

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3776	Date: May 19, 2017
	Change Request 10107

SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2017 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 1, 2017, the following HCPCS codes will be established.

- Q9984 Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg
- Q9985 Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
- Q9986 Injection, hydroxyprogesterone caproate (Makena), 10 mg
- Q9988 Platelets, pathogen reduced, each unit
- Q9989 Ustekinumab, for Intravenous Injection, 1 mg

Also, beginning on July 1, 2017, the following HCPCS code is not valid for Medicare Part B claims.

- J1725 Injection, hydroxyprogesterone caproate, 1 mg

In addition, this CR is providing direction for the contractors to perform any necessary file conversions related to the Spanish translation of the HCPCS descriptions provided by First Coast Service Options (FCSO).

EFFECTIVE DATE: July 1, 2017

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

IMPLEMENTATION DATE: July 3, 2017

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

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SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2017 Update

EFFECTIVE DATE: July 1, 2017

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

IMPLEMENTATION DATE: July 3, 2017

I. GENERAL INFORMATION

A. Background: The HCPCS code set is updated on a quarterly basis. The July 2017 HCPCS file includes five new HCPCS codes, Q9984 Kyleena, Q9985 Inj, hydroxyprogesterone, NOS, Q9986 Inj, Makena, Q9988 Platelets, pathogen reduced, and Q9989 Ustekinumab IV Inj, 1 mg.

Please note that J1725 Injection, hydroxyprogesterone caproate, 1 mg will not be a valid code for Medicare Part B claims effective July 1, 2017.

In addition, this CR provides direction for the contractors to perform any necessary file conversions related to the Spanish translation of the HCPCS descriptions provided by First Coast Service Options (FCSO).

B. Policy: Effective for claims with dates of service on or after July 1, 2017, HCPCS code Q9984, Q9985, Q9986, Q9988, and Q9989 will be payable for Medicare:

HCPCS Code: Q9984

Short Description: Kyleena

Long Description: Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg

TOS Code: 9

HCPCS Code: Q9985

Short Description: Inj, hydroxyprogesterone, NOS

Long Description: Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg

TOS Code: 1, P

HCPCS Code: Q9986

Short Description: Inj, Makena

Long Description: Injection, hydroxyprogesterone caproate (Makena), 10 mg

TOS Code: 1, P

HCPCS Code: Q9988

Short Description: Platelets, pathogen reduced

Long Description: Platelets, pathogen reduced, each unit

TOS Code: 9

HCPCS Code: Q9989

Short Description: Ustekinumab IV Inj, 1 mg

Long Description: Ustekinumab, for Intravenous Injection, 1 mg

TOS Code: 1, P

Effective for claims with dates of service on or after July 1, 2017, HCPCS code J1725 will not be payable for Medicare:

COV: i

Effective on July 1, 2017, MACs are required to update the Spanish translations for the HCPCS codes created outside of the annual HCPCS update.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		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		
10107.1	Contractors shall make user changes to accept Q9984, Q9985, Q9986, Q9988, and Q9989 as valid HCPCS codes for dates of service on or after July 1, 2017.	X	X	X	X					X	BCRC, IOCE
10107.2	Contractors shall use Type of Service (TOS) 9 for Q9984 and Q9988 and Type of Service (TOS) 1, P for Q9985, Q9986, and Q9989 for dates of service on or after July 1, 2017.		X		X					X	

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared-System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
10107.3	Contractors shall use COV: i for J1725 for dates of service on or after July 1, 2017	X	X		X				X	
10107.4	The Common Working File (CWF) shall use categories 60 and 17 for Q9984, Q9985, Q9986, Q9988, and Q9989 for dates of service on or after July 1, 2017.								X	
10107.5	The contractor shall use the spreadsheet provided by First Coast Service Options (FCSO) that contain the Spanish translations of the HCPCS descriptions and perform any necessary file conversions so that this file is available to the MACs at the VDC for processing.							X		IOCE

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
10107.6	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's 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.	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): 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):

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ATTACHMENTS: 0