CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11220	**Date: January 26, 2022**
	Change Request 12539

Transmittal 11192, dated January 20, 2022, is being rescinded and replaced by Transmittal 11220, dated, January 26, 2022 to remove the provider education requirement. All other information remains the same.

SUBJECT: Updating the 32287 Reason Code Edit in the Fiscal Intermediary Shared System (FISS) to Allow Processing of Claims Containing Healthcare Common Procedure Coding System (HCPCS) Code Q0249

I. SUMMARY OF CHANGES: This Change Request (CR) will revise the FISS reason code edit 32287 to allow processing of claims containing HCPCS code Q0249 when the number of units on the claim is greater than one.

EFFECTIVE DATE: July 1, 2022 - Claims processed on or after this date
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 5, 2022

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	N/A

III. FUNDING:
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:
One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 11220	Date: January 26, 2022	Change Request: 12539

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I.   GENERAL INFORMATION

A.   Background: During the Coronavirus Disease COVID-19 Public Health Emergency (PHE), Medicare will cover and pay for the COVID-19 Monoclonal Antibody infusions, when furnished consistent with their respective Emergency Use Authorization (EUA), the same way it covers and pays for COVID-19 vaccines. This infusion program allows a broad range of providers and suppliers, including freestanding and hospital-based infusion centers, home health agencies, nursing homes, and entities with whom nursing homes contract for this, to administer these treatments in accordance with the EUA.

The FISS Maintainer reason code 32287 is currently returning inpatient Part B claims (Type of Bill 012x) containing HCPCS code Q0249 describing COVID-19 Monoclonal Antibody injection, tocilizumab, for hospitalized adults and pediatric patients when the number of units on the claim is greater than one.

This CR will revise the FISS reason code edit 32287 to allow processing of claims containing HCPCS code Q0249 when the number of units on the claim is greater than one.

B.   Policy: This CR is revising an existing reason code and does not implement or change policy.

II.   BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12539.1	The contractor shall remove HCPCS code Q0249 from the edit that sets when the number of covered vaccine units is greater than one.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): kajol balani, 410-786-0878 or kajol.balani@cms.hhs.gov, Wilfried Gehne, 410-786-6148 or Wilfried.Gehne@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0