

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2450	Date: April 26, 2012
	Change Request 7831

SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2012 Update

I. SUMMARY OF CHANGES: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2012 Update

EFFECTIVE DATE: July 1, 2012

IMPLEMENTATION DATE: July 2, 2012

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:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

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

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. ATTACHMENT:

Recurring Update Notification

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

Recurring Update Notification

Pub. 100-04	Transmittal: 2450	Date: April 26, 2012	Change Request: 7831
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SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes – July 2012 Update

Effective Date: July 1, 2012

Implementation Date: July 2, 2012

I. GENERAL INFORMATION

A. Background: The HCPCS code set is updated on a quarterly basis. This instruction describes the process for updating specific HCPCS codes.

B. Policy: Effective for claims with dates of service on or after July 1, 2012, the following HCPCS codes will no longer be payable for Medicare:

HCPCS Code	Short Description	Long Description	MPFSDB Status Indicator
J1680	Human fibrinogen conc inj	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 100 MG	I
J9001	Doxorubicin hcl liposome inj	INJECTION, DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	I

Effective for claims with dates of service on or after July 1, 2012, the following HCPCS codes will be payable for Medicare:

HCPCS Code	Short Description	Long Description	TOS Code	MPFSDB Status Indicator
Q2034	Agriflu vaccine	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)	V	X
Q2045	Human fibrinogen conc inj	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	1,9	E
Q2046	Aflibercept injection	INJECTION, AFLIBERCEPT, 1 MG	1,9	E
Q2047	Peginesatide injection	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	L	E
Q2048	Doxil injection	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, DOXIL, 10 MG	1,9	E
Q2049	Imported Lipodox inj	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG	1,9	E

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7831.1	Contractors shall make user changes to accept Q2034, Q2045, Q2046, Q2047, Q2048, and Q2049 as valid HCPCS codes for dates of service on or after July 1, 2012.	X	X	X	X	X				X	COBC IOCE
7831.2	Contractors shall use the MPFSDB Status Indicator "T" for J1680 and J9001 effective for dates of service after June 30, 2012. This change will be updated on the July 2012 MPFSDB.	X			X						
7831.3	Contractors shall use Type of Service (TOS) 1, 9 for Q2045, Q2046, Q2048, and Q2049 for dates of service on or after July 1, 2012.	X			X					X	
7831.4	Contractors shall use Type of Service (TOS) L for Q2047 for dates of service on or after July 1, 2012.	X			X					X	
7831.5	Contractors shall use Type of Service (TOS) V for Q2034 for dates of service on or after July 1, 2012.	X			X					X	
7831.6	The Common Working File (CWF) shall use categories 60 and 17 for Q2034, Q2045, Q2046, Q2047, Q2048, and Q2049 for dates of service on or after July 1, 2012.									X	
7831.7	Contractors shall use the MPFSDB Status Indicator "E" for Q2045, Q2046, Q2047, Q2048, and Q2049 for dates of service on or after July 1, 2012. This change will be updated on the July 2012 MPFSDB.	X			X						
7831.8	Contractors shall use the MPFSDB Status Indicator "X" for Q2034 for dates of service on or after July 1, 2012. This change will be updated on the July 2012 MPFSDB.	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility										
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
7831.9	<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 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.</p>	X	X	X	X	X						

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Prabath Malluwa-Wadu, (410) 786-4620, Prabath.Malluwa-Wadu@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

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

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

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