

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4078	Date: June 26, 2018
	Change Request 10624

Transmittal 4048, dated May 11, 2018, is being rescinded and replaced by Transmittal 4078, dated, June 26, 2018 to add HCPCS codes Q5105 and Q5106 to the background and policy sections, and to business requirements 10624.1, 10624.2, 10624.3 and 10624.4. In addition, this update also adds new business requirement 10624.5. All other information remains the same.

SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2018 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, 2018, the following HCPCS codes will be established.

Q9991 Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg

Q9992 Injection, buprenorphine extended-release (sublocade), greater than 100 mg

Q9993 Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg

Q9995 Injection, emicizumab-kxwh, 0.5 mg

Q5105 Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units

Q5106 Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units

In addition, Type of Service (TOS) fields for Current Procedural Terminology (CPT) Code 90739 will be updated as follows: 1 in the TOS1 field and V in the TOS2 field.

This Recurring Update Notification (RUN) applies to Chapter 17, Section 10 of the Claims Processing Manual.

EFFECTIVE DATE: July 1, 2018

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

IMPLEMENTATION DATE: July 2, 2018

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 2018 Update

EFFECTIVE DATE: July 1, 2018

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

IMPLEMENTATION DATE: July 2, 2018

I. GENERAL INFORMATION

A. Background: The HCPCS code set is updated on a quarterly basis. The July 2018 HCPCS file includes 6 (six) new HCPCS codes: Q9991, Q9992, Q9993, Q9995, Q5105 and Q5106. In addition, TOS fields of CPT 90739 will be updated.

B. Policy: Effective for claims with dates of service on or after July 1, 2018, HCPCS codes Q9991, Q9992, Q9993, Q9995, Q5105, and Q5106 will be payable for Medicare. Part B payment for HCPCS code Q9995, Injection, emicizumab-kx, 0.5mg, will include the clotting factor furnishing fee.

HCPCS Code: Q9991

Short Description: Buprenorph xr 100 mg or less

Long Description: Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg

TOS Code: 1

Medicare Physician Fee Schedule Database (MPFSDB) Status Indicator: E

HCPCS Code: Q9992

Short Description: Buprenorphine xr over 100 mg

Long Description: Injection, buprenorphine extended-release (sublocade), greater than 100 mg

TOS Code: 1

MPFSDB Status Indicator: E

HCPCS Code: Q9993

Short Description: Inj., triamcinolone ext rel

Long Description: Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg

TOS Code: 1,P

MPFSDB Status Indicator: E

HCPCS Code: Q9995

Short Description: Inj. emicizumab-kxwh, 0.5 mg

Long Description: Injection, emicizumab-kxwh, 0.5 mg

TOS Code: 1

MPFSDB Status Indicator: E

HCPCS Code: Q5105

Short Description: Inj Retacrit esrd on dialysi

Long Description: Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units

TOS Code: 1, L

Medicare Physician Fee Schedule Database (MPFSDB) Status Indicator: E

HCPCS Code: Q5106

Short Description: Inj Retacrit non-esrd use

Long Description: Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units

TOS Code: 9

MPFSDB Status Indicator: E

CPT Code: 90739

TOS Code: 1,V

All the other fields for CPT 90739 remain the same.

II. BUSINESS REQUIREMENTS TABLE

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

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E I	C E D I
		A	B	H H H		
10624.6	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	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:

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):

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.

ATTACHMENTS: 0