Medicare
Carriers Manual
Part 3 - Claims Process

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

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CHANGE REQUEST 1121

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
4460.1 - 4460.2 (Cont.)	4-291 - 4-294 (4 pp.)	4-291 - 4-294 (4 pp.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE: October 1, 2000*
IMPLEMENTATION DATE: October 1, 2000

Section 4460, Payment for Oral Anti-Emetic Drugs When Used as Full Replacement for Intravenous Anti-Emetic Drugs as Part of a Cancer Chemotherapeutic Regimen, is revised to mandate that under all circumstances all oral anti-cancer drugs and all oral anti-emetic drugs must be submitted to DMERCs for payment. Carriers will no longer accept these claims for payment. (This instruction refers only to carrier claims processing and does not affect claims submitted by institutional providers who will continue to bill their Fiscal Intermediary for these drugs.)

Section 4460.2, Claims Processing Jurisdiction, is revised to mandate that under all circumstances all oral anti-cancer drugs and all oral anti-emetic drugs must be submitted to DMERCs for payment. Carriers will no longer accept these claims for payment. (This instruction refers only to carrier claims processing and does not affect claims submitted by institutional providers who will continue to bill their Fiscal Intermediary for these drugs.)

Carriers must notify providers of this change in their next regularly scheduled bulletin. Emphasis should be placed on the necessity of providers to obtain supplier numbers in order to bill the DMERCs.

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.

4460. PAYMENT FOR ORAL ANTI-EMETIC DRUGS WHEN USED AS FULL REPLACEMENT FOR INTRAVENOUS ANTI-EMETIC DRUGS AS PART OF A CANCER CHEMOTHERAPEUTIC REGIMEN

Effective for dates of service on or after January 1, 1998, pay for oral anti-emetic drugs when used as full therapeutic replacement for intravenous dosage forms as part of a cancer chemotherapeutic regimen when the drug(s) is administered or prescribed by a physician for use immediately before, at, or within 48 hours after the time of administration of the chemotherapeutic agent.

The allowable period of covered therapy includes day one, the date of service of the chemotherapy drug (beginning of the time of treatment), plus a period not to exceed two additional calendar days, or a maximum period up to 48 hours. The oral anti-emetic drug(s) should be prescribed only on a per chemotherapy treatment basis. For example, only enough of the oral anti-emetic(s) for one 24 or 48 hour dosage regimen (depending upon the drug) should be prescribed/supplied for each incidence of chemotherapy treatment at a time. These drugs may be supplied by the physician in the office or through a supplier (e.g., a pharmacy).

In order for the oral anti-emetic drugs to be covered by Medicare, the physician must indicate on the prescription that the beneficiary is receiving the oral anti-emetic drug(s) as full therapeutic replacement for an intravenous anti-emetic drug as part of a cancer chemotherapeutic regimen. This will indicate to the supplier of the drug(s) that the claim should be submitted using one of the Q codes in §4460.1. Common Working File edits these claims to assure that the beneficiary is receiving the oral anti-emetic(s) as part of a cancer chemotherapeutic regimen by requiring a diagnosis of cancer. (See §2049.5D.)

For these drugs furnished by a physician/supplier, pay 95 percent of the median average wholesale price (AWP). Deductible and coinsurance apply.

4460.1 HCPCS Codes.--The physician/supplier bills for these drugs on Form HCFA-1500 or its electronic equivalent. The following HCPCS codes are assigned:

Q0163 DIPHENHYDRAMINE HYDROCHLORIDE 50mg, oral , FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen.

Q0164 PROCHLORPERAZINE MALEATE 5mg, 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.

Q0165 PROCHLORPERAZINE MALEATE 10mg, 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.

Q0166 GRANISETRON HYDROCHLORIDE 1mg, 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.

Q0167 DRONABINOL 2.5mg, 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.

Q0168 DRONABINOL 5mg, 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.

Q0169 PROMETHAZINE HYDROCHLORIDE 12.5mg, 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.

Q0170 PROMETHAZINE HYDROCHLORIDE 25mg, 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.

Q0171 CHLORPROMAZINE HYDROCHLORIDE 10mg, 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.

Q0172 CHLORPROMAZINE HYDROCHLORIDE 25mg, 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.

Q0173 TRIMETHOBENZAMIDE HYDROCHLORIDE 250mg, 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.

Q0174 THIETHYLPERAZINE MALEATE 10mg, 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.

Q0175 PERPHENAZINE 4mg, 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.

Q0176 PERPHENAZINE 8mg, 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 25mg, 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 50mg, 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 8mg, 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 100mg, 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 an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen.

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 "Indications and Usage" section of currently FDA approved product labeling for each affected drug product.

4460.2 Claims Processing Jurisdiction.--Refer to the following chart to determine claims processing jurisdiction.

COMBINATION	**UNDER OBRA '93**	**UNDER BBA'97**
Oral chemotherapy drug with oral anti-emetic drug	DMERC processes both chemotherapy drug (J code) [1] and the anti-emetic drug (K0415 code) [2].	DMERC maintains responsibility for J w/ K0415 drug code combinations [1] & [2]. DMERC processes J oral chemotherapy drug and Q oral anti-emetic drug(s) [3] when provided in the physician's office (administrative decision). DMERC processes J oral chemotherapy drug and/or Q code oral anti-emetic drug(s) when supplied by a pharmacy.
Oral chemotherapy drug with rectal anti-emetic drug	DMERC processes both the chemotherapy drug (J code) [1] and the anti-emetic drug (K0416 code) [2].	**No change**. DMERC maintains responsibility [1] & [2] (administrative decision).
Oral chemotherapy drug with intravenous anti-emetic drug	DMERC processes the oral chemotherapy drug (J code) [1] and the local carrier processes the intravenous anti-emetic drug (J code) [4].	**No change**. DMERC maintains responsibility for the J oral chemotherapy drug [1] and the local carrier processes the intravenous anti-emetic J code drug(s) [4] (administrative decision).
Intravenous chemotherapy drug with oral anti-emetic drug	Local carrier processes intravenous chemotherapy drug (J code) [4] and self-administered oral anti-emetic drug is noncovered.	Local carrier processes the intravenous J code chemotherapy drug [4]. The oral anti-emetic Q code drug(s) [3] is processed by the DMERC when provided in the physician's office or when provided by a supplier.
Intravenous chemotherapy drug with intravenous anti-emetic drug	Local carrier processes both intravenous chemotherapy drug (J code) [4] and intravenous anti-emetic drug (J code) [4].	**No change**. Local carrier processes both intravenous chemotherapy J code drug [4] and intravenous anti-emetic J code drug(s) [4].

Key: 1 = OBRA '93 Legislation (Coverage for Oral Anti-Cancer Drugs)
2 = Transmittal No. 1528 (November 1995) (Adds oral/rectal anti-emetic)
3 = BBA '97 Legislation (full replacement anti-emetic therapy)
4 = "Incident to" a physician service