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National Government Services

Hospice Billing Scenarios

Prescription Drug and Infusion Pump Reporting

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Today's Presenter

Emily Fox-Squairs

- Provider Outreach and Education
- Syracuse, NY

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Objectives

To have an understanding of the hospice prescription drug and infusion pump billing requirements set forth by CMS by using HCPCS coding examples.

Agenda

Hospice billing background

- Drug and infusion pump reporting

Examples

Resources

Question/Answer Forum

Hospice Claims

TOB: 81X/82X

- Third digit (X):
  - 1-Admit through discharge (final claim)
  - 2-Interim–first claim
  - 3-Interim–continuing claim
  - 4-Interim–last claim (final claim)

Initial claim can be submitted only after the NOE has processed

Hospice Claims

Must be submitted and processed in date order

- After the first claim processes, the subsequent claim can then be submitted
  - Claims will RTP if submitted out of order

Must be submitted monthly (i.e., dates of service cannot cross months)

Step-by-step guidance is provided in the Hospice Claim Submission Job Aid

Reporting Injectable Prescription Drugs

For Injectable drugs:

- Report on a line-item basis per fill, using revenue code 0636 and the appropriate HCPCS code, with units representing the amount filled
  - (i.e., if Q1234 Drug is 100mg and the fill was for 200 mg, units reported = 2)
  - The HCPCS codes are listed in the Table of Drugs at www.cms.gov
    - Medicare > HCPCS Release & Code Sets > Alpha-Numeric HCPCS Items > Details for Year

Reporting Noninjectable Prescription Drugs

For noninjectable prescriptions:

- Report on a line-item basis per fill
  - Revenue code 0250 and the National Drug Code (NDC)
    - Units on revenue code 0250 line should equal “1”
      - » Providers may choose to report a different unit amount if doing so assists them internally
        - Actual quantity of drug is reported in the NDC field
    - Charges also required with the revenue code 0250

Reporting Noninjectable Prescription Drugs

NDCs vary by manufacturer

- Available on the prescription received from the pharmacy
- NDCs are also listed in the National Drug Code Directory at www.FDA.gov
  - Home > Drugs > Drug Approvals and Databases > National Drug Code Directory

Reporting NDCs

NDC Breakdown:

- NDC identifies the vendor (manufacturer), product and package size of all drugs and biologics recognized by the FDA
  - First segment identifies the labeler (manufacturer, repackager, or distributer)
  - Second segment is the product code, which identifies the specific strength, dosage form, and formulation of a drug for a specific manufacturer
  - Third segment is the package code, which identifies package sizes and types

Reporting NDCs

Reporting NDCs on claims

- In addition to the actual NDC, you will also have to report the qualifier (electronic claims only), the quantity dispensed, and the unit qualifier (unit of measure)
  - Container label displays appropriate unit of measure for drug
    - Unit of measure is by weight (grams: GR), volume (milliliter: ML) (milligram: ME) or count (unit: UN)

Reporting NDCs

Examples of proper unit measures include:

- For drugs that come in a vial in powder form that needs to be reconstituted before administration, bill each vial (UN).
- For drugs that comes in a vial in liquid form, bill in milliliters (ML).
- For topical forms of medicine (e.g., cream, ointment, bulk powder in a jar), bill in grams (GR or ME).

Reporting Noninjectable Prescription Drugs

5010 Electronic Claim

- Report NDC in loop 2410 (drug identification)
- Within the loop, the following data elements are required:
  - LIN02 - Qualifier (which would equal N4)
  - LIN03 - National Drug Code

Reporting Noninjectable Prescription Drugs

Breakdown for 5010 electronic claims

- Qualifier + NDC Code + UOM + Quantity
  - Example: N4 + 12345678901 + ML + 5

Qualifier: Electronic Claims Only	N4 (always report N4)
National Drug Code (NDC)	NDC format (5-4-2)
Drug Unit of Measure (UOM)	Valid unit of measures are: F2 (international unit) GR (gram) ME (milligram) ML (milliliter) UN (unit)
Drug unit quantity	Dispensing quantity

Reporting Noninjectable Prescription Drugs

FISS/DDE

- Report NDC in the first right view of claim page 02
  - Press the <F11>/ <PF11> key to view the right side of CLAIM PAGE 02.
    - You will have to keep track of the claim line number when entering the NDCs

Reporting Noninjectable Prescription Drugs

FISS/DDE

```
MAP171E   PAGE 02       NATIONAL GOVERNMENT SERVICES, INC.
XXX1111   SC                  INST CLAIM ENTRY
                                                  NDC CD PAGE 01
 HIC XXXXXXXXXA     TOB 8X2  S/LOC S B0100  PROVIDER XXXXXX

            CL    NDC FIELD        NDC QUANTITY     QUALIFIER
            1    12345678901            1.000           GR
 LLR NPI              L                  F             M     SC
            2
 LLR NPI              L                  F             M     SC
            3
 LLR NPI              L                  F             M     SC
            4
 LLR NPI              L                  F             M     SC
            5
 LLR NPI              L                  F             M     SC
            6
 LLR NPI              L                  F             M     SC
            7
 LLR NPI              L                  F             M     SC
```

Reporting Noninjectable Prescription Drugs

Breakdown for FISS/DDE claims

- NDC Code + Quantity + UOM
  - Example: 12345678901 + 1.000 + GR

National Drug Code (NDC)	NDC format (5-4-2)
Drug unit quantity	Dispensing quantity
Drug Unit of Measure (UOM)	Valid unit of measures are: F2 (international unit) GR (gram) ME (milligram) ML (milliliter) UN (unit)

Individual Fills

When a facility uses a system (such as Pyxis) where each administration of a hospice medication is considered a fill for hospice patients receiving care, report a monthly total for each drug (i.e., report a total for the period covered by the claim), along with the total dispensed

Reporting Comfort Kits/Packs

Report each prescription drug within the package on a separate line item

Reporting Compounded Medications

Report each prescription drug that is part of the compound on a separate line item

- For electronic claims ONLY, also specify the same prescription number for each ingredient of a compound drug according to the 837i guidelines in loop 2410
  - If there is no prescription number, a “link sequence number” should be reported, which is a provider assigned number that is unique for the claim

OTC Drugs

Over-the-counter drugs are not reported

- OTC drugs do not require a doctor's prescription and can be bought off-the-shelf in stores
  - Includes OTC drugs ordered by a physician

Reporting Infusion Pumps

Report infusion pumps on a line-item basis for each pump order and for each medication refill

- Report on the claim on a line-item basis per pump order and per medication refill, using revenue code 029X for the equipment and 0294 for the drugs along with the appropriate HCPCS.

DME other than infusion pumps are not to be reported at this time

- Do not report supplies, only report the actual infusion pump

Reporting Infusion Pumps

Revised CR clarification on pumps:

- “The hospice claim shall reflect the total charge for the infusion pump for the period covered by the claim, whether the hospice is billed for it daily, weekly, biweekly, with each medication refill, or in some other fashion.
- The hospice shall include on the claim the infusion pump charges on whatever basis is easiest for its billing systems so long as, in total, the claim reflects the charges for the pump for the time period of that claim".

Reporting of Drugs/Pumps in Contracted Facilities

Since the hospice is still responsible for its patients receiving GIP in a contracted facility, it should know what medications were provided and if an infusion pump was used

- Hospices may have to coordinate with the contracted facilities, who may have to modify their billing to the hospice to assist the hospice in meeting this new requirement

Drug/Pump Reporting Examples

Drug Reporting Table

Medication Form (method of administration)	Revenue Code	HCPCS/ NDC	Revenue Code Units
Non-injectable (solution, liquid, suspension)	0250	NDC	1*
Non-injectable (Cream, Ointment or Lotion)	0250	NDC	1*
Non-injectable (powder packet)	0250	NDC	1*
Non-injectable (powder – requires reconstitution)	0250	NDC	1*
Non-injectable (tablet, capsule)	0250	NDC	1*
Non-injectable (suppository)	0250	NDC	1*
Non-injectable (Transdermal Patches)	0250	NDC	1*
Injectable	0636	HCPCS	Amount filled based on HCPCS definition
Infusion pump drug	0294	HCPCS	Amount filled based on HCPCS definition

* The 0250 revenue code line only requires a valid value (i.e., whole number) because the actual units (quantity) are reported in the NDC field. Providers can report a unit of “1” or any other value that may assist them internally.

Non-Injectable Drug NDC Reporting

Non-injectable (solution, liquid, suspension)

- NDC quantity: Quantity of solution, liquid, or suspension

Example	NDC Unit of Measure	NDC Quantity
3 ml bottle of Albuterol 0.083% inhalation solution	ML	3
0.5 ml of Morphine Sulfate 20 mg/ml oral solution	ML	0.5

Non-Injectable Drug NDC Reporting

Non-injectable (cream, ointment, lotion)

- NDC quantity: Quantity of cream, ointment, or lotion

Example	NDC Unit of Measure	NDC Quantity
5 gm tube of cream	GR	5
60 ml bottle of 1% lotion	ME	60

Non-Injectable Drug NDC Reporting

Non-injectable (powder packet)- administered in powder form

- NDC quantity: Number of vials/bottles

Example	NDC Unit of Measure	NDC Quantity
One bottle of Zmax 2gm oral suspension	UN	1

Non-Injectable Drug NDC Reporting

Non-injectable (powder packet)- requires reconstitution

- NDC quantity: Quantity of powder

Example	NDC Unit of Measure	NDC Quantity
150 ml bottle of Amoxicillin (powder for reconstitution) 250mg/ml	ML	150

Non-Injectable Drug NDC Reporting

Non-injectable (tablet, capsule)

- NDC quantity: Number of tablets, capsules per fill

Example	NDC Unit of Measure	NDC Quantity
Two Cephalexin 500mg oral capsules	UN	2
One Lorazepam 0.5mg oral tablet	UN	1

Non-Injectable Drug NDC Reporting

Non-injectable (suppository)

- NDC quantity: Number of suppositories per fill

Example	NDC Unit of Measure	NDC Quantity
One 25 mg suppository	UN	1

Non-Injectable Drug NDC Reporting

Non-injectable (Transdermal Patches)

- NDC quantity: Number of patches

Example	NDC Unit of Measure	NDC Quantity
One Duragesic 50mcg/hr patch	UN	1

Injectable Drug Reporting

Injectable drugs must be reported with revenue code 0636

- Unit quantity: Amount filled based on HCPCS definition (ex. HCPCS=100 mg, fill=200 mg, units reported as 2)

Injectable Drug Examples			
HCPCS	**HCPCS Definition**	**Amount Filled**	**HCPCS Units**
J0170	Injection, adrenalin, epinephrine, up to 1 ml	1 ml	1
J1260	Injection, dolasetron mesylate, 10 mg	20 mg	2

Infusion Pump Reporting

Infusion pumps must be reported with revenue code 029X

Infusion Pump Example		
HCPCS	**HCPCS Definition**	**HCPCS Units**
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	1

Infusion Pump Drug Reporting

Infusion pump drugs must be reported with revenue code 0294

- Unit quantity: Amount filled based on HCPCS definition (ex. HCPCS=100 mg, fill=200 mg, units reported as 2)

Infusion Pump Drug Example			
HCPCS	**HCPCS Definition**	**Amount Filled**	**HCPCS Units**
J2270	Injection, morphine sulfate, up to 10 mg	45 mg	5

RESOURCES

CMS Resources

CMS Web site, Hospice Center

- http://www.cms.gov/center/hospice.asp

CMS Transmittals

- http://www.cms.gov/Transmittals/

CMS Internet-Only Manuals

- http://www.cms.gov/manuals
  - Publication 100-02, Medicare Benefit Policy Manual, Chapter 9
  - Publication 100-04, Medicare Claims Processing Manual, Chapter 11

National Government Services Resources

http://www.NGSMedicare.com

- HHH portal
  - Provider Resources > Acronym Search
  - Education > Job Aids & Manuals
    - Hospice Job Aids
  - Claims & Appeals > Top Claim Errors
  - Claims & Appeals > Claims: Medicare Secondary Payer
  - Education > Webinars, Teleconferences & Events
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CERT A/B MAC Outreach & Education Task Force

- A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program
- Shared goal of reducing the national improper payment rate as measured by the CERT program
- Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions

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The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

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- First Coast Service Options, Inc./J9
- National Government Services, Inc./J6 and JK
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- Novitas Solutions, Inc./JH and JL
- Palmetto GBA/J11
- Wisconsin Physicians Service Insurance Corporation/J5 and J8

CERT A/B MAC Outreach & Education Task Force

The CERT Task Force educates on common billing errors and contributes educational Fast Facts to the CMS website

- CMS MLN Provider Compliance Fast Facts web page
  - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ ProviderCompliance.html
- In addition, the CERT Task Force section on the NGSMedicare.com website provides a link to the CMS MLN Provider Compliance Fast Facts

CERT A/B MAC Outreach & Education Task Force

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Task Force Scenario's

- Insufficient documentation
- Documenting therapy and rehabilitation services

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CMS works closely with the CERT A/B MAC Task Force and the CERT DME MAC Outreach & Education Task Force

- CMS has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force
  - http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-Outreach-and-Education-Task-Force.html

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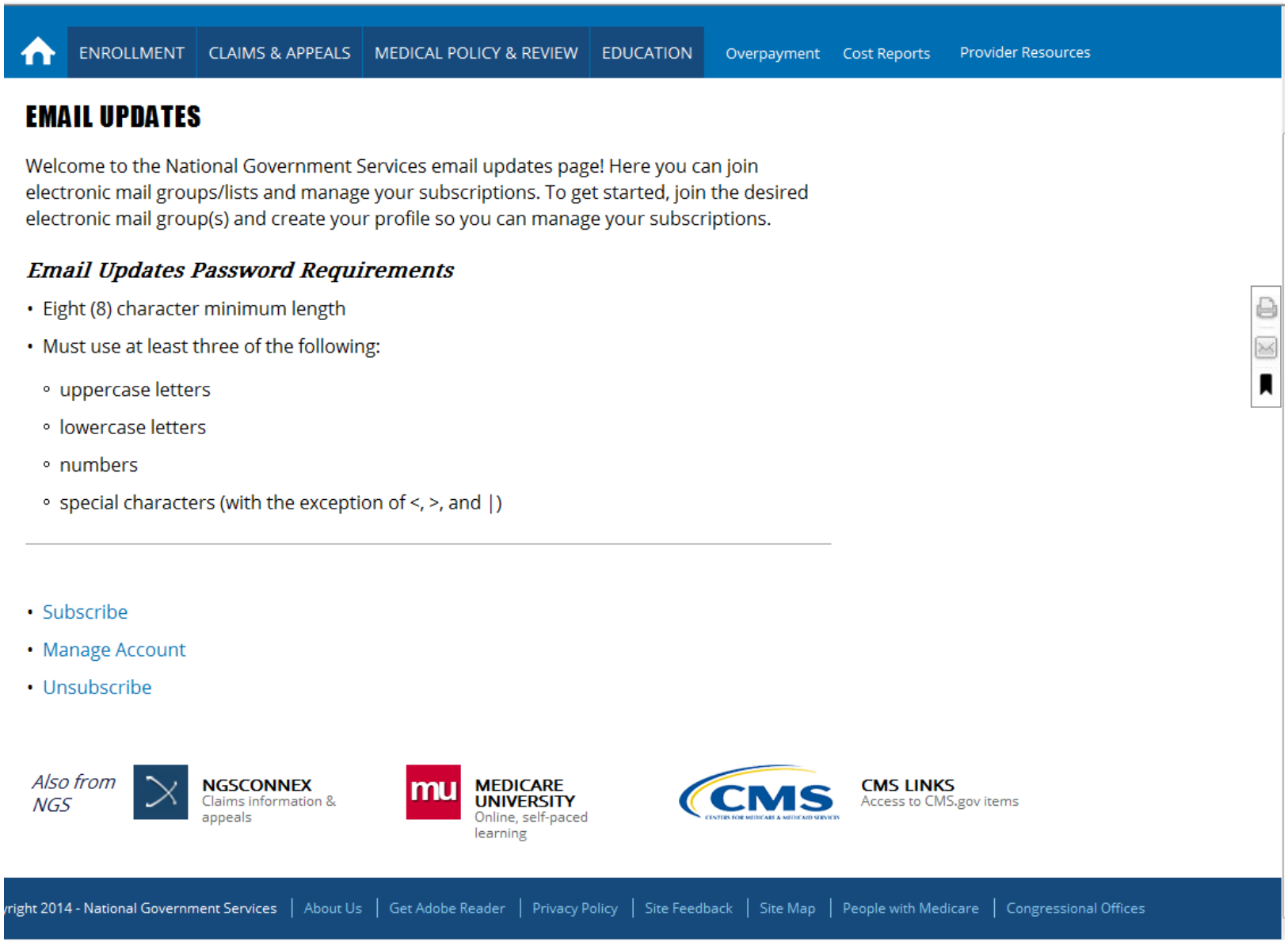

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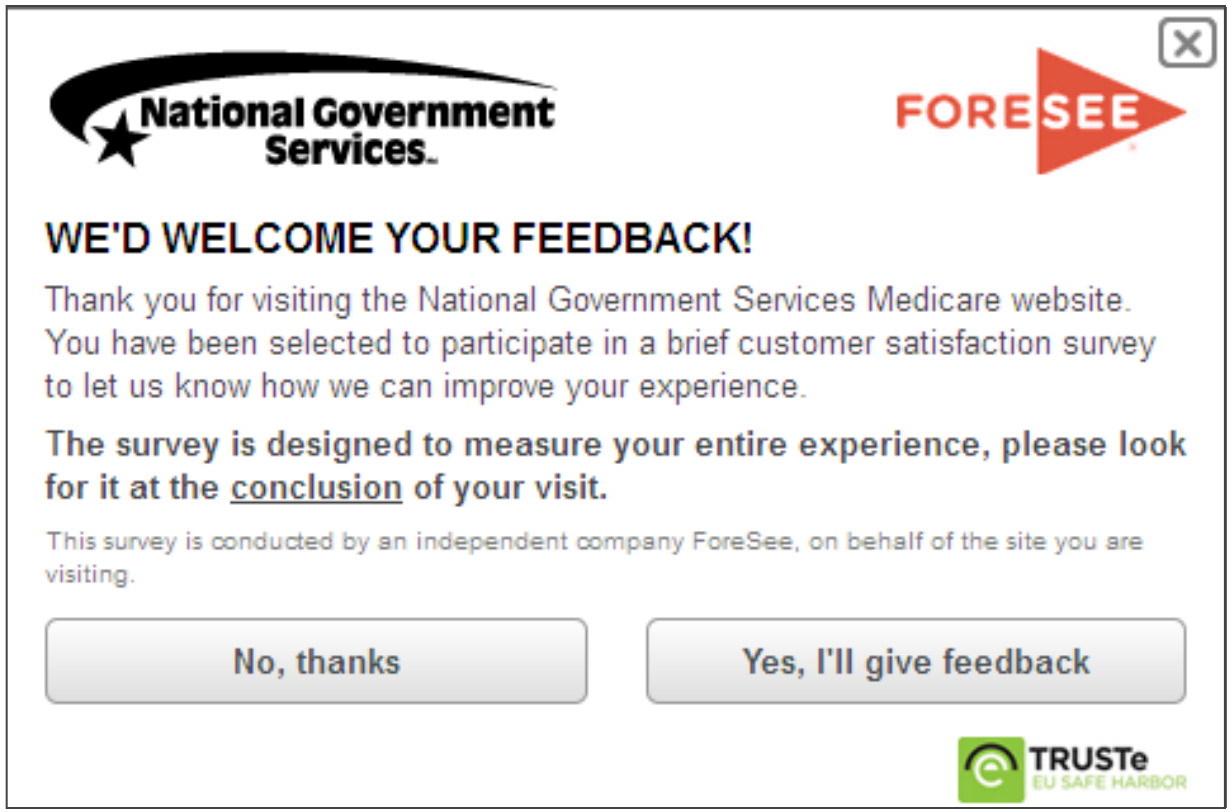

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Website

- http://www.MedicareUniversity.com

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- Topic = **Hospice Billing Scenarios: Drug and Infusion Pump Reporting**
- Medicare University Credits (MUCs) = **1**
- Catalog Number = To be provided
- Course Code = To be provided
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