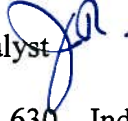




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www.NPAIHB.org

**DATE:** January 8, 2010  
**TO:** Tribal Health Directors  
**FROM:** Jim Roberts, Policy Analyst   
**SUBJECT:** Sunset of MMA Section 630 – Indian provision to bill for certain Part B services

Attached is a CMS *MLN Matters* article which describes that the Medicare Modernization Act, Section 630, expired on December 31, 2009.

The MMA Section 630 was implemented on January 3, 2005, and provided IHS and Tribes a temporary five-year authority to bill for additional Part B services that included the following types of items and services:

- Durable medical equipment
- Prosthetics and orthotics
- Surgical dressings, splints, and casts
- Drugs (DMERC only)
- Clinical laboratory services
- Ambulance services.

While Section 630 sunset on December 31, 2009, there is a provision in the Senate's pending health reform bill (H.R. 3590) that would eliminate sunset provisions for all Medicare Part B services furnished by the Indian health system.

The MLN Matters article explains Section 630 services after December 31, 2009 will no longer be covered. However, if the Senate is enacted these service may be covered retroactively.

If you have any questions concerning this information, feel free to contact me at (503) 228-4185 or [jroberts@npaihb.org](mailto:jroberts@npaihb.org).



**News Flash** - The Centers for Medicare & Medicaid Services (CMS) reminds all providers, physicians, and suppliers to allow sufficient time for the Medicare crossover process to work—approximately 15 work days after Medicare’s reimbursement is made, as stated in MLN Matters Article SE0909 (<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0909.pdf>) — before attempting to balance bill their patients’ supplemental insurers. That is, do not balance bill until you have received written confirmation from Medicare that your patients’ claims will not be crossed over, or you have received a special notification letter explaining why specified claims cannot be crossed over. Remittance Advice Remark Codes MA18 or N89 on your Medicare Remittance Advice (MRA) represent Medicare’s intention to cross your patients’ claims over.

MLN Matters® Number: SE0930

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: January 1, 2010

Related CR Transmittal #: N/A

Implementation Date: January 1, 2010

## **Sunset of Section 630 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 for the Payment of Indian Health Services (IHS)**

### **Provider Types Affected**

Indian Health Service (IHS) tribe and tribal organizations and facilities submitting claims to Medicare contractors

### **Provider Action Needed**

This special edition article is being issued by the Centers for Medicare & Medicaid Services (CMS) to notify affected IHS physicians, IHS providers, and IHS suppliers that, per the provisions of section 630 of the MMA, certain Part B services will no longer be covered for Medicare payment when the provisions sunset as of December 31, 2009.

However, Congress is considering new legislation that may extend this provision beyond December 31, 2009. If such legislation is enacted, Medicare will notify contractors to again process claims for these IHS services.

These services include the following:

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

- Durable Medical Equipment, prosthetics, and orthotics;
- Therapeutic shoes;
- Clinical laboratory services;
- Surgical dressings, splints and casts;
- Drugs (those processed by the J4 A/B Medicare Administrative Contractor (MAC) and the DME MACs);
- Ambulance services;
- Influenza and pneumonia vaccinations; and
- Screening and preventive services.

Claims for services furnished on or before December 31, 2009, will be processed under normal conditions.

For services provided on or after January 1, 2010, health care providers may choose, to the extent possible, to hold their claims (that is, not submit their claims to Medicare) until it becomes clearer as to whether new legislation will be enacted to extend this provision. If legislation is enacted, claims submission for these items and services may resume. Otherwise, claims for these items and services, submitted with dates of service on or after January 1, 2010, will be denied because there would no longer be any statutory basis for such payment.

Depending on the effective date of possible legislation which extends coverage of these items and services, claims which were originally submitted and denied may be eligible for payment. If this has occurred, the submitter must contact the entity that processes their claims to have the claims adjusted. Affected providers need not resubmit their claims nor appeal the original denial.

CMS is committed to maintaining open lines of communication with all affected providers and stakeholders on this issue. Finally, be on the alert for possible action by Congress to extend this provision.

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