

Related Change Request (CR) #: 2982

Medlearn Matters Number: MM2982

Related CR Release Date: November 28, 2003

Related CR Transmittal #: R260TN

Effective Date: October 1, 2003

Implementation Date: January 1, 2004

Coding and Billing Instructions for Velcade™ for Injection

Provider Types Affected

This article impacts hospitals that bill for Velcade™ for Injection.

Provider Action Needed

Providers who bill Medicare for Velcade™ need to be aware of and prepared for changes effective under Medicare as of October 1, 2003.

STOP – Impact to You

Failure to use the proper HCPCS code when you submit your claims for Velcade™ for Injection could affect your reimbursement.

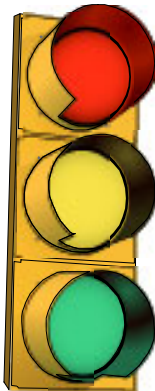
CAUTION – What You Need to Know

In order to assure accurate and timely payment of your bills for Velcade™ for Injection, it's important to understand the revised payment policies and billing instructions for this medication. Medicare has adopted a new code (C9207) to show transitional pass-through status for Velcade™ effective October 1, 2003.

GO – What You Need to Do

1. Adjust your billing systems to include the new HCPCS code for the administration of Velcade™ (C9207 -- injection, bortezomib [Velcade™], per 3.5 mg).
2. If you bill for Velcade™ administered prior to October 1, 2003, use HCPCS code J3490.
3. If you bill for administration of this medication on October 1, 2003 through December 31, 2003 (and after January 1, 2004) use HCPCS C9207.

Keep in mind, however, that since Medicare systems did not recognize the new code until January 1, 2004, your claims submitted between October 1, 2003 and December 31, 2003 that contain C9207 for Velcade™, were likely to be returned.



Background

For services furnished on or after January 1, 2004, Medicare will make an APC payment for HCPCS code C9207 (injection, bortezomib [Velcade™], per 3.5 mg). Until this date, CMS advises providers on how to bill for the administration of Velcade™.

If you bill for administering Velcade™ prior to October 1, 2003, use HCPCS code J3490 (Unclassified drugs), keeping in mind that the hospital outpatient prospective payment system (OPPS) does not allow separate payments for drugs billed with this code. Rather, charges associated with J3490 are split proportionally among, and added to, all of the other payable Ambulatory Payment Classification (APC) groups on the claim.

The resulting charges are converted to costs and used in determining whether the threshold for outlier payment is met. If the outlier threshold is met, claims will generate an outlier payment in addition to APC payments. Charges for J3490 also figure in the calculation of transitional corridor payments.

If you administered Velcade™ between October 1, 2003 and January 1, 2004, you should use the new HCPCS code C9207, so that you can receive pass-through payment under the OPPS.

Important Dates to Know

This policy became effective on October 1, 2003; therefore, the pass-through payment status for this drug became effective on this date. .

Related Instructions

Should you wish more information about pass-through payments, outlier payments, and transitional corridor payments, please see the actual change request, which may be found at:

http://www.cms.hhs.gov/manuals/pm_trans/R26OTN.pdf.