

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2227	Date: May 24, 2011
	Change Request 7303

NOTE to CONTRACTORS: Transmittal 2207, dated April 29, 2011, is being rescinded and replaced by Transmittal 2227, dated May 24, 2011. This CR is being corrected to update the dose descriptor for HCPCS code Q2041 to 1 I.U. VWF: RCO. All other information remains the same.

SUBJECT: Quarterly HCPCS Drug/Biological Code Changes – July 2011 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. The attached Recurring Update Notification applies to Chapter 23, Section 20.3.

EFFECTIVE DATE: July 1, 2011

IMPLEMENTATION DATE: July 5, 2011

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-

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.*

Attachment – Recurring Update Notification

Pub. 100-04	2227	May 24, 2011	Change Request: 7303
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NOTE to CONTRACTORS: Transmittal 2207, dated April 29, 2011, is being rescinded and replaced by Transmittal 2227, dated May 24, 2011. This CR is being corrected to update the dose descriptor for HCPCS code Q2041 to 1 I.U. VWF: RCO. All other information remains the same.

SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes – July 2011 Update

Effective Date: July 1, 2011

Implementation Date: July 5, 2011

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, 2011, the following HCPCS codes will no longer be payable for Medicare:

HCPCS Code	Short Description	Long Description	MPFSDB Status Indicator
J7184	Wilate injection	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 100 I.U. VWF:RCO	I

Effective for claims with dates of service on or after July 1, 2011, the following HCPCS codes will be payable for Medicare:

HCPCS Code	Short Description	Long Description	TOS Code	MPFSDB Status Indicator
Q2041	Wilate injection	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	1, 9	E
Q2042	Hydroxyprogesterone caproate	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG	1,9	E
Q2043	Sipuleucel-T auto CD54+	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION	1,9	E

Q2044	Belimumab injection	INJECTION, BELIMUMAB, 10 MG	1,9	E
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II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7303.1	Contractors shall make user changes to accept Q2041, Q2042, Q2043, and Q2044 as valid HCPCS codes for dates of service on or after July 1, 2011.	X	X	X	X	X				X	COBC IOCE
7303.2	Contractors shall use the MPFSDB Status Indicator "I" for J7184 effective for dates of service after June 30, 2011. This change will be updated on the July 2011 MPFSDB.	X			X					X	
7303.3	Contractors shall use Type of Service (TOS) 1, 9 for Q2041, Q2042, Q2043, and Q2044 for dates of service on or after July 1, 2011.	X			X					X	
7303.4	The Common Working File (CWF) shall use categories 60 and 17 for Q2041, Q2042, Q2043, and Q2044 for dates of service on or after July 1, 2011.									X	
7303.5	Contractors shall use the MPFSDB Status Indicator "E" for Q2041, Q2042, Q2043, and Q2044 for dates of service on or after July 1, 2011. This change will be updated on the July 2011 MPFSDB.	X			X					X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
7303.6	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLN MattersArticles/ 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	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	R H H I S	Shared-System Maintainers				OTH ER
							F I S	M C S	V M S	C W F	
	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

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

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

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

V. CONTACTS

Pre-Implementation Contact(s):

Cheryl Gilbreath, (410) 786-5919, Cheryl.Gilbreath@cms.hhs.gov

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Post-Implementation Contact(s):

Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable

VI. FUNDING

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

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.