



Provider Inquiry Assistance

Related MLN Matters Article #: MM3696

Date Posted: January 21, 2005

Related CR #: 3696

Influenza Treatment Demonstration

Key Words

MM3696, CR3696, R1350TN, Influenza, Demonstration, HCPCS, Prophylactic, MA, AWP, HHA

Provider Types Affected

Physicians, Providers, and Suppliers

Key Points

- The effective date of the instruction is December 1, 2004.
- The implementation date is January 17, 2005.
- The Influenza Treatment Demonstration project:
 - Will measure the impact of providing coverage for certain antiviral drugs to treat and/or prevent influenza;
 - Does not cover anti-viral drugs for general prophylactic use; and
 - Will include dates of service through May 31, 2005.
- Certain anti-viral drugs will be covered under demonstration when furnished:
 - To a beneficiary with symptoms of influenza;
 - As prophylaxis for a beneficiary who has been exposed to person with diagnosis of influenza; or
 - To a beneficiary in an institution where there has been an outbreak of influenza.
- The following drugs (including, when applicable, bioequivalents or generic equivalents) are included in the demonstration:
 - Amantadine Hydrochloride, Oral;
 - Zanamivir, Inhalation Power Administered through Inhaler;
 - Oseltamivir Phosphate, Oral; and
 - Rimantadine Hydrochloride, Oral.
- These Drugs must be furnished incident to physician visit or prescribed by physician.

- Claims for drugs must be filed no later than December 31, 2005.
- Physicians, providers, and suppliers, who enroll in Medicare before May 31, 2005, may also file claims for drugs furnished under the demonstration for dates of service beginning when the provider or supplier completes enrollment.

Payment Amounts

- The Medicare co-payment and deductible apply to claims under the demonstration; this includes Medicare Advantage (MA) beneficiaries.
- Beneficiaries participating in the Drug Discount Card program will pay the lesser of 20% of the Medicare allowable amount or 20% of the negotiated Drug Discount Sponsor's price for anti-viral medicines, plus \$.20 (20% of a \$1.00 administrative charge).
- Except as noted below, the allowable payment for demonstration drugs will be based on 95% of average wholesale price (AWP) for the brand name of Zanamivir and Oseltamivir Phosphate.
- For drugs marketed as bioequivalent or generics (Amantadine and Rimantadine), the allowed amount will be based on 90% of AWP.
- Entities to be paid on basis other than 90% or 95% of AWP are:
 - Indian Health Service (IHS) hospitals, which will be reimbursed on the basis of the all-inclusive rate;
 - IHS Critical Access Hospitals (CAHs), which will be reimbursed on the basis of a facility-specific visit rate;
 - Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), which will be reimbursed on the basis of the all-inclusive rate when one of the drugs is furnished as part of a billable encounter under revenue code 052X. An encounter cannot be billed if furnishing the drug is the only service the RHC/FQHC provides. No deductible will apply to claims from FQHCs; and
 - Maryland hospitals, which are under the jurisdiction of the Health Services Cost Review Commission (HSCRC) and are paid under the Maryland waiver.
- Allowable Healthcare Common Procedure Coding System (HCPCS) codes/charges for the duration of the demonstration are:
 - G9017: Amantadine Hydrochloride, Oral, per 100 mg, (for use in a Medicare-approved demonstration project), \$0.76;
 - G9018: Zanamivir, Inhalation Powder Administered Through Inhaler, per 10 mg, (for use in a Medicare approved demonstration project), \$5.43;
 - G9019: Oseltamivir Phosphate, Oral, per 75 mg, (for use in a Medicare-approved demonstration project), \$6.99;
 - G9020: Rimantadine Hydrochloride, Oral, per 100 mg, (for use in a Medicare-approved demonstration project), \$1.65;
 - G9033: Amantadine Hydrochloride, Oral, brand, per 100 mg (for use in a Medicare-approved demonstration project), \$1.32;

- G9034: Zanamivir, Inhalation Powder Administered Through Inhaler, brand, per 10 mg, (for use in a Medicare-approved demonstration project), \$5.43;
- G9035: Oseltamivir Phosphate, Oral brand, per 75 mg, (for use in a Medicare-approved demonstration project), \$6.99; and
- G9036: Rimantadine Hydrochloride, Oral brand, per 100 mg, (for use in a Medicare-approved demonstration project), \$2.17.

Billing Instructions

- Claims for drugs furnished under the demonstration may be submitted by the following enrolled Medicare providers:
 - Hospitals, including CAHs;
 - Skilled nursing facilities (SNFs);
 - Renal dialysis facilities (RDFs);
 - Comprehensive Outpatient Rehabilitation Facilities (CORFs);
 - Home Health Agencies (HHAs), and
 - Enrolled physicians, other practitioners, and other suppliers authorized under State law to dispense these drugs.
- Providers, physicians, and other suppliers must follow customary Medicare billing and claims processing rules, except as noted below:
 - An entity, possessing a supplier number issued by National Supplier Clearinghouse (NSC), must bill the DMERC having jurisdiction for the location of the beneficiary's permanent residence.
 - Hospitals (other than Indian Health Service (IHS) hospitals, IHS-CAHs, Maryland hospitals as noted above, and hospitals which do not have supplier number issued by NSC) must bill the appropriate DMERC using form CMS-1500 or the electronic equivalent.
 - Other institutional providers, not possessing a NSC-issued supplier number, must bill their fiscal intermediary on form CMS-1450/ UB-92 or the electronic equivalent.
 - All physicians, practitioners, and other suppliers, not possessing NSC-issued supplier number, must submit claims to their local area carrier using form CMS-1500 or the electronic equivalent.
 - HHAs should follow billing requirements already in place for vaccines when billing for these drugs, as specified in Pub. 100-4, Chapter 18, Section 10.2.3. Pub. 100-4, Chapter 18 may be accessed at <http://www.cms.hhs.gov/manuals/downloads/clm104c18.pdf> on the CMS website.
- All institutional providers billing their fiscal intermediary must submit separate claim for these drugs.
- Roster billers must submit claims in accordance with instructions specified in Pub.100-4, Chapter 18, Section 10.3, except:
 - HCPCS Codes G0008, G0009, 90657, 90658, 90659, and 90732 should not be reported on the same roster bill under the demonstration;
 - An administration fee will not be paid for drugs administered under the demonstration;

- Roster billers must bill different dates of service, dosages, codes, and quantities on different roster or claims forms;
 - Payment may be made for MA beneficiaries under the demonstration for claims reported to the provider's regular carrier or intermediary; and
 - Medicare Advantage (MA) plans, if enrolled in fee-for-service billing, must bill for these items using their normal procedures for billing for Medicare Fee-For-Service items and services. Providers and suppliers may submit claims for MA beneficiaries to their normal FI or carrier.
- There is additional information, starting on page 8 of MLN Matters article MM3696, that includes the following:
- Treatment and Drug Dosage of Influenza Antiviral Medications;
 - Further Claims Preparation Instructions; and
 - A chart explaining how to do calculations for determining the co-payment amount for Drug Discount Card participants.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3696.pdf> on the CMS website.

The official instruction (CR3696) regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R136OTN.pdf> on the CMS website.