

# CMS Manual System

## Pub 100-04 Medicare Claims Processing

Transmittal 772

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: DECEMBER 2, 2005  
Change Request 4206

**SUBJECT: Fiscal Intermediary Shared System (FISS) Edit Updates for Epoetin Alfa and Darbepoetin Alfa HCPCS Changes Effective January 1, 2006**

**I. SUMMARY OF CHANGES:** The Q codes for Epoetin Alfa and Darbepoetin Alfa are terminated and replaced with the J codes shown below effective January 1, 2006: Q0136 Epoetin Alfa for Non-ESRD use is replaced with J0885. Q0137 Darbepoetin Alfa for Non-ESRD use is replaced with J0881. Q4054 Darbepoetin Alfa for ESRD use is replaced with J0882. Q4055 Epoetin Alfa for ESRD use is replaced with J0886.

### NEW/REVISED MATERIAL

**EFFECTIVE DATE: January 01, 2006**

**IMPLEMENTATION DATE: April 03, 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 = 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 2006 operating budgets.

### IV. ATTACHMENTS:

One-Time Notification

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

# Attachment – One-Time Notification

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**SUBJECT: Fiscal Intermediary Shared System (FISS) Edit Updates for the Epoetin Alfa and Darbepoetin Alfa HCPCS Changes Effective January 1, 2006.**

## I. GENERAL INFORMATION

**A. Background:** The annual HCPCS update effective January 1, 2006 changes the HCPCS for reporting and billing Epoetin Alfa and Darbepoetin Alfa. Transmittal 737, Change Request 4108 issued on October 31, 2005 provides the instruction to providers to begin billing the new HCPCS effective January 1, 2006.

**B. Policy:** The Q codes for Epoetin Alfa and Darbepoetin Alfa are terminated and replaced with the J codes shown below effective January 1, 2006. There are no other changes to the reporting and payment of Epoetin Alfa and Darbepoetin Alfa with this instruction. All billing and payment instructions currently required for the Q codes in Publication 100-4, Chapter 8, Section 60 shall be applied to the new J codes upon implementation of this instruction.

- Q0136 – Epoetin Alfa for Non-ESRD use is replaced with J0885.
- Q0137 - Darbepoetin Alfa for Non-ESRD use is replaced with J0881.
- Q4054 – Darbepoetin Alfa for ESRD use is replaced with J0882.
- Q4055 – Epoetin Alfa for ESRD use is replaced with J0886.

## 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				Other
						F I S S	M C S	V M S	C W F	
4206.1	Medicare Systems shall modify existing edits for Epoetin Alfa and Darbepoetin Alfa. Continue to allow for the use of the Q codes for claims with dates of service prior to January 01, 2006 and require the use of the J codes as shown above in Section B for all claims with dates of service on or after January 01, 2006.	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			
F I S S	M C S					V M S	C W F		
4206.1.1	For claims with dates of service 1/1/06 through the implementation date of this instruction contractors shall override or deactivate, as necessary, the edits requiring the Q codes in order to pay for the service using the new J codes.	X							
4206.2	Medicare contractors shall apply the same billing and payment guidelines for the J codes as currently required for the Q codes in publication 100-4, Chapter 8, Section 60.	X				X			
4206.2.1	Medicare contractors shall create a mass adjustment for bill types 12x, 13x, and 85x that contain the J0882 and J0886 after the implementation of this instruction to correct the payment from reasonable cost to the appropriate fee.	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			
F I S S	M C S					V M S	C W F		
4206.3	A provider education article related to this instruction will be available at <a href="http://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	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			
F I S S	M C S					V M S	C W F		
	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.								

**IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS**

**A. Other Instructions:**

X-Ref Requirement #	Instructions

**B. Design Considerations:**

X-Ref Requirement #	Recommendation for Medicare System Requirements
4206.1.1	Reason codes that have already been identified as requiring override or deactivation to pay for these services on claims with dates of service in the first quarter of 2006 include 31643, 36119, 36121. Contractors may identify others and override or deactivate as necessary.
4206.1.	In addition to the reason codes mentioned above, the following reason codes have also been identified as reason codes requiring update with this instruction: 31360, 31770, 31771, 31772, 36117, 31250, 31642. Contractors shall update these reason codes and any others necessary for the implementation of this instruction.

**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><b>Effective Date*:</b> January 1, 2006</p> <p><b>Implementation Date:</b> April 3, 2006</p> <p><b>Pre-Implementation Contact(s):</b> Wendy Tucker, <a href="mailto:Wendy.Tucker@cms.hhs.gov">Wendy.Tucker@cms.hhs.gov</a>, 410-786-3004 or Jason Kerr, <a href="mailto:Jason.Kerr@cms.hhs.gov">Jason.Kerr@cms.hhs.gov</a> 410-786-2123.</p> <p><b>Post-Implementation Contact(s):</b> Appropriate Regional Office</p>	<p><b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</b></p>
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