under the OPPS (bill types 12X and 13X) that report procedure codes that require the use of devices **must also report** the applicable HCPCS codes and charges for all devices that are used to perform the procedures where such codes exist (regardless of whether there is an edit). This is necessary so that the OPPS payment for these procedures will be correct in future years in which the claims are used to create the APC payment amounts.”

An Outpatient code editor (OCE) edit was implemented to capture claims that did not contain the necessary device code. The narrative description of OCE edit 71 is “Claim lacks required device code.”

The list of procedures that require a device C-code is updated on a quarterly basis. The list effective April 2006 for CPT codes 33206, [Insertion of replacement of permanent pacemaker with transvenous electrode(s); atrial], and 33207, [Insertion of replacement of permanent pacemaker with transvenous electrode(s); ventricular] required billing a C-code for a single chamber pacemaker. The CPT code narratives include the option of inserting a dual chamber pacemaker. Effective July 1, 2006 the consolidated device edits list of procedures for codes 33206 and 33207 was expanded to include dual chamber pacemaker devices. The following list depicts the new HCPCS device codes that now also meet the edit requirements for CPT codes 33206 and 33207.

Procedure CPT Code	Description	Device HCPCS Code	Device Description	OCE Implementation Date
33206	Insertion of heart pacemaker	C1785	Pmkr, dual, rate-resp	7/1/2006 Device added
33206	Insertion of heart pacemaker	C2619	Pmkr, dual, non rate-resp	7/1/2006 Device added
33207	Insertion of heart pacemaker	C1785	Pmkr, dual, rate-resp	7/1/2006 Device added
33207	Insertion of heart pacemaker	C2619	Pmkr, dual, non rate-resp	7/1/2006 Device added

Objectives/Goals

- Confirm HCPCS codes C1785 and C2619 are present on the CDM and are mapped for usage with CPT procedure codes 33206 and 33207
- Inform point of service department regarding requirements. Determine if the charge structure is in place.
- Identify the root cause(s) for accounts that are inaccurately charged, coded or a combination of both.
- Verify billing compliance and the capture of Medicare payment for cardiac pacemaker insertions meets CMS criteria.
- Implement tracking and ensure CMS compliance for billing, charging and coding practices.
- Provide recommendations for systemic corrections and the recovery of lost revenue, as well as solutions for preventing future revenue losses.

Recommendations

Perform a focused audit on all pertinent accounts for services performed since July 1, 2006 using the criteria listed below. Once the audit is complete share the findings with those who charge and bill for pacemaker insertions. If necessary work with the point of service department, the billing department and the Charge Description Master analyst to assist them in following the requirements set forth by Medicare.

Report Syntax

- Patient type = Outpatient
- Payer = Medicare
- Discharge Date = July 1, 2006 to present
- Procedure codes = 33206 - 33207

Use the CPT procedure codes listed on page 1 to determine potential cardiac pacemaker insertion accounts.

Report Display

- Account Number
- Patient Name
- Patient Type
- Service Area
- Discharge Date
- Primary Insurance Carrier
- Total Charges
- Total Payments
- Account Balance
- Diagnosis Code
- CPT/HCPCS Codes = preferable to have all billed CPT/HCPCS codes

References:

<http://www.cms.hhs.gov/manuals/downloads/clm104c04.pdf>

Medical Claims Processing Manual 100-04, Chapter 4

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4017.pdf>

MedLearn Matters article 4017

http://www.cms.hhs.gov/HCPCSReleaseCodeSets/02_HCPCS_Quarterly_Update.asp#TopOfPage

List of C-codes related to device dependent procedures