CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1752	**Date: June 5, 2009**
	Change Request 6477

SUBJECT: Addition/Deletion of HCPCS Codes – July 2009 Quarterly Update

I. SUMMARY OF CHANGES: The HCPCS code set is updated on a quarterly basis. This instruction describes the process for updating specific drug/biological HCPCS codes. The attached Recurring Update Notification applies to Chapter 23, Section 20.3.

NEW / REVISED MATERIAL
EFFECTIVE DATE: *July 1, 2009
IMPLEMENTATION DATE: July 6, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1752	Date: June 5, 2009	Change Request: 6477

SUBJECT: Addition/Deletion of HCPCS Codes – July 2009 Quarterly Update

EFFECTIVE DATE: July 1, 2009 unless otherwise specified

IMPLEMENTATION DATE: July 6, 2009

I. GENERAL INFORMATION

A. Background: The HCPCS code set is updated on a quarterly basis. This instruction describes the process for updating specific drug/biological HCPCS codes.

B. Policy: Effective for claims with dates of service on or after July 1, 2009, the following Health Care Procedure Code System (HCPCS) codes will be payable for Medicare:

HCPCS Code	Short Description	Long Description	TOS Code	MPFSDB Status Indicator
Q2023	Xyntha, inj	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	1	E
Q4115	Alloskin skin sub	SKIN SUBSTITUTE, ALLOSKIN, PER SQUARE CENTIMETER	1	E
Q4116	Alloderm skin sub	SKIN SUBSTITUTE, ALLODERM, PER SQUARE CENTIMETER	1	E

The Medicare Coverage Indicator for the following codes was incorrectly listed on the January 2009, HCPCS code set file. With the July 2009 quarterly update to the HCPCS code set, we are correcting the file to show a Medicare Coverage Indicator of the letter “D”. The letter “D” indicates that “special coverage instructions apply” and the applicable special coverage instructions are provided in the local coverage determinations (LCD) regarding inhalation drugs. These updates are based on change request (CR) 5981 and are effective for claims with dates of service on or after April 1, 2008.

HCPCS Code	Short Description	Medicare Coverage Indicator
J7611	Albuterol non-comp con	D
J7612	Levalbuterol non-comp con	D
J7613	Albuterol non-comp unit	D
J7614	Levalbuterol non-comp unit	D

II. BUSINESS REQUIREMENTS TABLE

Use“Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6477.1	Contractors shall make user changes to accept Q2023, Q4115, and Q4116 as a valid HCPCS code for dates of service on or after July 1, 2009.	X	X	X	X	X					COBC
6477.2	Contractors shall use Type of Service (TOS) "1" for Q2023, Q4115, and Q4116.	X	X		X					X	
6477.3	The Common Working File (CWF) shall use category 17 for Q2023, Q4115, and Q4116.									X	
6477.4	Contractors shall use the MPFSDB Status Indicator "E" for Q2023, Q4115, and Q4116. This change will be updated on the July 2009 MPFSDB.	X			X					X	
6477.5	For claims with dates of service on or after April 1, 2008, contractors shall use the Medicare Coverage Indicator "D" for J7611, J7612, J7613 and J7614. This revision is noted on the July 2009 HCPCS quarterly update.	X	X		X						
6477.5.1	Contractors shall not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X	X		X						
6477.6	Contractors shall notify providers of the Medicare Coverage Indicator "D – special coverage instructions apply" for J7611, J7612, J7613, and J7614 effective for claims with dates of service on or after April 1, 2008.	X	X		X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6477.7	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
CR 6354	Refer to CR 6354 for further instructions on the clotting factor, Xyntha (Q2023)
CR 6402	Refer to CR 6402 for further instructions on the clotting factor, Xyntha (Q2023)
CR 5981	Refer to CR 5981 regarding inhalation drug codes (J7611, J7612, J7613, J7614)

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s):

Policy: Cheryl Gilbreath, (410) 786-5919, Cheryl.Gilbreath@cms.hhs.gov
Institutional Claims Processing: Diana Motsiopoulos, (410) 786-3379, Diana.Motsiopoulos@cms.hhs.gov

Post-Implementation Contact(s):

Appropriate Regional Office

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers,* use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs),* include the following statement:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.