CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1492	**Date: APRIL 18, 2008**
	Change Request 5981

SUBJECT: New HCPCS Codes for April 2008 Update

I. SUMMARY OF CHANGES: This Change Request instructs contractors to implement HCPCS coding changes effective April 1, 2008, found in Chapter 1, section 30.3.1 of the Internet-only Manual.

New / Revised Material
Effective Date: April 1, 2008
Implementation Date: April 7, 2008

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:

SECTION A: For Fiscal Intermediaries and 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):
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

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1492	Date: April 18, 2008	Change Request: 5981

SUBJECT: New HCPCS Codes for April 2008 Update

Effective Date: April 1, 2008

Implementation Date: April 7, 2008

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 April 1, 2008, the following Health Care Procedure Code System (HCPCS) codes will no longer be payable for Medicare:

HCPCS Code	Short Description	Long Description	MPFSDB Status Indicator
J7602	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)	I
J7603	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)	I
J1751	Iron dextran 165 injection	INJECTION, IRON DEXTRAN 165, 50 MG	I
J1752	Iron dextran 267 injection	INJECTION, IRON DEXTRAN 267, 50 MG	I

Effective for claims with dates of service on or after April 1, 2008, the following Health Care Procedure Code System (HCPCS) codes will be payable for Medicare:

HCPCS Code	Short Description	Long Description	TOS Code	MPFSDB Status Indicator
J7611	Albuterol non-comp con	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1MG	1,P	E

J7612	Levalbuterol non-comp con	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	1,P	E
J7613	Albuterol non-comp unit	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTEREDTHROUGH DME, UNIT DOSE, 1MG	1,P	E
J7614	Levalbuterol non-comp unit	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	1,P	E
Q4096	VWF complex, NOS	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	1,P	E
Q4097	Inj IVIG Privigen 500 mg	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	1,P	E
Q4098	Inj iron dextran	INJECTION, IRON DEXTRAN, 50 MG	1,P	E
Q4099	Formoterol fumarate, inh	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	1,P	E

Currently, Alphanate® is the only product that should be billed using code Q4096. J7190 should continue to be billed when Alphanate® is furnished for purposes of administering Factor VIII. The blood clotting furnishing fee is payable when payment is allowed for Q4096. When a payment allowance limit for Q4096 is included on the quarterly Part B drug pricing files, the payment allowance limit will include payment for the blood clotting furnishing fee.

Effective for dates of service on or after April 1, 2008, the requirements under Business Requirement 5713.6 in Change Request 5713, "Medicare Payment for Preadministration-Related Services Associated with IVIG Administration—Payment Extended through CY 2008, are updated in this CR (BR 5981.9) to apply to claims that bill IVIG using Q4097.

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	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
5981.1	Contractors shall no longer accept J7602, J7603, J1751, and J1752 effective for dates of service after March 31, 2008.	X	X		X			X	X	X	COBC
5981.2	Contractors shall accept J7611, J7612, J7613, J7614, Q4096, Q4097, Q4098, and Q4099 effective with dates of service on or after April 1, 2008.	X	X	X	X	X		X	X	X	COBC
5981.3	Contractors shall use Type of Service (TOS) 1, P for J7611, J7612, J7613, J7614, Q4096, Q4097, Q4098, and Q4099.	X	X		X			X	X	X	COBC
5981.4	The Common Working File (CWF) shall use categories 60 and 17 for J7611, J7612, J7613, J7614, Q4096, Q4097, Q4098, and Q4099.									X	
5981.5	Contractors shall use the MPFSDB Status Indicator "E" for J7611, J7612, J7613, J7614, Q4096, Q4097, Q4098, and Q4099. This change will be updated on the April 2008 MPFSDB.	X	X		X			X	X	X	
5981.6	Contractors shall use the MPFSDB Status Indicator "I" for J7602, J7603, J1751, and J1752 effective for dates of service after March 31, 2008. This change will be updated on the April 2008 MPFSDB.	X	X		X			X	X	X	
5981.7	Effective for dates of service on or after April 1, 2008, contractors shall only pay a claim for preadministration-related services (G0332) associated with IVIG administration if G0332, the drug (IVIG, HCPCS codes: J1566, J1568, J1569, J1561, J1572 and/or Q4097), and the drug administration service are all billed on the same claim for the same date of service.	X		X	X						
5981.7.1	Effective for dates of service on or after April 1, 2008, contractors shall return a claim for G0332 to the provider if J1566, J1568, J1569, J1561, J1572 and/or Q4097 and a drug administration service are not also billed for the same date of service on the same claim.	X		X							
5981.7.2	Effective for dates of service on or after April 1, 2008, contractors shall reject as unprocessable a claim for G0332 if J1566, J1568, J1569, J1561, J1572 and/or Q4097 and a drug administration service are not billed for the same date of service on the same claim.	X			X						
5981.7.3	Contractors shall use the appropriate reason/remark messages such as: M67 "Missing other procedure codes" and/or 16 "Claim/service lacks information" which are needed for adjudication.	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
5981.8	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. 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.	X	X	X	X	X					

IV. SUPPORTING INFORMATION

Section 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	
CR 6006	

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s):

Policy: Catherine Jansto, (410) 786-7762, Catherine.Jansto@cms.hhs.gov
Institutional Claims Processing: Sherry Murray, (410) 786-6145, Sherry.Murray@cms.hhs.gov

Post-Implementation Contact(s):

Policy: Catherine Jansto, (410) 786-7762, Catherine.Jansto@cms.hhs.gov
Institutional Claims Processing: Sherry Murray, (410) 786-6145, Sherry.Murray@cms.hhs.gov

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Carriers and Regional Home Health Carriers (RHHIs), use the following statement:

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),* use the following statement:

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.