

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1260	Date: JUNE 1, 2007
	Change Request 5645

Subject: July 2007 Quarterly Update to the HCPCS Codes for Albuterol, Levalbuterol, and Reclast®

I. SUMMARY OF CHANGES: Implement the July 2007 quarterly update to the HCPCS Codes for Albuterol, Levalbuterol, and Reclast.

New / Revised Material

Effective Date: July 1, 2007

Implementation Date: July 2, 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

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 FY 2007 operating budgets.

IV. ATTACHMENTS:

One Time Notification

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

Attachment - One Time Notification

Pub. 100-04	Transmittal: 1260	Date: June 1, 2007	Change Request: 5645
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SUBJECT: July 2007 Quarterly Update to the HCPCS Codes for Albuterol, Levalbuterol, and Reclast®

Effective Date: July 1, 2007

Implementation Date: July 2, 2007

I. GENERAL INFORMATION

A. Background: 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

Currently, Reclast® 5 mg/100 ml bottle (NDC 0078-0435-61) is the only product that should be billed using code Q4095. If other products under the FDA's approval for Reclast® become available, code Q4095 would be used to bill for such products. HCPCS code J3487 (short description: Zoledronic acid; long description: Injection, zoledronic acid, 1 mg) is used to bill for products under the FDA's approval for Zometa® or such therapeutically equivalent products that may become available as identified in the FDA's Orange Book.

In summary, the following HCPCS codes are effective July 1, 2007: Q4093, Q4094, and Q4095. The following HCPCS code will no longer be payable by Medicare, effective July 1, 2007: J7611, J7612, J7613, and J7614. Code J3487 continues in use for Zometa®.

B. Policy: This instruction describes the process for updating specific HCPCS codes.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B	D M E	F I	C A R R I E R	D M E 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	
5645.1	Contractors shall no longer pay J7611, J7612, J7613, and J7614, effective with dates of service on or after July 1, 2007.		X			X	X		X		X	X	
5645.2	Contractors shall pay Q4093 and Q4094, effective for dates of service on or after July 1, 2007.		X			X	X		X		X	X	
5645.3	Contractors shall pay Q4095, effective for dates of service on or after July 1, 2007.	X		X	X				X		X	X	
5645.4	The Outpatient Code Editor (OCE) will be updated to include these coding changes upon installation of the July 2007 software version.												OCE
5645.5	Payment for the new Q codes under the Hospital Outpatient Prospective Payment System (OPPS) can be found in the July 2007 update of OPPS Addendum A and Addendum B on the hospital outpatient Web site.	X		X							X	X	
5645.6	Contractors shall use Type of Service (TOS) 1, P.	X	X		X	X				X	X	X	
5645.7	For institutional claims, revenue code 0636 shall be used for billing code Q4095.			X					X				
5645.8	The Common Working File (CWF) shall use categories 60 and 17.	X			X							X	
5645.9	Contractors shall use the MPFSDB Status Indicator "I" for J7611, J7612, J7613, and J7614. This change will be updated on the July 2007 MPFSDB.		X			X	X		X		X	X	
5645.10	Contractors shall use the MPFSDB Status Indicator "E" for Q4093 and Q4094. These codes will be included on the July 2007 MPFSDB.		X			X	X		X		X	X	
5645.11	Contractors shall use the MPFSDB Status Indicator "E" for Q4095. These codes will be included on the July 2007 MPFSDB.	X		X	X				X		X	X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B M A C	D M M A C	F I	C A R R I E R	D M E 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	
5645.12	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>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 1 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.</p>	X	X	X	X	X	X						

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

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Post-Implementation Contact(s): Glenn McGuirk, (410) 786-5723, 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 FY 2007 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.