

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 949

Department of Health &
Human Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

Date: MAY 12, 2006

Change Request 4380

SUBJECT: Billing Clarification for J2505, Pegfilgrastim

I. SUMMARY OF CHANGES: Claims for Pegfilgrastim J2505 shall be submitted to Medicare contractors so that the units billed represent the number of multiples of 6MG provided, not the number of MGs.

NEW/REVISED MATERIAL

EFFECTIVE DATE: August 14, 2006

IMPLEMENTATION DATE: August 14, 2006

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
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III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment - One-Time Notification

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SUBJECT: Billing Clarification for J2505, Pegfilgrastim

I. GENERAL INFORMATION

A. Background: CMS has performed an analysis of paid claims which revealed a number of hospital outpatient providers billing multiple units of J2505 per date of service. It was noted that many of the providers billing multiple units of J2505, were consistently billing 6 units per date of service, indicating that 36mg of Pegfilgrastim were given. The usual dose of Pegfilgrastim is 6 MG.

B. Policy: HCPCS code J2505 is defined as 6 MG of Pegfilgrastim. This is usually administered via a pre-filled syringe of 0.6 ML, which is equivalent to 6 MG. Providers should ensure they are billing for the number of multiples of 6 MG administered rather than the number of MGs or MLs administered. Incorrect billing of this nature results in overpayments with subsequent recoupment and/or investigation.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4380.1	Contractors shall make payment for one unit for every 6 MG (or 0.6 ML) administered to the beneficiary.	X								
4380.2	Contractors shall use their medical policy edits to return to the provider (RTP) any claim they receive for 6 units of HCPCS code J2505.	X								
4380.3	Contractors shall post an alert message, to their providers, pointing out that for correct billing providers shall show the number of multiples of 6 MG for the number of units for Pegfilgrastim. This can be a one sentence posting on the contractor's Web site, or may be a message to the list serv for hospitals. This must be in addition to the provider education article issued by CMS.	X								

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4380.4	<p>Contractors shall encourage hospital providers to review their billing for Pegfilgrastim, J2505, to insure that the number of units billed is correct.</p> <p>Contractors shall not search history to identify overpayments for J2505, but shall adjust any claims brought to their attention.</p>	X								

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4380.5	<p>A provider education article related to this instruction will be available at 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 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. 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.</p>	X								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: August 14, 2006 Implementation Date: August 14, 2006 Pre-Implementation Contact(s): Cindy Murphy at cindy.murphy@cms.hhs.gov or Taneka Rivera at Taneka.rivera@cms.hhs.gov Post-Implementation Contact(s): Local RO	No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.
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