CMS Manual System

Pub. 100-20 One-Time Notification

Transmittal 90 Date: JUNE 25, 2004

CHANGE REQUEST 3312

Department of Health &

Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

I. SUMMARY OF CHANGES: This one-time notification informs Medicare carriers and intermediaries to update the payment limits for HCPCS drug codes J7308 (Levulan Kerastick) and J9395 (Faslodex) for dates of service on or after January 1, 2004 and on or before December 31, 2004.

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2004. *IMPLEMENTATION DATE: July 25, 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) – (Only One Per Row.)

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

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

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

^{*}Medicare contractors only

Attachment - One-Time Notification

Pub. 100-20 Transmittal: 90 Date: June 25, 2004 Change Request 3312

SUBJECT: MMA Drug Pricing Update—Payment Limits for J7308 (Levulan Kerastick) and J9395 (Faslodex)

I. GENERAL INFORMATION

A. Background:

This instruction informs Medicare carriers and intermediaries to replace the MMA payment limits for J7308 and J9395 with the new rates listed in this transmittal for dates of service on or after January 1, 2004.

B. Policy:

From January 1, 2004 through December 31, 2004, the Medicare payment limits for the specific HCPCS drug codes listed below that are not paid on a cost or prospective payment basis apply. The payment limits listed in the table supercede the payment limits published in CR 3105 (Transmittal 75) dated January 30, 2004, only for these particular HCPCS drug codes for this time period. Note that the absence or presence of a HCPCS code and its associated payment limit does not indicate Medicare coverage of the drug.

HCPCS	Short Description	AWP	2004 Payment Limit for Drugs
		%	(other than ESRD drugs separately
			billed by independent ESRD
			Facilities and drugs infused through
			DME)
J7308	Aminolevulinic acid hcl top	85	\$ 111.47
J9395	Injection, Fulvestrant	85	\$ 81.57

C. Provider Education: A provider education article related to this instruction will be available at 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 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

[&]quot;Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3312.1	Contractors shall use the specific payment	Contractors
	limits for HCPCS drug codes J7308 and J9395	
	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.	
3312.2	Contractors shall not search and adjust claims	Contractors
	that have already been processed unless brought	
	to their attention.	

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/AF. Testing Considerations:

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: January 1, 2004 Implementation Date: July 25, 2004	These instructions shall be implemented within your current operating budget.
Pre-Implementation Contact(s): Marjorie Baldo (marjorie.baldo@cms.hhs.gov) at 410-786-4617	
Post-Implementation Contact(s): Appropriate Regional Office	