



New Issues Approved by CMS

All new issues that are identified by HDI must first be approved by CMS.

Name	Description	Number	Claim Type	Date Approved	Region D States	Region D MACS	Dates of Service	Additional Information
Newborn Pediatric CPT Codes Billed for Pts Exceeding Age Limit	Certain service codes are specific to patients of a specific age and should not be applied/billed for patients which exceed the age limit defined by the CPT Code.	D000312009	PART A OP PART B	06/17/2009	All	AB MACs Fis Carriers		American Medical Association (AMA), Current Procedural Terminology 2007, 2008, 2009
Once in a Lifetime	Certain procedures are only performed once in a persons lifetime. Query identifies claims paid for those procedures for more than one service date.	D000322009	PART A OP PART B	06/11/2009	All	AB MACs Fis Carriers		CMS Pub 100-08, Ch. 3, § 3.6.
Excessive Units-Untimed Codes	When reporting service units for untimed codes (excluding Modifiers -KX, and -59) where the procedure is not defined by a specific timeframe, the provider should enter a 1 in the units bill column per date of service.	D000332009	PART A OP PART B	06/26/2009	All	AB MACs Fis Carriers		CMS Pub 100-04, Transmittal 1019, dated 8.3.06, pages 7-11 CMS Pub 100-04, Ch. 5, § 20.2
Excessive Units-Blood Transfusions	Blood Transfusions should be billed with a maximum of (1) unit per patient per date of service.	D000342009	PART A OP PART B	06/24/2009	All	AB MACs Fis Carriers		Federal Register, Volume 67, No.212, page 2. Program Memorandum Intermediaries, Transmittal A-01-50, April 12, 2001, page 1 CMS Pub 100-04, Ch. 4, § 231.8
Excessive Units-Bronchoscopy	Bronchoscopy services should be billed with a maximum number of units (1) per patient per date of service.	D000352009	PART A OP PART B	06/24/2009	All	AB MACs Fis Carriers		Federal Register, Volume 67, No. 251, page 8. American Medical Association (AMA), Current Procedural Terminology (CPT) American Thoracic Society Coding 2005 Update
Excessive Units- IV Hydration	IV Hydration should be billed with a maximum number of units (1) per patient per date of service.	D000362009	PART A OP PART B	06/26/2009	All	AB MACs Fis Carriers		CMS Pub 100-4 Ch. 12, pages 31-32 CMS Pub100-20, Transmittal 419, page 7. MLN Matters, MM6349 R/T CR Release Date 12.19.08, page 4
Neulasta	Neulasta (HCPCS code J2505) Claims submitted with the total number of milligrams instead 1 unit per 6mg. Claims for J2505 should be submitted so that the units billed represent the number of multiples of 6mg administered, not the total number of mgs.	D000392009	PART A OP	06/24/2009	All	AB MACs Fis		CMS Manual System, Publication 100-04 Medicare Processing Manual, Transmittal 949 (dated May 12, 2006) MLN Matters Number MM55912, Release Date, January 18, 2008 HCPCS Level II 2007, 2008, 2009

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