

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1351</b>	<b>Date: OCTOBER 5, 2007</b>
	<b>Change Request 5735</b>

**SUBJECT: Correction to CR5645 -July 2007 Quarterly Update to the HCPCS Codes for Albuterol, Levalbuterol, and Reclast®**

**I. SUMMARY OF CHANGES:** This CR corrects CR 5645 by including the Fiscal Intermediary and A/B MAC as a responsible party for Business Requirements 5735.1 and 5735.2 (previously 5645.1 and 5645.2).

**NEW/REVISED MATERIAL**

**EFFECTIVE DATE: \*July 1, 2007**

**IMPLEMENTATION DATE: November 5, 2007**

*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:**

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

**IV. ATTACHMENTS:**

**One-Time Notification**

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

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 1351	Date: October 5, 2007	Change Request: 5735
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**SUBJECT: Correction to CR 5645 -- July 2007 Quarterly Update to the HCPCS Codes for Albuterol, Levalbuterol, and Reclast®**

**EFFECTIVE DATE:** July 1, 2007

**IMPLEMENTATION DATE:** November 5, 2007

## I. GENERAL INFORMATION

**A. Background:** This CR corrects CR 5645 by including the Fiscal Intermediary and A/B MAC as a responsible party for Business Requirements 5735.1 and 5735.2 (previously 5645.1 and 5645.2). Effective for claims with dates of service on or after July 1, 2007, the following Health Care Procedure Code System (HCPCS) codes will no longer be payable for Medicare:

### HCPCS

<u>Code</u>	<u>Short Description</u>	<u>Long Description</u>
J7611	Albuterol non-comp con	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg
J7612	Levalbuterol non-comp con	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg
J7613	Albuterol non-comp unit	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7614	Levalbuterol non-comp unit	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg

In their place, the following HCPCS codes will be payable, for claims with dates of service on or after July 1:

### HCPCS

<u>Code</u>	<u>Short Description</u>	<u>Long Description</u>
Q4093	Albuterol inh non-comp con	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 1 mg (Albuterol) or per 0.5 mg (Levalbuterol)
Q4094	Albuterol inh non-comp u d	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, per 1 mg (Albuterol) or per 0.5 mg (Levalbuterol)

In addition, a new code, Q4095 will be effective July 1, 2007, for Reclast®:

### HCPCS

<u>Code</u>	<u>Short Description</u>	<u>Long Description</u>
Q4095	Reclast injection	Injection, zoledronic acid (Reclast), 1 mg



Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B  M A C	D M E  M A C	F I  I E R	C A R I E R	D M R C	R H I	E D C	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F			
	Contractors shall post this article, or a direct link to this 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

**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:

**B. For all other recommendations and supporting information, use the space below:**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Glenn McGuirk, (410) 786-5723, [Glenn.McGuirk@cms.hhs.gov](mailto:Glenn.McGuirk@cms.hhs.gov)

**Post-Implementation Contact(s):** Glenn McGuirk, (410) 786-5723, [Glenn.McGuirk@cms.hhs.gov](mailto:Glenn.McGuirk@cms.hhs.gov)

#### VI. FUNDING

**A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):**

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

**B. For Medicare Administrative Contractors (MACs):**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.

