

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
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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:

<u>Old codes</u>	<u>Replacement code</u>
Q0187	J7189
Q2022	J7188

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 S S	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other						
						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 – <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="text-align: center;"><u>Old codes</u></td> <td style="text-align: center;"><u>New Codes</u></td> </tr> <tr> <td style="text-align: center;">Q0187</td> <td style="text-align: center;">J7189</td> </tr> <tr> <td style="text-align: center;">Q2022</td> <td style="text-align: center;">J7188</td> </tr> </table>	<u>Old codes</u>	<u>New Codes</u>	Q0187	J7189	Q2022	J7188					X			X	
<u>Old codes</u>	<u>New Codes</u>															
Q0187	J7189															
Q2022	J7188															
4311.2	FISS shall pay the new codes effective January 1, 2006 and later, beginning on March 06, 2006.	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

<p>Effective Date*: January 1, 2006</p> <p>Implementation Date: March 6, 2006</p> <p>Pre-Implementation Contact(s): Doris Barham – 410-786-6146 (Doris.Barham@cms.hhs.gov) or Sue Guerin – 410-786-6138 (Susan.Guerin@cms.hhs.gov)</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 2006 operating budgets.</p>
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