

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4063	Date: June 1, 2018
	Change Request 10626

SUBJECT: New Q Code for In-Line Cartridge Containing Digestive Enzyme(s)

I. SUMMARY OF CHANGES: To facilitate implementation of this new code for In-Line Cartridge Containing Digestive Enzyme(s), the new code will be added to the Healthcare Common Procedure Coding System (HCPCS) code set effective July 1, 2018.. This recurring update notification applies to chapter 15, section 140.

EFFECTIVE DATE: July 1, 2018

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

IMPLEMENTATION DATE: July 2, 2018

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:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 4063	Date: June 1, 2018	Change Request: 10626
--------------------	--------------------------	---------------------------	------------------------------

SUBJECT: New Q Code for In-Line Cartridge Containing Digestive Enzyme(s)

EFFECTIVE DATE: July 1, 2018

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

IMPLEMENTATION DATE: July 2, 2018

I. GENERAL INFORMATION

A. Background: The HCPCS was established in 1978 to provide a standardized coding system for describing the items and services provided in the delivery of health care. Such coding is necessary for Medicare, Medicaid, and other health insurance programs to ensure that insurance claims are processed in an orderly and consistent manner. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) made the use of the HCPCS for transactions involving health care information mandatory.

The HCPCS is divided into two principal subsystems, referred to as Level I and Level II. Level I is comprised of the Current Procedural Terminology (CPT), a numeric coding system maintained by the American Medical Association (AMA) to identify medical services and procedures furnished by physicians and other health care professionals. The Level II HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes.

B. Policy: The following code is added to the Level II HCPCS code set effective July 1, 2018:

Q9994 In-line cartridge containing digestive enzyme(s) for enteral feeding, each

The billing jurisdiction for this code will be DME MAC.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10626.1	Contractors shall add the following code to the system for processing: Q9994 - In-line cartridge containing digestive enzyme(s) for enteral feeding, each Type of Service (TOS) =E; Berenson-Eggers Type of Service (BETOS) = O1C;		X		X				X	

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	Pricing = 00; Coverage= I Short Descriptor: Enzyme cartridge enteral nut									
10626.2	The Common Working File (CWF) shall add the code to the CWF categories specified below on the HCPC Inquiry (HCPI) file in Health Insurance Master Record (HIMR) in CWF: Q9994 : (15,60)				X				X	
10626.3	Contractors shall make modifications, if necessary, to load the English descriptions for the new “Q” code for In-Line Cartridge Containing Digestive Enzyme(s) to correctly reflect on any Medicare Summary Notice messaging.		X		X			X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
10626.4	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 5 business days after receipt of the notification from CMS announcing the availability of the 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.		X		X	

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: N/A
--------------------------	--

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

V. CONTACTS

Pre-Implementation Contact(s): Wendy Knarr, Wendy.Knarr@cms.hhs.gov

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0