
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 113

Date: FEBRUARY 27, 2004

CHANGE REQUEST 3145

I. SUMMARY OF CHANGES: The attached Recurring Update Notification describes payment adjustments resulting from enactment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) for certain drugs, biologicals, and radiopharmaceuticals paid under the hospital outpatient prospective payment system (OPPS), and corrects the payment rate for APC 0384. The attached Recurring Update Notification also instructs FIs to adjust certain claims.

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2004

***IMPLEMENTATION DATE: April 5, 2004**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

***Medicare contractors only**

Attachment – Recurring Update Notification

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SUBJECT: Claims Requiring Adjustment As a Result of April 2004 Changes to the Outpatient Prospective Payment System (OPPS)

I. GENERAL INFORMATION

A. Background: This notification describes changes to the hospital Outpatient Prospective Payment System (OPPS). The April 2004 Outpatient Code Editor (OCE) and OPSS PRICER will reflect the Healthcare Common Procedure Coding System (HCPCS) codes, ambulatory payment classification (APC) changes, and payment changes identified in this document. The information provided in this Recurring Update Notification reflects changes resulting from enactment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) on December 8, 2003, and corrects the payment rate for APC 0384. An Interim Final Rule with comment period describing the MMA changes was published in the “**Federal Register**” on January 6, 2004 (69 FR 820). The policy changes below apply only to services furnished in outpatient departments of hospitals paid under the OPSS. The changes required by MMA do not apply to payments to non-OPSS hospitals.

B. Policy:

1. The December 31, 2003 Correction Notice (68 FR 75442) issued to correct errors in the final rule with comment period published in the November 7, 2003, “**Federal Register**” (68 FR 63398) incorrectly stated the relative weight, payment rate, and copayment amounts for APC 0384. The correct relative weight, payment rate, and copayment amounts for APC 0384, effective for services furnished on or after January 1, 2004 are as follows:

Table 1—Payment and Copayment Amounts for APC 384 Effective January 1, 2004

APC	APC Title	Status Indicator	HCPCS Codes	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
0384	GI Procedures with Stents	T	43219, 43256, 43268, 43269, 44370, 44379, 44383, 45345, 44397, 45327, 45387	28.9631	\$1,580.26	\$343.22	\$316.05

The relative weight, payment rate, and copayment amounts listed above apply to **HCPCS codes 43219, 43256, 43268, 43269, 44370, 44379, 44383, 45345, 44397, 45327, and 45387**, all of which map to APC 0384.

Fiscal intermediaries shall adjust payment for claims with dates of service January 1, 2004 through March 31, 2004 that contain the HCPCS codes identified above following installation of the April 2004 release.

2. The payment rates for the following HCPCS codes were stated incorrectly in the Interim Final Rule (CMS-1371-IFC), published in the Federal Register on January 6, 2004 (69 FR 820). Some of the drug codes listed below were misclassified as multiple source instead of sole source drugs. The payment rates for other drug codes on the list below were based on an inaccurate Average Wholesale Price (AWP).

Table 2—Payment Rate Changes Effective January 1, 2004

HCPCS	SI	Description	APC	IFC Payment	Corrected Payment	Corrected Copayment
A9502	K	Technetium TC99M tetrofosmin	0705	\$665.28	\$110.88	\$22.18
A9511	K	Technetium TC 99m depreotide	1095	\$704.00	\$37.87	\$7.57
A9605	K	Samarium sm153 lexictronamm	0702	\$493.89	\$944.84	\$188.97
C1091	K	IN111 oxyquinoline,per 0.5mCi	1091	\$224.52	\$396.00	\$79.20
C9008	K	Baclofen Refill Kit-500 mcg	9008	\$73.92	\$10.82	\$2.16
C9105	K	Hep B imm glob, per 1 ml	9105	\$65.58	\$125.45	\$25.09
J0288	K	Ampho b cholesteryl sulfate	0735	\$20.86	\$15.20	\$3.04
J0289	K	Amphotericin b liposome inj	0736	\$20.86	\$33.16	\$6.63
J1563	K	Immune globulin, 1 g	0905	\$37.95	\$72.60	\$14.52
J1564	K	Immune globulin 10 mg	9021	\$0.41	\$0.79	\$0.16
J1745	K	Infliximab injection	7043	\$31.81	\$60.86	\$12.17
J7190	K	Factor viii	0925	\$0.42	\$0.81	\$0.16
J7192	K	Factor viii recombinant	0927	\$0.61	\$1.17	\$0.23
J7193	K	Factor IX non-recombinant	0931	\$0.51	\$1.04	\$0.21
J7194	K	Factor ix complex	0928	\$0.18	\$0.37	\$0.07
J7198	K	Anti-inhibitor	0929	\$0.69	\$1.32	\$0.26
J7517	K	Mycophenolate mofetil oral	9015	\$1.36	\$2.60	\$0.52
J9395	G	Injection, Fulvestrant	9120	\$78.36	\$156.72	\$26.18
Q0166	K	Granisetron HCl 1 mg oral	0765	\$171.78	\$41.40	\$8.28
Q0180	K	Dolasetron mesylate oral	0763	\$152.38	\$67.09	\$13.42
Q2006	K	Digoxin immune fab (ovine)	7025	\$1.79	\$352.00	\$70.40
Q2022	K	VonWillebrandFactrCmplxperIU	1618	\$0.46	\$0.95	\$0.19
Q3005	K	Technetium tc99m mertiatide	1622	\$1,650.00	\$33.00	\$6.60
Q3007	K	Sodium phosphate p32	1624	\$66.44	\$100.70	\$20.14
Q3011	K	Chromic phosphate p32	1628	\$81.27	\$155.47	\$31.09
Q3025	K	IM inj interferon beta 1-a	9022	\$13.36	\$78.93	\$15.79
A9508	K	Iobenguane sulfate I-131, per 0.5 mCiI	1045	\$165.82	\$1,056.00	\$211.20
Q3012	K	Cyanocobalamin cobalt co57	1089	\$47.38	\$90.64	\$18.13

The corrected payment rates in Table 2 are in effect for services furnished on or after January 1, 2004. Fiscal intermediaries shall adjust the payment for claims that were incorrectly paid for services furnished January 1, 2004 through March 31, 2004.

C. Provider Education: A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters 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 one week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3145.1.1	Following installation of the April 2004 OPSS Pricer software, adjust OPSS Hospital claims that contain the HCPCS codes listed in Table 1, above, with dates of service of January 1, 2004 through March 31, 2004, with a date received prior to the installation of the April release. These adjustments must be completed within sixty (60) days of implementation of the April 2004 release.	FI
3145.2.1	Following installation of the April OPSS Pricer 2004 software, adjust all OPSS Hospital claims that contain the HCPCS codes listed in Table 2, above, with dates of service of January 1, 2004 through March 31, 2004, with a date received prior to the installation of the April release. These adjustments must be completed within sixty (60) days of implementation of the April 2004 release.	FI
	FIs shall educate providers regarding the proper billing by posting language on their Web site as soon as possible but no later than one week from the issuance of this instruction.	FI
	FIs shall publish the information contained in this notification in their next regularly scheduled bulletin or listserv.	FI

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

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

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: January 1, 2004 Implementation Date: April 1, 2004 Pre-Implementation Contact(s): Melissa Dehn at (410) 786-5721 Post-Implementation Contact(s): Melissa Dehn at (410) 786-5721	These instructions shall be implemented within your current operating budget.
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