Medicare
Intermediary Manual
Part 3 - Claims Process

Department of Health and Human Services (DHHS)
HEALTH CARE FINANCING ADMINISTRATION (HCFA)

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HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
Table of Contents - Chapter VII	6-5 - 6-6 (2 pp.)	6-5 - 6-6 (2 pp.)
3660.16	6-344.6E (1 p.)	6-344.6E (1 p.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE:* March 1, 1997
***IMPLEMENTATION DATE:* April 1, 2001**

Section 3660.15, Oral Anti-Nausea Drugs as Full Therapeutic Replacements for Intravenous Dosage Forms As Part of a Cancer Chemotherapeutic Regimen, updates this section to reflect the revenue code Home Health Agencies (HHAs) are to report when billing for chemotherapy drugs, when necessary for the effective use of durable medical eqiupment (DME) as defined in ' 3629.F.9. HHAs report the drug HCPCS code under revenue code 294, however, the Common Working File (CWF) edit was not updated to accept this revenue code in this situation. As a result, CWF will change its editing to allow these drug HCPCS codes to be reported under revenue code 294 for HHAs.

If you receive claims from HHAs containing chemotherapy HCPCS codes reported under 294, suspend and hold them in your internal system. You may release them for payment April 1, 2001 after the necessary systems modifications have been made. At that time, you must pay any applicable interest. Interest is payable on "clean" claims not paid timely in accordance with the claims processing timeliness guidelines in §36600.1.

Do not search for previously adjudicated claims. However, reopen and reprocess claims brought to your attention.

These instructions should be implemented within your current operating budget.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

CHAPTER VII
BILL REVIEW

Physician Services

Section

Cost Reimbursement Providers

Q0176 PERPHENAZINE, 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hours dosage regimen.

Q0177 HYDROXYZINE PAMOATE, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen.

Q0178 HYDROXYZINE PAMOATE, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen.

Q0179 ONDANSETRON HYDROCHLORIDE, 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen.

Q0180 DOLASETRON MESYLATE, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen.

Q0181 UNSPECIFIED ORAL DOSAGE FORM, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for a IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen.

NOTE: The 24 hour maximum drug supply limitation on dispensing, for HCPCS codes Q0166 and Q0180, has been established to bring the Medicare benefit as it applies to these two therapeutic entities in conformity with the AIndications and Usage@ section of currently Food and Drug Administration approved product labeling for each affected drug product.

In addition, when billing for chemotherapy drugs (which includes oral cancer and IV chemotherapy drugs), providers must report the HCPCS code of the chemotherapy drug in FL 44 under revenue code 636 in FL 42, except for HHAs (bill types 32X, 33X, and 34X). HHAs coverage of these drugs is under the DME benefit, when necessary, for the effective use of DME as defined in '3629.F.9. HHAs report the drug HCPCS code under revenue code 294.

NOTE: When billing for an oral anti-emetic drug(s) and the provider is utilizing the hard copy UB-92 (Form HCFA-1450), the provider must report the name of the oral anti-emetic drug(s) in FL 43 ADescription@ on the appropriate revenue lines.

B. Line Item Dates of Service Reporting.--When billing for an oral anti-emetic drug(s) used as full replacement for intravenous forms, providers are required to report line item dates of service for the oral anti-emetic(s). Line item dates of service are reported in FL 45 AService Date@ (MMDDYYYY). (See example below.)

C. Service Unit Reporting.--Providers are required to report the number of units of the oral anti-emetic drug(s) in FL 46 AService Units@ for each drug reported. Each HCPCS code descriptor is equal to one service unit.

Providers complete the remaining items in accordance with regular billing instructions.

3660.16 Mammography Quality Standards Act (MQSA).--The MQSA requires the Secretary to ensure that all facilities that provide mammography services meet national quality standards.

The next page is 6-344.6G.