



## Revised Processing of Osteoporosis Drugs Under the Home Health (HH) Benefit – JA6512

**Note:** MLN Matters® article MM6512 was revised to change the Change Request (CR) release date, transmittal number, and the Web address for accessing CR6512 to reflect the revised CR6512.

Related CR Release Date: September 18, 2009 **Revised**

Date Job Aid Revised: September 29, 2009

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

**Key Words** MM6512, CR6512, R1818CP, Osteoporosis, Drugs, HHA, Home Health

**Contractors Affected**

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Regional HH Intermediaries (RHHIs)
- Fiscal Intermediaries (FIs)

**Provider Types Affected** HH Agencies (HHAs) submitting claims to Medicare RHHIs, FIs, and A/B MACs for injectable osteoporosis drugs provided to Medicare beneficiaries are affected



CR6512 revises the Medicare systems to fully enforce the criterion that the date of service for an injectable osteoporosis drug on a HH claim falls within the start and end dates of an existing HH episode if the claim contains:

- Type of bill 34x;
- Healthcare Common Procedure Coding Systems (HCPCS) codes J0630, J3110 or J3490; and
- Covered charges corresponding to these HCPCS codes.

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<b>Provider Needs to Know...</b>	<ul style="list-style-type: none"> <li>• The current criteria for coverage of injectable osteoporosis drugs must be met when submitting claims for these drugs.</li> <li>• There is no change in these criteria.</li> <li>• The date of service on claims submitted for covered osteoporosis drugs must fall within the start and end dates of an existing HH prospective payment system episode.</li> <li>• Claims not meeting the criteria for coverage will be rejected with the following messages:             <ul style="list-style-type: none"> <li>• MSN message 6.5: "Medicare cannot pay for this injection because one or more requirements for coverage were not met"; and</li> <li>• Claim adjustment reason code 177: "Patient has not met the required eligibility requirements."</li> </ul> </li> </ul>
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<b>Background</b>	<ul style="list-style-type: none"> <li>• Medicare covers injectable osteoporosis drugs if certain criteria are met.</li> <li>• These criteria include:             <ul style="list-style-type: none"> <li>• Eligibility for coverage of HH services;</li> <li>• Physician certification that the individual sustained a bone fracture related to post-menopausal osteoporosis; and</li> <li>• Physician certification that the female patient is unable to learn the skills needed to self-administer the drug, or is otherwise physically or mentally incapable of administering the drug, and that her family or caregivers are unable or unwilling to administer the drug.</li> </ul> </li> <li>• The second and third criteria are enforced to the extent possible through Medicare systems by edits that require that the beneficiary is female and that the diagnosis code 733.01 (post-menopausal osteoporosis) is present.</li> <li>• The first criterion that the beneficiary must be covered under the HH benefit is only partially enforced.</li> <li>• If an osteoporosis claim is received and a HH episode of care is on file, Medicare requires that the provider number of the HHA submitting the osteoporosis claim must be the same as the provider number on the episode record.</li> </ul>
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<b>Operational Impact</b>	N/A
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Reference  
Materials

The related MLN Matters® article can be found at  
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6512.pdf> on the CMS  
website.

The official instruction (CR6512) issued regarding this change may be viewed at  
<http://www.cms.hhs.gov/Transmittals/downloads/R1818CP.pdf> on the CMS website.

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