# **CMS Manual System**

# **Pub 100-20 One-Time Notification Transmittal Sheet**

**Transmittal 203** 

**Department of Health & Human Services (DHHS)** 

Center for Medicare & Medicaid Services (CMS)

Date: FEBRUARY 1, 2006 Change Request 4311

**SUBJECT:** Revision for PPS Payment for Blood Clotting Factor Administered to Hemophilia Inpatients.

**I. SUMMARY OF CHANGES:** This transmittal includes the new J codes for hemophilia clotting factors. Old Codes (Q0187 and Q2022) will be replaced with New Codes (J7189 and J7188) respectively.

#### **NEW/REVISED MATERIAL:**

**EFFECTIVE DATE: January 1, 2006** 

**IMPLEMENTATION DATE: March 6, 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/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 2006 operating budgets.

#### **IV. ATTACHMENTS:**

One-Time Notification

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

# **Attachment – One-Time Notification**

Pub. 100-20 Transmittal: 203 Date: February 1, 2006 Change Request 4311

**SUBJECT:** Revision for PPS Payment for Blood Clotting Factor Administered to Hemophilia Inpatients.

### I. GENERAL INFORMATION

**A. Background:** Two new codes have been established for hemophilia services HCPCS Q0187 and Q2022. Effective January 1, 2006, these "Q" codes will no longer be viable codes

**B. Policy:** The following are the two new replaced codes for hemophilia codes:

 Old codes
 Replacement code

 Q0187
 J7189

 Q2022
 J7188

## II. BUSINESS REQUIREMENTS

<sup>&</sup>quot;Should" denotes an optional requirement

Requirement	Requirements	Re	espo	nsi	bilit	ty ("	<b>X"</b> :	indi	cate	es the
Number		co	lum	ns 1	that	app	oly)			
		F I	R H H	Ca	D M		red S intair		m	Other
			I	r r i e r	E R C	F I S S	M C S	V M S	C W F	
4311.1	FISS shall make the following changes in their systems to remove the old codes and replace with the new hemophilia codes –  Old codes Q0187 Q2022 J7188					X			X	
4311.2	FISS shall pay the new codes effective January 1, 2006 and later, beginning on March 06, 2006.	X				X				

<sup>&</sup>quot;Shall" denotes a mandatory requirement

Requirement	Requirements	Re	espo	nsi	bilit	ty ("	<b>X"</b> i	indi	cate	es the
Number		columns that apply)								
		F	R H H	C a r	D M E				m	Other
			I	r i e r	R C	F I S S	M C S	V M S	C W F	
4311.3	FIs shall instruct providers how and when to resubmit these claims.	X								

# III. PROVIDER EDUCATION

Requirement Number	Requirements		_			ty (" : app		indi	icato	es the
rumber		FI	R H H I	C a r r i e	D M E R C	Sha	red S intair	ners	em C W F	Other
4311.4	A provider education article related to this instruction will be available at <a href="https://www.cms.hhs.gov/medlearn/matters">www.cms.hhs.gov/medlearn/matters</a> 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 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 Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X								X

## IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

### A. Other Instructions: N/A

X-Ref Requirement #	Instructions

## **B.** Design Considerations:

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*: January 1, 2006	No additional funding will be
Implementation Date: March 6, 2006	provided by CMS; contractor activities are to be carried out within their FY 2006 operating
<b>Pre-Implementation Contact(s):</b>	budgets.
Doris Barham – 410-786-6146	
(Doris.Barham@cms.hhs.gov) or	
Sue Guerin – 410-786-6138	
(Susan.Guerin@cms.hhs.gov)	
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<b>Post-Implementation Contact(s):</b> Appropriate	
regional office.	

<sup>\*</sup>Unless otherwise specified, the effective date is the date of service.