



News Flash – The revised Rehabilitation Therapy Information Resource for Medicare Fact Sheet (April 2010) is now available in downloadable format from the Centers for Medicare & Medicaid Services' Medicare Learning Network at http://www.cms.gov/MLNProducts/downloads/Rehab_Therapy_Fact_Sheet.pdf on the CMS website. This fact sheet provides guidance and resources related to rehabilitation therapy services, coverage requirements, and payment systems.

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Related Change Request (CR) #: 6950

Related CR Release Date: April 30, 2010

Effective Date: July 30, 2010

Related CR Transmittal #: R123BP

Implementation Date: July 30, 2010

Medicare Benefits Policy Manual Update – Determining Self-Administration of Drug or Biological

Provider Types Affected

Physicians, non-physician practitioners and hospitals submitting claims to Medicare contractors (fiscal intermediaries (FIs), carriers, and A/B Medicare Administrative Contractors (MAC)) for services provided to Medicare beneficiaries are affected.

Provider Action Needed

This article is based on Change Request (CR) 6950, which furnishes Medicare contractors with updates to the Medicare Benefit Policy Manual relating to determining self-administration of drug or biological. This update allows for other routes of administration besides injections to be considered as not usually self-administered. Be sure your billing staff is aware of this manual change.

Background

The Medicare program covers drugs that are furnished “incident to” a physician’s service provided that the drugs are not usually self-administered by the patients who take them. FIs, carriers and MACs are instructed to follow the Benefits Policy Manual when applying the exclusion for drugs that are usually self-administered by

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the patient. The term “administered” is discussed in the Benefits Policy Manual. Due to recent drugs approved for marketing by the Food and Drug Administration, Chapter 15, Section 50.2, of this manual is being updated to allow for other routes of administration besides injections to be considered as not-usually self-administered.

The term “administered” refers only to the physical process by which the drug enters the patient’s body. It does not refer to whether the process is supervised by a medical professional (for example, to observe proper technique or side-effects of the drug). Injectable drugs, including intravenously administered drugs, are typically eligible for inclusion under the “incident to” benefit. With limited exceptions, other routes of administration (including, but not limited to, oral drugs, suppositories, and topical medications) are considered to be usually self-administered by the patient.

Additional Information

If you have questions, please contact your Medicare carrier and/or MAC at their toll-free number which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the Centers for Medicare & Medicaid services (CMS) website.

The official instruction issued to your Medicare FI, carrier, and/or MAC regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R123BP.pdf> on the CMS website.

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