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# CMS Manual System

## Pub. 100-20 One-Time Notification

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

Transmittal 110

Date: August 27, 2004

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**CHANGE REQUEST 3418**

**I. SUMMARY OF CHANGES:** This one-time notification informs Medicare carriers and intermediaries to update the payment limits for HCPCS drug code J1000 (Depo-estradiol cypionate inj) effective with dates of service January 1, 2004 and on or before December 31, 2004.

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

**\*IMPLEMENTATION DATE: September 27, 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 if manual not updated.)**  
**(R = REVISED, N = NEW, D = DELETED)**

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

**\*III. FUNDING:**

**These instructions shall be implemented within your current operating budget.**

**IV. ATTACHMENTS:**

	<b>Business Requirements</b>
	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
<b>X</b>	<b>One-Time Notification</b>
	<b>Recurring Update Notification</b>

**\*Medicare contractors only**

# Attachment – One-Time Notification

Pub. 100-20	Transmittal: 110	Date: August 27, 2004	Change Request 3418
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**SUBJECT: MMA Drug Pricing Update—Payment Limits for J1000 (Depo-estradiol cypionate inj)**

## I. GENERAL INFORMATION

**A. Background:** This instruction informs Medicare carriers and intermediaries to replace the MMA payment limits for J1000 (Depo-estradiol cypionate inj) with the new rates listed in this transmittal for dates of service on or after January 1, 2004, and on or before December 31, 2004.

**B. Policy:** From January 1, 2004 through December 31, 2004, the Medicare payment limits for the specific HCPCS drug codes listed below apply when the drugs are not paid on a cost or prospective payment basis. The payment limits listed in the table for J1000 supercedes the payment limits published in CR 3105 (Transmittal 75) dated January 30, 2004. Note that the absence or presence of a HCPCS code and its associated payment limit does not indicate Medicare coverage of the drug.

	HCPCS	AWP %	2004 Payment Limit
Other than ESRD Drugs Separately Billed by Independent ESRD Facilities	J1000	85	\$ 2.33
ESRD Drugs Separately Billed by Independent ESRD Facilities	J1000	95	\$ 2.60

**C. Provider Education:** A Medlearn Matters provider education article related to this instruction will be available at [www.cms.hhs.gov/medlearn/matters](http://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, as identified in the responsibility chart, 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. 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.

## II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CBF	
3418.1	Carriers and FIs shall use the specific payment limits for HCPCS drug code J1000 in the table under section B of this instruction. The payment limits in this instruction apply to claims with dates of service on or after January 1, 2004 and on or before December 31, 2004.	X		X						
3418.2	Carriers and FIs shall not search and adjust claims that have already been processed unless brought to their attention.	X		X						

## III. SUPPORTING INFORMATION AND 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

<p><b>Effective Date*:</b> January 1, 2004</p> <p><b>Implementation Date:</b> September 27, 2004</p> <p><b>Pre-Implementation Contact(s):</b> Marjorie Baldo (<a href="mailto:marjorie.baldo@cms.hhs.gov">marjorie.baldo@cms.hhs.gov</a>) at 410-786-4617</p> <p><b>Post-Implementation Contact(s):</b> Appropriate regional office</p>	<p><b>Medicare contractors shall implement these instructions within their current operating budgets.</b></p>
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**\*Unless otherwise specified, the effective date is the date of service.**