

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – ICD-10 Medicare Severity Diagnosis Related Grouper (MS-DRG), Version 30.0 (FY 2013) mainframe and PC software is now available. This software is being provided to offer the public a better opportunity to review and comment on the ICD-10 MS-DRG conversion of the MS-DRGs. This software can be ordered through the [National Technical Information Service](#) (NTIS) website. A link to NTIS is also available in the Related Links section of the [ICD-10 MS-DRG Conversion Project](#) website. The final version of the ICD-10 MS-DRGs will be subject to formal rulemaking and will be implemented on October 1, 2014.

MLN Matters® Number: MM7303

Related Change Request (CR) #: 7303

Related CR Release Date: May 24, 2011

Effective Date: July 1, 2011

Related CR Transmittal #: R2227CP

Implementation Date: July 5, 2011

Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes – July 2011 Update

Note: This article was revised on March 22, 2013, with an updated ICD-10 News Flash. All other information is unchanged.

Provider Types Affected

This article is for physicians, other providers, and suppliers who bill Medicare contractors (carriers, Fiscal Intermediaries (FI), Regional Home Health Intermediaries (RHHI), Medicare Administrative Contractors (A/B MAC), or Durable Medical Equipment Medicare Administrative Contractors (DME MAC)) for services provided to Medicare beneficiaries.

What You Need to Know

CR7303 announces the quarterly updating of specific Health Care Procedure Code System (HCPCS) codes, effective for claims with dates of service on or after July 1,

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2011. You should make sure that your billing staffs are aware of these HCPCS code changes.

Non-payable Code

Effective for claims with dates of service on or after July 1, 2011, Medicare will not pay for the following HCPCS code:

HCPCS Code	Short Description	Long Description	Medicare Physician Fee Schedule Data Base (MPFSDB) Status Indicator
J7184	Wilate injection	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 100 I.U. VWF-RCO	I

Payable Codes

Contractors will accept the codes in the following table as payable HCPCS codes for dates of service on or after July 1, 2011, using Type of Service (TOS) 1, 9, and Medicare Physician Fee Schedule Database (MPFSDB) Status Indicator "E" (Excluded from Physician Fee Schedule by Regulation):

HCPCS Code	Short Description	Long Description
Q2041	Wilate Injection	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF-RCO
Q2042	Hydroxyprogesterone caproate	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG
Q2043	Sipuleucel-T auto CD54+	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION
Q2044	Belimumab injection	INJECTION, BELIMUMAB, 10 MG

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Additional Information

You can find the official instruction, CR7303, issued to your Medicare contractor by visiting <http://www.cms.gov/Transmittals/downloads/R2227CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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