CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1972	**Date: May 21, 2010**
	Change Request 6809

SUBJECT: Quarterly HCPCS Code Changes - July 2010 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, 2010 unless otherwise specified
IMPLEMENTATION DATE: July 6, 2010

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; 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. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1972	Date: May 21, 2010	Change Request: 6809

SUBJECT: Quarterly HCPCS Code Changes – July 2010 Update

Effective Date: July 1, 2010 unless otherwise specified

Implementation Date: July 6, 2010

I. GENERAL INFORMATION

A. Background: The HCPCS code set is updated on a quarterly basis. This instruction describes the process for updating specific drug or biological HCPCS codes.

B. Policy: Effective for claims with dates of service on or after July 1, 2010, 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
Q2025	Oral fludarabine phosphate	Fludarabine phosphate, oral, 1mg	1,9	E

Suppliers are currently instructed to bill oral anti-cancer drugs to the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) using the appropriate National Drug Code (NDC). The code "WW141 - Fludarabine Phosphate, oral, 10mg" will allow the DME MACs to correctly adjudicate the oral anti-cancer drug, Fludarabine Phosphate (i.e., NDC 00024-5820-05 and NDC 00024-5820-20), associated with Q2025.

Effective March 23, 2010, CMS concluded that Dermal injections for facial lipodystrophy syndrome (LDS) are only reasonable and necessary using dermal fillers approved by the Food and Drug Administration for this purpose, and then only in HIV infected beneficiaries when facial LDS caused by antiretroviral HIV treatment is a significant contributor to their depression. Effective for claims with dates of service on or after March 23, 2010, the following HCPCS codes will be payable for Medicare:

HCPCS Code	Short Description	Long Description	TOS Code	MPFSDB Status Indicator
Q2026	Radiesse injection	Injection, Radiesse, 0.1ml	1,9	E
Q2027	Sculptra injection	Injection, Sculptra, 0.1ml	1,9	E

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	
6809.1	Contractors shall make any necessary user changes to accept Q2025 as a valid HCPCS code for dates of service on or after July 1, 2010.	X	X	X	X	X				X	COBC IOCE
6809.2	Contractors shall use Type of Service (TOS) 1, 9 for Q2025 for dates of service on or after July 1, 2010.	X			X					X	

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	
6809.3	The Common Working File (CWF) shall use categories 60 and 17 for Q2025 for dates of service on or after July 1, 2010.									X	
6809.4	Contractors shall use the MPFSDB Status Indicator "E" for Q2025. This change will be updated on the July 2010 MPFSDB.	X			X					X	
6809.5	Contractors shall make any changes necessary to accept and process WW141 for dates of service on or after July 1, 2010.		X							X	
6809.6	Contractors shall make any necessary user changes to accept Q2026 and Q2027 as valid HCPCS codes for dates of service on or after March 23, 2010.	X	X	X	X	X				X	COBC IOCE
6809.6.1	Contractors shall not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X	X	X	X	X					
6809.7	For dates of service on or after March 23, 2010, contractors shall use Type of Service (TOS) 1, 9 for Q2026 and Q2027.	X			X					X	
6809.8	For dates of service on or after March 23, 2010, the Common Working File (CWF) shall use categories 60 and 17 for Q2026 and Q2027.									X	
6809.9	For dates of service on or after March 23, 2010, contractors shall use the MPFSDB Status Indicator "E" for Q2026 and Q2027. This change will be updated on the July 2010 MPFSDB.	X			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	
6809.10	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	X	X	X	X	X					

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	
	program correctly.										

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:
N/A	

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

Contractors should refer to CR 6953 for more information regarding the national coverage determination (NCD) involving codes Q2026 and Q2027. Contractors should also view the NCD decision memo on the CMS website at the following link: http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?from2=viewdecisionmemo.asp&id=234&.

V. CONTACTS

Pre-Implementation Contact(s):

Policy: Cheryl Gilbreath, (410)-786-5919, Cheryl.Gilbreath@cms.hhs.gov
Institutional Claims Processing: Diana Motsiopoulos, (410) 786-3379, Diana.Motsiopoulos@cms.hhs.gov
DME/Supplier Claims Processing: Angela Costello (410) 786-1554, Angela.Costello@cms.hhs.gov

Post-Implementation Contact(s):

Appropriate Regional Office

VI. FUNDING

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