CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2695	Date: May 2, 2013
	<b>Change Request 8286</b>

SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2013 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 Chapter23, Section 20.3

EFFECTIVE DATE: July 1, 2013 IMPLEMENTATION DATE: July 1, 2013

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:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 obliged 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**

<sup>\*</sup>Unless otherwise specified, the effective date is the date of service.

# **Attachment - Recurring Update Notification**

Pub. 100-04 | Transmittal: 2695 | Date: May 2, 2013 | Change Request: 8286

SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2013 Update

**EFFECTIVE DATE: July 1, 2013** 

**IMPLEMENTATION DATE: July 1, 2013** 

## 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, 2013, the following HCPCS codes will no longer be payable for Medicare:

HCPCS Code: J3487

Long Description: Injection, Zoledronic Acid (Zometa), 1mg

MPFSDB Status Indicator: I

HCPCS Code: J3488

Long Description: Injection, Zoledronic Acid (Reclast), 1mg

MPFSDB Status Indicator: I

HCPCS Code: J9002

Long Description: Injection, Doxorubicin Hydrochloride, Liposomal, Doxil, 10mg

MPFSDB Status Indicator: I

Effective for claims with dates of service on or after July 1, 2013, the following HCPCS codes will be payable for Medicare:

HCPCS Code: Q2033

Short Description: Influenza Vaccine, (Flublok)

Long Description: Influenza Vaccine, Recombinant Hemagglutinin Antigens, For Intramuscular Use

(Flublok)

TOS Code: V

MPFSDB Status Indicator: X

HCPCS Code: Q2051

Short Description: Zoledronic acid 1mg

Long Description: Injection, Zoledronic Acid, not otherwise specified, 1mg

TOS Code: 1,9

MPFSDB Status Indicator: E

HCPCS Code: Q0090

Short Description: Skyla 13.5mg

Long Description: Levonorgestrel-Releasing Intrauterine Contraceptive System (SKYLA), 13.5 mg

TOS Code: 9

MPFSDB Status Indicator: N

HCPCS Code: Q2050

Short Description: Doxorubicin inj 10mg

Long Description: Injection, Doxorubicin Hydrochloride, Liposomal, Not Otherwise Specified, 10mg

TOS Code: 1,9

MPFSDB Status Indicator: E

## II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement Responsibility											
		A	/B	D	F	C	R		Shai	red-		Other
		M	AC	M	I	A	Н		Syst	tem		
				Е		R	Н	M	aint	aine	rs	
		P	P			R	I	F	M	V	C	
		a	a	M		I		I	C	M	W	
		r	r	A		Е		S	S	S	F	
		t	t	C		R		S				
		A	В									
8286.1	Contractors shall make user changes to accept Q2033,	X	X	X	X	X	X	X			X	IOCE
	Q2051, Q0090, and Q2050 as valid HCPCS codes for											,
	dates of service on or after July 1, 2013.											COB
												C
8286.2	Contractors shall use the MPFSDB Status Indicator "I"		X			X						
	for J3487, J3488 and J9002 effective for dates of											
	service after June 30, 2013. This change will be											

Number	Requirement	Responsibility									
			A/B AC	D M E	F I	C A R	R H H		Shai Syst		Other
		P a r t	P a r t	M A C		R I E R	Ι	F I S S	M C S		
		A	В								
	updated on the July 2013 MPFSDB.										
8286.3	Contractors shall use Type of Service (TOS) 1, 9 for Q2050 and Q2051 for dates of service on or after July 1, 2013.		X			X				X	
8286.4	Contractors shall use Type of Service (TOS) 9 for Q0090 for dates of service on or after July 1, 2013.		X			X				X	
8286.5	Contractors shall use Type of Service (TOS) V for Q2033 for dates of service on or after July 1, 2013.		X			X				X	
8286.6	The Common Working File (CWF) shall use categories 60 and 17 for Q2033, Q2051, Q0090, and Q2050 for dates of service on or after July 1, 2013.									X	
8286.7	Contractors shall use the MPFSDB Status Indicator "E" for Q2050 and Q2051 for dates of service on or after July 1, 2013. This change will be updated on the July 2013 MPFSDB.		X			X					
8286.8	Contractors shall use the MPFSDB Status Indicator "N" for Q0090 for dates of service on or after July 1, 2013. This change will be updated on the July 2013 MPFSDB.		X			X					
8286.9	Contractors shall use the MPFSDB Status Indicator "X" for Q2033 for dates of service on or after July 1, 2013. This change will be updated on the July 2013 MPFSDB.		X			X					

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B	D	F	C	R	Other		
		MAC	M	I	Α	Η			
			Е		R	Η			

		P	P			R	I	
		a	a	M		I		
		r	r	Α		Е		
		t	t	C		R		
		A	В					
8286.10	MLN Article: A provider education article related to	X	X	X	X	X	X	
	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 sites							
	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 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.							

## IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A** *Use "Should" to denote a recommendation.* 

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

# Section B: All other recommendations and supporting information: N/A V. CONTACTS

**Pre-Implementation Contact(s):** Prabath Malluwa-Wadu, 410-786-4620 or prabath.malluwa-wadu@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

#### VI. FUNDING

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

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 do 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.