CMS Guidance Document	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Executive Guidance Number 0069	**Date: September 20, 2007**
Planned Web Site Address http://www.cms.hhs.gov/manuals/	**Release planned: October 4, 2007**

PROGRAM AREA: HCPCS Codes

SUBJECT: Correction to CR 5635–Revised HCPCS Codes Relating to Immune Globulin

APPLIES TO: All Providers and Contractors

I. SUMMARY OF DOCUMENT: This CR corrects CR 5635 by including DME/MAC as a responsible party for Business Requirements 5741.1, 5741.2, 5741.5, 5741.6, 5741.8, 5741.9, and 5741.10 (previously 5635.1, 5635.2, 5635.5, 5635.6, 5635.8, 5635.9, and 5635.10).

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)
STATUS: R=REVISED, N=NEW, D=DELETED.

Status	**CHAPTER/SECTION/SUBSECTION/TITLE**
N/A	

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Liz Richter, Director CMM, (410) 786-4164
Agency POC	Glen McGuirk, CMM/HAPG/DAS, (410)786-5723

IV. TYPE (Check appropriate boxes for type of guidance)

	Audit Guide
X	**Change Request**
	HPMS
	Joint Signature Memorandum/Technical Director Letter
	Manual Transmittal/Non-Change Request
	State Medicaid Director Letters
	Other

V. STATUTORY OR REGULATORY AUTHORITY: N/A

Attachment - Business Requirements

Pub. 100-04	Transmittal:	Date:	Change Request: 5741

SUBJECT: Correction to CR 5635—Revised HCPCS Codes Relating to Immune Globulin

EFFECTIVE DATE: July 1, 2007
IMPLEMENTATION DATE: 30 Days from Issuance

I. GENERAL INFORMATION

A. Background: This CR corrects CR 5635 by including DME/MAC as a responsible party for Business Requirements 5741.1, 5741.2, 5741.5, 5741.6, 5741.8, 5741.9, and 5741.10 (previously 5635.1, 5635.2, 5635.5, 5635.6, 5635.8, 5635.9, and 5635.10). Effective for claims with dates of service on or after July 1, 2007, Health Care Procedure Code System (HCPCS) code J1567 (injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), 500 mg) will no longer be payable for Medicare. In its place, the following HCPCS codes will be payable, effective July 1:

HCPCS Code	Short Description	Long Description
Q4087	Octagam Injection	Injection, immune globulin (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
Q4088	Gammagard Liquid Injection	Injection, immune globulin (Gammagard Liquid), intravenous, non-lyophilized (e.g. liquid), 500 mg
Q4091	Flebogamma Injection	Injection, immune globulin (Flebogamma), intravenous, non-lyophilized (e.g. liquid), 500 mg
Q4092	Gamunex Injection	Injection, immune globulin (Gamunex), intravenous, non-lyophilized (e.g. liquid), 500 mg

In addition, effective July 1, 2007, a new code for Rhophylac® has been established: Q4089 (injection, Rho(D) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 iu). The short description for this code is "Rhophylac injection." Currently, Rhophylac® is the only product that should be billed using code Q4089. If other products under the FDA approval for Rhophylac® become available, code Q4089 would be used to bill for such products.

Another new HCPCS code, Q4090, will be effective July 1, 2007. The short description of code Q4090 is HepaGam B injection. The long descriptor is: Injection, hepatitis B immune globulin (HepaGam B), intramuscular, 0.5 ml. Currently, HepaGam B™, when given intramuscularly, is the only product that should be billed using code Q4090. If other products under the FDA's approval for HepaGam B™ IM become available, code Q4090 would be used to bill for such products. HepaGam B™ when given intravenously should be billed using an appropriate Not Otherwise Classified code in the absence of a specific HCPCS code.

In summary, the following HCPCS codes are effective July 1, 2007: Q4087, Q4088, Q4089, Q4090, Q4091, and Q4092. The following HCPCS code will no longer be payable by Medicare, effective July 1, 2007: J1567.

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 MAC	DME MAC	FI	CARRIER	RHHI	EDC	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5741.1	Contractors shall no longer pay J1567, effective with dates of service after June 30, 2007.		X							X		
5741.2	Contractors shall pay Q4087, Q4088, Q4089, Q4090, Q4091, and Q4092, effective with dates of service on or after July 1, 2007.		X							X		
5741.5	Contractors shall use Type of Service (TOS) 1, P.		X							X		
5741.6	The Common Working File (CWF) shall use categories 60 and 17.		X							X	X	
5741.8	Contractors shall use the MPFSDB Status Indicator "I" for J1567. This change will be updated on the July 2007 MPFSDB.		X							X		
5741.9	Contractors shall use the MPFSDB Status Indicator "E" for Q4087, Q4088, Q4089, Q4090, Q4091, and Q4092. These codes will be included on the July 2007 MPFSDB.		X							X		
5741.10	As described in CR 5428, contractors shall pay for preadministration-related services (G0332) associated with IVIG administration when Q4087, Q4088, Q4091, or Q4092 is billed in lieu of J1567.		X							X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	RHHI	EDC	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CMS	
5741.11	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.		X							X		

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A/B MAC	DME MAC	FI	CARRIER	RHHI	EDC	Shared-System Maintainers				OTHER	
								FISS	MCS	VMS	CMS		
	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:
CR 5713	Medicare Payment for Preadministration-Related Services Associated with IVIG Administration—Payment Extended through CY 2008

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

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 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.