

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10196	Date: June 23, 2020
	Change Request 11769

NOTE: This Transmittal is no longer sensitive and is being re-communicated July 1, 2020. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2020 Update

I. SUMMARY OF CHANGES: The HCPCS code set is updated on a quarterly basis. This instruction informs contractors of updates to drug and biological HCPCS codes. This recurring update notification applies to chapter 17, section 10 of the Claims Processing manual.

EFFECTIVE DATE: July 1, 2020

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

IMPLEMENTATION DATE: July 6, 2020

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

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SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2020 Update

EFFECTIVE DATE: July 1, 2020

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IMPLEMENTATION DATE: July 6, 2020

I. GENERAL INFORMATION

A. Background: The HCPCS code set is updated on a quarterly basis. The complete code set and effective dates for new codes will be published at:

- <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS> or
- <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>.

Drug payment policy needs may require the refinement of dates that are associated with the initial use of a code.

B. Policy: Claims with a date of service that precedes the effective date of a code in the claims payment system are payable when specified.

Beginning July 1, 2020, the following HCPCS codes will be payable for Medicare with the dates of service indicated below.

- Q5119 Injection rituximab-pvvr, biosimilar (Ruxience) 10 mg (Effective for claims with date of service on or after February 3, 2020)

TOS Code: 1,P

MPFSDB Status Indicator: E

- Q5120 Injection pegfilgrastim-bmez, biosimilar (Ziextenzo) 0.5 mg (Effective for claims with date of service on or after November 15, 2019)

TOS Code: 1,P

MPFSDB Status Indicator: E

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility
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		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	
11769.1	Contractors shall make changes to accept: <ul style="list-style-type: none"> Q5119 Injection, rituximab-pvvr, biosimilar, (Ruxience), 10 mg (Effective for claims with date of service on or after February 3, 2020) Q5120 Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo), 0.5 mg (Effective for claims with date of service on or after November 15, 2019) 	X	X	X	X				X	BCRC, IOCE
11769.2	The Common Working File (CWF) shall use categories 60 and 17 for Q5119 for dates of service on or after February 3, 2020 and Q5120 for dates of service on or after November 15, 2019.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
11769.3	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Felicia Eggleston, 410-786-9287 or felicia.eggleston@cms.hhs.gov , Prabath Malluwa-wadu, 410-786-4620 or prabath.malluwa-wadu@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