**CMS Manual** 

System

Department of Health & Human Services

**Pub 100-04 Medicare Claims Processing** 

Centers for Medicare & Medicaid Services

Transmittal 684 Date

Date: SEPTEMBER 23, 2005

**Change Request 4001** 

SUBJECT: Correction to Chapter 17, Section 80.2.3, MSN/ANSI X12 Denial Messages for Anti-Emetic Drugs

**I. SUMMARY OF CHANGES:** Chapter 17, Section 80.2.3 is being revised to correct denial messages for anti-emetic drugs.

**NEW/REVISED MATERIAL** 

**EFFECTIVE DATE: December 23, 2005** 

**IMPLEMENTATION DATE: December 23, 2005** 

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. 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 is not updated)

R = REVISED, N = NEW, D = DELETED - Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
R	17/80.2.3/MSN/ANSI X12N Denial Messages for Anti-Emetic Drugs

#### III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

#### **IV. ATTACHMENTS:**

Business Requirements Manual Instruction \*Unless otherwise specified, the effective date is the date of service.

# **Attachment - Business Requirements**

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SUBJECT: Correction to Chapter 17, Section 80.2.3, MSN/ANSI X12N Denial Messages for Anti-Emetic Drugs

#### I. GENERAL INFORMATION

- **A. Background:** Chapter 17, Section 80.2.3 of the Medicare Claims Processing Manual (Pub. 100-4) contains an error. The text cites 6.3 as a valid MSN denial message for anti-emetic drugs when it is not. This Transmittal corrects this error.
- **B. Policy:** For anti-emetic drug denials, use MSN message 6.2 or 6.4, as applicable. Do not use MSN message 6.3.

# II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

<sup>&</sup>quot;Should" denotes an optional requirement

Requirement Number	Requirements		-			ty (" t app		indi	icate	es the
Number		FI	R H H I	C a r r i e	D M E R C	Sha Mai	<u> </u>		С	Other
4001.1	Contractors shall not use the following MSN message when an anti-emetic drug is denied.  6.3 – Payment cannot be made for oral drugs that do not have the same active ingredients as they would have if given by injection.			X	X					
4001.2	Contractors shall use MSN message 6.2 or 6.4, as applicable, for anti-emetic drug denials.			X	X					

# III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)						
		F I	R H H I	C a r r i e r	D M E R C	intair M C S	C W F	Other
4001.3	A provider education article related to this instruction will be available at <a href="https://www.cms.hhs.gov/medlearn/matters">www.cms.hhs.gov/medlearn/matters</a> 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 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.							

### IV. SUPPORTING INFORMATION AND 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/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date\*: December 23, 2005

**Implementation Date:** December 23, 2005 **Pre-Implementation Contact(s):** Tracey Hemphill,

<u>Tracey.Hemphill@cms.hhs.gov</u> or Angela Mason,

Angela.Mason@cms.hhs.gov

**Post-Implementation Contact(s):** Appropriate

Regional Office

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

<sup>\*</sup>Unless otherwise specified, the effective date is the date of service.

# Medicare Claims Processing Manual

Chapter 17 - Drugs and Biologicals

### 80.2.3 - MSN /ANSI X12N Denial Messages for Anti-Emetic Drugs

(Rev. 684, Issued: 09-23-05; Effective and Implementation Dates: 12-23-05)

If the claim for an anti-emetic drug is denied because FDA did not approve it *or because* the drug is not being used as part of an anticancer chemotherapeutic regimen, the contractor uses one of the following appropriate messages on the MSN:

- 6.2 Drugs not specifically classified as effective by the Food and Drug Administration are not covered. (ANSI X12 Adjustment Code 114)
- 6.4 Medicare does not pay for an oral anti-emetic drug that is not administered for use immediately before, at, or within 48 hours after administration of a Medicare covered chemotherapy drug. (ANSI X12 Group Code PR 96 with Remark Code M100)