

## Compliance Today – May 2019 Device replacement procedures billing reminder

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“Provider Compliance” published in MLN Connects, the Centers for Medicare and Medicaid Services (CMS) weekly newsletter notes in its March 7 issue:

### **Bill correctly for device replacement procedures**

In a September 2017 report, the Office of the Inspector General (OIG) determined that Medicare paid for many device replacement procedures incorrectly. Hospitals are required to use condition codes 49 or 50 on claims for device replacement procedures resulting from a recall or premature failure (whether the device is provided at no cost or with a credit).

Use the following resources to bill correctly and avoid overpayment recoveries:

[Shortcomings of Device Claims Data Complicate and Potentially Increase Medicare Costs for Recalled and Prematurely Failed Devices](#) OIG Report, September 2017

[Medicare Claims Processing Manual, Chapter 3](#), section 100.8

[Medicare Claims Processing Manual, Chapter 4](#), section 61.3.5 and 61.3.6

For more from MLN Connects: <https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html>

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