
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 580

Date: JUNE 10, 2005

CHANGE REQUEST 3847

SUBJECT: New Healthcare Common Procedure Coding System (HCPCS) Drug Codes

I. SUMMARY OF CHANGES: This notification contains information on new HCPCS drug codes for high osmolar contrast agents and for iloprost (inhalation solution).

NEW/REVISED MATERIAL - EFFECTIVE DATE*: July 01, 2005
IMPLEMENTATION DATE: July 05, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

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

Attachment – Recurring Update Notification

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SUBJECT: New Healthcare Common Procedure Coding System (HCPCS) Drug Codes

I. GENERAL INFORMATION

This notification contains information on new HCPCS codes for high osmolar contrast agents and for iloprost (inhalation solution) which will be effective July 1, 2005.

A. Background:

Effective July 1, 2005, the following contrast agents HCPCS drug codes and one inhalation drug code are being added to the Healthcare Common Procedure Coding System.

HCPCS Code	Short Descriptor	Long Descriptor
Q4080	Iloprost inhalation solution	Iloprost, inhalation solution, administered through DME, 20 mcg
Q9958	HOCM <=149 mg/ml iodine, 1ml	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml
Q9959	HOCM 150-199mg/ml iodine, 1ml	High osmolar contrast material, 150 - 199 mg/ml iodine concentration, per ml
Q9960	HOCM 200-249mg/ml iodine, 1ml	High osmolar contrast material, 200 - 249 mg/ml iodine concentration, per ml
Q9961	HOCM 250-299mg/ml iodine, 1ml	High osmolar contrast material, 250 - 299 mg/ml iodine concentration, per ml
Q9962	HOCM 300-349mg/ml iodine, 1ml	High osmolar contrast material, 300 - 349 mg/ml iodine concentration, per ml
Q9963	HOCM 350-399mg/ml iodine, 1ml	High osmolar contrast material, 350 - 399 mg/ml iodine concentration, per ml
Q9964	HOCM >= 400 mg/ml iodine, 1ml	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml

B. Policy:

As indicated in CR3846, the payment allowance limits for new drugs and biologicals not included in the ASP Medicare Part B Drug Pricing File or Not Otherwise Classified (NOC) Pricing File are based on 106

percent of the WAC. As stated in the current manual instruction (100-4, Chapter 13, Section 30) payment for HOCMs is included in the payment for the procedure. Separate payment for HOCM is not allowed.

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				O t h e r
						F I S S	M C S	V M S	C W F	
3847.1	Carriers and Durable Medical Equipment Regional Carriers (DMERCs) shall add HCPCS code Q4080 to their current HCPCS systems.			X	X		X	X	X	
3847.2	Carriers, Durable Medical Equipment Regional Carriers (DMERCs), and Fiscal Intermediaries shall add HCPCS codes Q9958 – Q9964 to their current HCPCS systems.	X		X	X		X	X	X	
3847.3	Carriers, Durable Medical Equipment Regional Carriers (DMERCs), and Fiscal Intermediaries shall use Q9958 - Q9964 to report high osmolar contrast media based on the iodine concentration per ml.	X		X	X					
3847.4	Carriers and Durable Medical Equipment Regional Carriers (DMERCs) shall use Q4080 to report iloprost inhalation solution.			X	X					
3847.5	Only DMERCs shall make payment for Q4080.				X					
3847.6	HCPCS code Q4080 shall be assigned to status indicator “E” in the Medicare Physician Fee Schedule Database.			X						
3847.7	HCPCS codes Q9958 – Q9964 shall be assigned to status indicator “B” in the Medicare Physician Fee Schedule Database.			X						

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				O t h e r
F I S S	M C S					V M S	C W F			
3847.8	The contractors shall use type of service (TOS) 4 for HCPCS codes Q9958 - Q9964 and TOS 1 and P for Q4080 and the Common Working File (CWF) category 60.			X	X		X	X	X	
3847.9	Payment for HOCMs is included in the payment for the procedure. Separate payment is not allowed.	X	X	X	X					

III. PROVIDER EDUCATION

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				O t h e r
F I S S	M C S					V M S	C W F			
3847.10	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program	X		X	X					

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				O t h e r
						F I S S	M C S	V M S	C W F	
	correctly.									

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

<p>Effective Date*: July 1, 2005</p> <p>Implementation Date: July 5, 2005</p> <p>Pre-Implementation Contact(s): Marjorie Baldo, (410) 410-786-4617 and Jennifer Fan, (410) 786-1100.</p> <p>Post-Implementation Contact(s): Appropriate Regional Office</p>	<p>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.</p>
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