



News Flash – A Special Edition MLN Matters provider education article is now available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0904.pdf> on the CMS website. This Special Edition article alerts providers regarding the implementation of HIPAA 5010 which presents substantial changes in the content of the data that providers submit with their claims as well as the data available to them in response to their electronic inquiries and outlines how providers need to plan for implementation of these changes.

MLN Matters® Number: MM6477

Related Change Request (CR) #: 6477

Related CR Release Date: June 5, 2009

Effective Date: July 1, 2009, except as noted in article

Related CR Transmittal #: R1752CP

Implementation Date: July 6, 2009

New Drug/Biological Health Care Procedure Code System (HCPCS) Codes for July 2009 Update

Provider Types Affected

Physicians, hospitals, suppliers, and other providers who submit bills to Medicare carriers, fiscal intermediaries (FIs), Medicare Administrative Contractors (MACs), and Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for drugs and biologicals provided to Medicare beneficiaries.

Provider Action Needed

This article explains updates, effective for dates of service on or after July 1, 2009 (unless otherwise specified), to HCPCS codes for certain drugs and biologicals. Ensure that your staffs are aware of these changes.

Background

The HCPCS code set is updated on a quarterly basis. This article describes updates for specific drug/biological HCPCS codes. Effective for claims with dates of service on or after July 1, 2009, the following HCPCS codes will be payable for Medicare:

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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

* MPFSDB – Medicare Physician Fee Schedule Data Base

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. Note that Medicare contractors will not search for and adjust claims processed before this change is implemented. However, they will adjust such claims that you bring to their attention.

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

Additional Information

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If you have questions, please contact your Medicare carrier, FI, DME MAC and/or MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website. The official instruction, CR 6477, issued to your Medicare carrier, FI, DME MAC and/or MAC regarding this change, may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1752CP.pdf> on the CMS website.

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