

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4134	Date: September 13, 2018
	Change Request 10834

Transmittal 4114, dated August 10, 2018, is being rescinded and replaced by Transmittal 4134, dated, September 13, 2018 to add a new HCPCS code, Q5110 Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram, update BR 10834.5 and add BRs 10834.6-10834.8. All other information remains the same.

SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - October 2018 Update

I. SUMMARY OF CHANGES: The HCPCS code set is updated on a quarterly basis. This instruction informs the contractors of updating specific drug/biological HCPCS codes.

Beginning on July 12, 2018, the following HCPCS code will be established.

Q5108 Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg

Beginning on October 1, 2018, the following HCPCS code will be established.

Q5110 Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram

This recurring update notification applies to chapter 17, section 10 of the Claims Processing manual.

EFFECTIVE DATE: For Q5108, effective date is July 12, 2018 and for Q5110, effective date is October 1, 2018

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

IMPLEMENTATION DATE: October 1, 2018

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

Pub. 100-04	Transmittal: 4134	Date: September 13, 2018	Change Request: 10834
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SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - October 2018 Update

EFFECTIVE DATE: For Q5108, effective date is July 12, 2018 and for Q5110, effective date is October 1, 2018

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

IMPLEMENTATION DATE: October 1, 2018

I. GENERAL INFORMATION

A. Background: The HCPCS code set is updated on a quarterly basis. The July 2018 HCPCS file includes two (2) new HCPCS code: Q5108 and Q5110.

B. Policy: Effective for claims with dates of service on or after July 12, 2018, HCPCS code Q5108 will be payable for Medicare.

HCPCS Code: Q5108

Short Description: Injection, fulphila

Long Description: Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg

Type of Service (TOS) Code: 1, P

Medicare Physician Fee Schedule Database (MPFSDB) Status Indicator: E

HCPCS Code: Q5110

Short Description: Nivestym

Long Description: Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram

Type of Service (TOS) Code: 1, P

Medicare Physician Fee Schedule Database (MPFSDB) Status Indicator: E

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility
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		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	
10834.1	Contractors shall make changes to accept Q5108 as valid HCPCS codes for dates of service on or after July 12, 2018.	X	X	X	X				X	BCRC, IOCE
10834.2	Contractors shall use TOS 1,P for Q5108 for dates of service on or after July 12, 2018.		X		X				X	
10834.3	The Common Working File (CWF) shall add categories 60 and 17 for Q5108 for dates of service on or after July 12, 2018.				X				X	IOCE
10834.4	The contractor shall use the first 100 characters of the long description of HCPCS code Q5108 below to update the Medicare Summary Notice (MSN) descriptors, effective for claims received on or after Oct 1, 2018 with dates of service on or after July 12, 2018: Q5108 Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg				X			X		
10834.5	Contractors shall make changes to accept Q5110 as valid HCPCS codes for dates of service on or after October 1, 2018.	X	X	X	X				X	BCRC, IOCE
10834.6	Contractors shall use TOS 1,P for Q5110 for dates of service on or after October 1, 2018.		X		X				X	
10834.7	The Common Working File (CWF) shall add categories 60 and 17 for Q5110 for dates of service on or after October 1, 2018.				X				X	IOCE
10834.8	The contractor shall use the first 100 characters of the long description of HCPCS code Q5110 below to update the Medicare Summary Notice (MSN) descriptors, effective for claims received on or after Oct 1, 2018 with dates of service on or after October 1, 2018: Q5110 Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram				X			X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
10834.9	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	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): Susan Janeczko, 410-786-4529 or Susan.Janeczko@cms.hhs.gov , 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):

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.

ATTACHMENTS: 0