

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3850	Date: August 25, 2017
	Change Request 10234

SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - October 2017 Update

I. SUMMARY OF CHANGES: The HCPCS code set is updated on a quarterly basis. The October 2017 HCPCS file includes a new HCPCS modifier. This instruction informs the contractors about the new modifier, which will become effective, that is, valid for claims submitted beginning October 1, 2017 and applies retroactively to dates of service on or after July 24, 2017. The modifier is: ZC Merck/Samsung Bioepis. This Recurring Update Notification applies to Chapter 17, Section 10 of the IOM.

EFFECTIVE DATE: July 24, 2017

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

IMPLEMENTATION DATE: October 2, 2017

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	N/A

III. FUNDING:

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

Attachment - Recurring Update Notification

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EFFECTIVE DATE: July 24, 2017

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IMPLEMENTATION DATE: October 2, 2017

I. GENERAL INFORMATION

A. Background: The HCPCS code set is updated on a quarterly basis. The October 2017 HCPCS file includes a new HCPCS modifier, ZC Merck/Samsung Bioepis.

The ZC modifier will become effective, that is, valid for claims submitted beginning October 1, 2017 and applies retroactively to dates of service on or after July 24, 2017.

B. Policy: The ZC modifier will become effective, that is, valid for claims submitted beginning October 1, 2017 and applies retroactively to dates of service on or after July 24, 2017. Contractors shall add the following modifier to the required modifiers that must be used when HCPCS code Q5102 is billed on a claim:

HCPCS Modifier: ZC

Short Description: Merck/Samsung Bioepis

Long Description: Merck/Samsung Bioepis

A second biosimilar version of infliximab was marketed on July 24, 2017, creating a situation where products from two manufacturers may appear on claims. In order to allow the identification of the manufacturer of the specific biosimilar biological product that was administered to a patient, either existing HCPCS modifier ZB, or new modifier ZC is required when HCPCS code Q5102 is billed on a claim that is submitted after October 1, 2017.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC		D M E M A C	Shared- System Maintainers				Other	
		A	B		H H H	F I S S	M C S	V M S		C W F
10234.1	Beginning October 1, 2017, for dates of service on or after July 24, 2017, contractors shall add the following modifier to the required modifiers that must be used when HCPCS code Q5102 is billed on a claim: ZC: Merck/Samsung Bioepis	X	X	X	X					BCRC, IOCE

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
10234.2	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's 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.	X	X	X	X	

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Felicia Eggleston, 410-786-9287 or felicia.eggleston@cms.hhs.gov, Prabath Malluwa-Wadu, 410-786-4620 or prabath.malluwa-wadu@cms.hhs.gov.

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0