

# Provider Update

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## Billing Requirements for TAVR and TMVR

When a Medicare Advantage (MA) plan participant receives inpatient TAVR or TMVR surgery, the MA plan is responsible for paying the claim. All other clinical trial related services to Medicare Advantage members must continue to be submitted to Original Medicare for processing.

### **TAVR on or after 01-01-13 (NCD20.32 and CMS CR8255)**

#### **For inpatient facility TOB 11x claims**

- ICD10 Dx code Z00.6 and at least one of these ICD10 Dx codes I08.0, I35.0, I35.1, I35.2, I35.8 or I35.9
- ICD10 procedure codes 02RF3KZ, 02RF38Z, 02RF37Z, 02RF3JZ, 02F38H, 02RF3KH, 02RF3JH or 02RF37H
- Condition code 30
- An 8-digit clinical trial number (Value Code D4 and number)

#### **For professional medical claims**

- POS 21 inpatient
- ICD10 Dx code Z00.6) and at least one of these ICD10 Dx codes I08.0, I35.0, I35.1, I35.2, I35.8, I35.9
- Primary Procedure codes 33361-33366 with modifier Q0
- An 8-digit clinical trial number preceded by CT (CT00000000) in Field 19 on 1500 Claim Form

### **TMVR on or after 08-07-14 (CMS NCD 20.33, CR9002 and CR9540)**

#### **For inpatient facility TOB 11x claims**

- ICD10 Dx Z00.6 and one of these ICD10 dx codes I34.0 or I34.1 that was added effective 10/01/15 (Effective 07/01/16, Dx I34.8 is no longer considered a covered diagnosis code.)
- Procedure ICD10 - 02UG3JZ
- Condition code 30
- An 8-digit clinical trial number (Value Code D4 and number)

#### **For professional medical claims**

- POS 21 inpatient
- ICD10 Dx code Z00.6 and one of these ICD10 Dx codes I34.0 or I34.1 that was added effective 10/01/15 (Effective 07/01/16, Dx I34.8 is no longer considered a covered diagnosis code.)
- Primary Procedure code with modifier Q0



- 33418 eff.01-01-15
- 33419 eff.01-01-15
- 0345T eff 08-07-14 and remains in effect
- An 8-digit clinical trial number preceded by CT (CT00000000) in Field 19 on 1500 Form

CMS Pub 100-04 Chapter 32 sections 68 & 69 provide the complete guidelines for billing clinical trials. Effective for claims with dates of service on or after January 1, 2014, it is mandatory to report a clinical trial number on claims for items/services provided in clinical trials/studies/registries, or under CED. This is the number assigned by the NLM ClinicalTrials.gov website when a new study appears in the NLM Clinical Trials data base. Institutional providers must bill the Category B IDE number on a 0624 revenue code line with their incurred charges. Hospital inpatient providers should not bill for the Category B IDE device if they received the device free-of-charge.

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\*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.