CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4320	Date: June 12, 2019
	Change Request 11296

Transmittal 4306, dated May 17, 2019, is being rescinded and replaced by Transmittal 4320, dated, June 12, 2019 to update the short and long descriptor of Q5115 in the policy section and business requirement 11296.4. All other information remains the same.

SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2019 Update

I. SUMMARY OF CHANGES: The HCPCS code set is updated on a quarterly basis. This instruction informs the contractors of updating specific drug/biological HCPCS codes.

Beginning on July 1, 2019, the following ten (10) HCPCS codes will be established.

J1444 Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron

J7208 Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.

J7677 Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram

J9030 BCG live intravesical instillation, 1 mg

J9036 Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg

J9356 Injection, trastuzumab, 10 mg and Hyaluronidase-oysk

Q5112 Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg

Q5113 Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg

Q5114 Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg

Q5115 Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg

Beginning on July 1, 2019, the following HCPCS code will not be payable under Medicare.

J9031 Bcg (intravesical) per instillation

Beginning on July 1, 2019, the following HCPCS code will be modified.

J9355 Injection, trastuzumab, 10 mg will be modified to J9355 Injection, trastuzumab, excludes biosimilar, 10 mg

This recurring update notification applies to chapter 17, section 10 of the Claims Processing manual.

EFFECTIVE DATE: July 1, 2019

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

IMPLEMENTATION DATE: July 1, 2019

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

Transmittal 4306, dated May 17, 2019, is being rescinded and replaced by Transmittal 4320, dated, June 12, 2019 to update the short and long descriptor of Q5115 in the policy section and business requirement 11296.4. All other information remains the same.

SUBJECT: Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2019 Update

EFFECTIVE DATE: July 1, 2019

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

IMPLEMENTATION DATE: July 1, 2019

I. GENERAL INFORMATION

- **A. Background:** The HCPCS code set is updated on a quarterly basis. The April 05, 2019 quarterly HCPCS file includes ten (10) new HCPCS codes; J1444, J7208, J7677, J9030, J9036, J9356, Q5112, Q5113, Q5114, and Q5115, one (1) discontinuation; J9031, and one (1) modification; J9355. The changes are effective for claims with date of service on or after July 1, 2019.
- **B. Policy:** Effective for claims with dates of service on or after July 1, 2019, the following HCPCS codes will be accepted on claims for Medicare:

HCPCS Code: J1444

Short Descriptor: Fe pyro cit pow 0.1 mg iron

Long Descriptor: Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron

Type of Service (TOS): 1, L

HCPCS Code: J7208

Short Descriptor: Inj. jivi 1 iu

Long Descriptor: Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.

Type of Service (TOS): 1

HCPCS Code: J7677

Short Descriptor: Revefenacin inh non-com 1mcg

Long Descriptor: Revefenacin inhalation solution, fda-approved final product, non-compounded,

administered through DME, 1 microgram

Type of Service (TOS): 1, P

HCPCS Code: J9030

Short Descriptor: Bcg live intravesical 1mg

Long Descriptor: BCG live intravesical instillation, 1 mg

Type of Service (TOS): 1, P

HCPCS Code: J9036

Short Descriptor: Inj., belrapzo/bendamustine

Long Descriptor: Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg

Type of Service (TOS): 1

HCPCS Code: J9356

Short Descriptor: Inj. herceptin hylecta, 10mg

Long Descriptor: Injection, trastuzumab, 10 mg and Hyaluronidase-oysk

Type of Service (TOS): 1

HCPCS Code: Q5112

Short Descriptor: Inj ontruzant 10 mg

Long Descriptor: Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg

Type of Service (TOS): 1, P

HCPCS Code: Q5113

Short Descriptor: Inj herzuma 10 mg

Long Descriptor: Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg

Type of Service (TOS): 1, P

HCPCS Code: Q5114

Short Descriptor: Inj ogivri 10 mg

Long Descriptor: Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg

Type of Service (TOS): 1, P

HCPCS Code: Q5115

Short Descriptor: Inj truxima 10 mg

Long Descriptor: Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg

Type of Service (TOS): 1, P

Effective for claims with dates of service on or after July 1, 2019, the following HCPCS code will not be payable for Medicare:

J9031 Bcg (intravesical) per instillation

Effective for claims with dates of service on or after July 1, 2019, the long and short descriptors for the following HCPCS code will be modified. TOS and all other indicators shall remain same.

HCPCS Code: J9355

Short Descriptor: Inj trastuzumab excl biosimi

Long Descriptor: Injection, trastuzumab, excludes biosimilar, 10 mg

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC		A/B D			Sha	red-		Other
							Sys			
					Е		aint	ı		
		A	В	H	N	F	M		_	
				H	M A	I S	CS	M S	W F	
				11	C	S	3	3	1.	
11296.1	Contractors shall make changes to accept J1444, J7208, J7677, J9030, J9036, J9356, Q5112, Q5113, Q5114, and Q5115 as valid HCPCS codes for dates of service on or after July 1, 2019.	X	X	X	X				X	BCRC, IOCE
11296.2	Contractors shall use TOS 1, P for J7677, J9030, Q5112, Q5113, Q5114, and Q5115 for dates of service on or after July 1, 2019.		X		X				X	
	Contractors shall use TOS 1, L for J1444 for dates of service on or after July 1, 2019.									
	Contractors shall use TOS 1 for J7208, J9036, and J9356 for dates of service on or after July 1, 2019.									
11296.3	The Common Working File (CWF) shall add categories 60 and 17 for J1444, J7208, J7677, J9030, J9036, J9356, Q5112, Q5113, Q5114, and Q5115 for dates of service on or after July 1, 2019.				X				X	IOCE
11296.4	The contractor shall use the first 100 characters of the long description of the following HCPCS codes to update the Medicare Summary Notice (MSN) descriptors, effective for claims with dates of service on or after July 1, 2019:				X			X		
	J1444 Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron									
	J7208 Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.									

Number	Requirement	Responsibility														
		A/B			A/B D				D Shared- M System					Other		
		A	В	H H H	M A C	F I S S	M C S		C W F							
	J7677 Revefenacin inhalation solution, fda-approved final product, non-compounded, administered through DME, 1 microgram															
	J9030 BCG live intravesical instillation, 1 mg															
	J9036 Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg															
	J9356 Injection, trastuzumab, 10 mg and Hyaluronidase-oysk															
	Q5112 Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg															
	Q5113 Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg															
	Q5114 Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg															
	Q5115 Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg															
	J9355 Injection, trastuzumab, excludes biosimilar, 10 mg															
11296.5	J9031 is being discontinued effective 7/1/2019. Therefore, effective 7/1/2019, contractors shall not accept J9031 as a valid code and this code will no longer be payable under Medicare Part B.	X	X	X	X				X	BCRC, IOCE						
11296.6	Contractors shall make changes to long and short descriptors of J9355 effective for claims with dates of service on or after July 1, 2019. TOS and all other indicators shall remain same.	X	X	X	X				X	BCRC, IOCE						
	Short Descriptor: Inj trastuzumab excl biosimi															
	Long Descriptor: Injection, trastuzumab, excludes biosimilar, 10 mg															

III. PROVIDER EDUCATION TABLE

Number	r Requirement		spoi	nsib	ility	
			A/B MA(D	C
		Γ	VIAC	_	M E	E D
		A	В	H H	M	Ι
				Н	A C	
11296.7	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

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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