

**Medicare Part B Drug Competitive Acquisition Program (CAP)  
CAP Billing Teleconference for Physicians  
August 24, 2006  
1:00 p.m. CDT**

Moderator Ladies and gentlemen thank you for standing by, welcome to today's Competitive Acquisition Conference Call. At this time all participants are in a listen-only mode. Later we will conduct a question and answer session; instructions will be given at that time. Now I would like to turn the conference over to our host, Mr. Paul Orth. Paul, please go ahead.

Paul Thank you, operator. This is Paul Orth; I'm with Noridian Administrative Services. We are the designated contractor for the Medicare Part B Competitive Acquisition Program. Welcome to all our physicians and staff that are on the line. We also have CMS staff on the line and we will be hosting this call for a maximum period of 90 minutes or until questions are answered. So welcome and we will begin.

I'd just like to say for questions that you have, if you'd please identify yourself by first name and who you're representing, we'd all appreciate that. Also, if you have any questions, this call is being run on physician billing information and education. So we won't be researching and providing information on other issues unless they're related to the physician billing.

So we'd like to welcome you and like I said, Kathy Milbrandt of our staff will be going through a set of slides and information that's available and we will be taking calls. Kathy, do you want to do it during or after?

Kathy After.

Paul We'll be taking questions after the presentation. So with that, I will turn it over to Kathy Milbrandt from Noridian Administrative Services. Thank you, Kathy.

Kathy

Thank you, Paul. And just to reiterate, as Paul stated, the reason that NAS and CMS is hosting this conference today, we do understand there are some questions on billing the CAP program. We wanted to take this opportunity to provide specific CAP billing guidance for physicians and also to identify physician billing resources for the CAP program. Also, it will be a good opportunity as the program has gotten started, you're probably starting to bill your claims, this will be a great opportunity for physicians and their staff to ask us any billing questions that you may have.

Now we'll just go into the slide presentation. Participating CAP physicians must receive all CAP drugs from their approved CAP vendor, which at this time is BioScrip. The list of the CAP drugs included in CAP can be found on CMS' Web site and the link to that Web site is listed on slide three of the PowerPoint presentation. For drugs not on the CAP list, participating CAP physicians can obtain these drugs in the marketplace and bill under ASP average sales price as you do now.

All drugs on that list must be obtained from the approved CAP vendor, BioScrip. Any drugs not on that list, you can just obtain and bill to your local carrier as you do now.

One thing I did forget to point out is, hopefully, everyone was able to download the presentation that was made available on BioScrip's Web site, as well as CMS' CAP Web site. If for some reason, individuals weren't able to get that presentation, you can e-mail those requests and we can send this out. You can e-mail those requests to [capdrugs@noridian.com](mailto:capdrugs@noridian.com). And if you just ask us to provide the PowerPoint presentation, we can definitely e-mail that out to you.

New drugs can be added to this program, so the link to the list of CAP drugs on slide three, this list drug list could change quarterly and drugs will be added. The approved CAP vendor, can request any drug additions to the CAP list. And also note that Railroad United Mine Workers or Medicare Advantage beneficiaries are excluded from CAP. So you would just bill them as you do now under average sale price.

The purpose of the CAP program is to just give physicians another alternative between buying and billing these drugs under ASP or obtaining these drugs from the approved CAP vendors selected during a competitive bidding process. And as I stated, BioScrip is the approved CAP vendor for this first initial phase of the CAP program.

Also a reminder that when any solo physicians or group practices did choose to participate in CAP, there were specific terms of agreements that the physicians were agreeing to when they signed that terms of agreement for the participating in CAP, and those are listed on slide five. And that is to bill the drug administration within 14 days of administration date. You must accept assignment on the administration of the drug and to pursue any appeals. So if your claims are denied, to get those in timely and to reprocess those claims, of course, to comply with any furnished as written and replacement provisions and comply with CAP billing rules, and also to submit a written order to the approved CAP vendor and maintain a separate inventory of your drugs; also, to not transport drugs from one location to another.

On slide five we have provided a link to the, terms of agreement, on CMS' Web site, that when you elected CAP a physician's authorized official did sign to enroll in CAP. So more information, on these agreements can be found at that link. Also, participating CAP physicians are required to provide the CAP beneficiary fact sheet that was developed by CMS. This will provide beneficiaries with information about the CAP program, so that they understand that they will be getting another bill from the approved CAP vendor. That fact sheet is available in English and Spanish versions on the CMS Web site, the CMS/CAP Web site listed on slide six.

As I stated earlier, participating CAP physicians must receive all CAP drugs on the CAP list from their approved CAP vendor. There is only one exception and that is the furnisher's written exception. And that's when medical necessity requires that a beneficiary would need a specific national drug code for a CAP drug, but that NDC is not on the CAP drug list. In upcoming slides, we will talk about the furnisher's written provision a little further

When billing your CAP claims, participating physicians would submit their claims for the administration of the drug to their current local carrier. Your physician claim must include a line for the administration of the drug, and/or office visits, so you can bill the administration code or you could bill an office visit, depending upon what was all done for the patient that day. And you're going to need to bill the HCPCS code for that CAP drug, with appropriate CAP modifier on the HCPCS code. Those two line items must be billed on the same claim. And, of course, if you have more HCPCS code CAP drugs administered to the patient, then you're going to be seeing multiple lines come through of CAP drugs.

The approved CAP vendor, BioScrip, will submit their claim to the designated carrier, which is Noridian, for that CAP drug. The approved CAP vendor would be responsible to collect the coinsurance and deductible for the CAP drugs. The cost sharing is consistent with current ASP policy, which is 20%.

Just to go over some of the new CAP modifiers that would be required on CAP claims, J1 is considered, (no-pay modifier), which will be billed on the HCPCS drug line item. This modifier must always be billed in the first position.

Also one question that has come up from physicians, you're not going to be reimbursed for that drug line, so a lot of physicians were under the impression that they should bill a zero billed amount. That would not be appropriate. You do need to bill a regular billed amount on that no-pay line item for the drug, even though you won't be reimbursed for that. The reason being, that if you bill a zero billed amount, that claim will be returned as non-processable. So it is important to bill a billed amount on that line item.

Also it's important that physicians include the prescription order number that is provided by the approved CAP vendor on the claim. And we do go into some examples in the next coming slides of where that prescription order number will need to be seen on that claim.

The J1 can be combined with the J2 modifier, which is the emergency restocking modifier. It must also be billed on the same line as the J1, and the J1 always comes in the first position. The physicians must also include the prescription order number on the claim also when billing the J2 emergency restocking modifier.

And the J3 modifier is the furnished as written modifier. Furnished as written is when a patient requires a specific NDC of a drug that is not provided on the CAP list, then you'd bill the J3 modifier. Physicians can obtain that drug under the current buy and bill method. You can obtain it from the approved CAP vendor. You can obtain it as you do now for other drugs and the physician will be paid under ASP. The J3 modifier is the only modifier that would be billed on that claim and it should not be added with J1 or J2 modifiers.

Another modifier that all physicians might not use is for any unused drugs (which is the JW modifier), which would be if there is any waste to a drug, for example if you a drug comes in 10 milliliter vial and only eight is administered to the patient. Some local carriers do not utilize this modifier at this time. If you are a physician and you are billing the JW modifier under ASP, then you would continue to use the JW modifier for the CAP program, so the JW modifier would be billed for any unused drugs.

Just to clarify what happens when these claims come into our system, physicians are going to submit your claim to your current local carrier, and then once that comes in, the claim is going to go through the system and process. And once it finalizes, it's going to post out in the common working file or CWF. So what happens is the physician claims will post in CWF, and this is how we match the CAP vendor's claims. The approved CAP vendor's claims will not be paid until there is a match in CWF, based on the prescription order number, with a payable physician's claim. That's why it's very important for physicians to bill the correct prescription order number and submit claims in timely and correctly, because the approved CAP vendors claim is going to be looking for that match, so that they can be paid for the drug that they shipped and provided to the physician's participating in the CAP program.

When billing the CAP claims of where you put the specific line item on your claim, the prescription order number provided by the approved CAP vendor is reported in item 19 for providers billing on paper claims. And if you're billing the ANSI 4010A1 electronic claim, that's going to come across in the 2410 loop. On slide 11 of the presentation, it lists out the exact REF segment. So for you electronic submitters, we're going to need to see that prescription order number come through on that claim.

For electronic claims only, the national drug code must also be submitted in that 2410 loop, and that's the LIN03 segment. The reason why it's required for only electronic claims is because the implementation guide requires the entry of an NDC in the LIN segment in order for physicians to enter that prescription number. So if you would enter the prescription number and not the NDC that would not be allowed. So you're going to need to enter that NDC in that field for electronic claims only.

In the next coming slides, in slides 12 through 15, we thought it might be helpful to include a visual of some claim examples of where these items are going to come through on some claims. These are paper claim

examples. We don't want to encourage submitting of paper claims. HIPAA does require the submitting of electronic claims. There are some exception categories, where physicians have granted that exception to bill paper, but this isn't intended to encourage any submission of paper claims. But we wanted to provide a visual, just to help physicians out of where CAP specific items appear on the claim form.

On slide 12, this would be just a regular order from the approved CAP vendor. You're ordering the drug of a J2357 and you see you're billing the administration line item, the 90782. And then in 24D, you're going to bill the J2357, attach that J1 modifier and in 24F, you're going to bill what your regular billed amount for that drug would be. You see that we have put in \$25.00.

In box 19, that prescription number starting with a Q, you're always going to see a prescription number starting with Q103, and then the drug code and then a unique number provided by BioScrip. So they're trying to keep this number as short and simple as possible. But they are required to use the Q103, followed by that drug code and then they'll provide you with a unique number to that prescription number. That has to go in item 19 or the electronic equivalent.

Continuing on to slide 13, in this example, this would be if you had to use an emergency restocking modifier. And that's if a CAP physician needed to use some of their own stock because for whatever reason, a medical necessity required that they give the drug immediately, that the patient's condition required the immediate delivery of that drug.

In this example you have that prescription number you're going to attach to see in Box 19. You're going to have your administration codes, in this case we have two administration codes. And you're going to bill a drug of J1745, and attach the J1 modifier, followed by the J2 modifier (emergency restocking modifier). Remember the J1 modifier is always billed in first position and you're still going to bill that billed amount. So this is an example of an emergency restocking claim of how that would be submitted into your local carrier.

Example three goes into if you have two drugs billed. You can see in box 19, there's two prescription numbers. You're going to need to be sure to submit both prescriptions in box 19 if you are billing for 2 CAP drugs.

Slide 15 goes into billing example number four. This example has with four prescription numbers. Sometimes it might required if you're a paper submitter, to reduce the font to get all those prescription numbers in. You can see that in example 15, they billed the J1 modifier, along with 24F regular billed charges on that claim example.

Billing example number five is an example of a J3 furnish as written. That the patient required a specific NDC of a drug that was not provided on the CAP list. You're going to see this, there's no prescription number billed on this claim. You as a physician are going to be reimbursed for this drug. You can obtain these drugs through the marketplace. You're going to bill your administration code. You're going to bill it just like an average sale price claim that you do now, except you're going to need to attach that J3 modifier and bill a charge of your regular billed charges is.

On to some billing tips for the drug CAP: CMS, along with Noridian, did develop a billing tip sheet for the drug CAP program. You will start to receive this billing tip sheet with each drug shipment order that you receive from the approved CAP vendor, BioScrip. And what this is, is just a quick tip guide for physicians to refer to. It's not meant to be an all inclusive guidelines on billing CAP, but it's just a quick tip sheet about what to include on your CAP claim. So you'll start to be receiving that and, hopefully, you and your staff will find that helpful.

Just a reminder, participating CAP physicians, if you have questions in regard to denials, or billing your claim, you should contact your local carrier and they should be able to assist you with any billing questions, any claim denials that you have. Definitely the approved CAP vendor, BioScrip, is there to assist any way they can, but it's more appropriate for your local carrier. They can look at the claim denial. They can look that up and get your questions answered much more quickly so you can bill your claim back in correctly and get that off your books and records.

One thing that I wanted to make note of that just came out recently from CMS, is the MLN article SE0657 is that MLN matters number, and the title of it is *Transitional Use of the Medicare Part B Drug Competitive Acquisition Program Re-supply Option*, which is the J2 modifier. Just a quick synopsis of what this MLN is going to tell you. CMS is aware that during CAP implementation certain situations arose, where participating CAP physicians may have administered drugs to Medicare beneficiaries from their office stock and situations that may have not met the required

criteria for that J2 modifier. And then they're seeking replacement from the approved CAP vendor.

Until September 30<sup>th</sup>, CAP participating physicians who submit a claim for drug under ASP may request that these claims be reopened and reprocessed as a CAP claim. So what you would do is contact your local carrier if you were denied, and for some reason during this new phase, you weren't aware that you should be obtaining drugs from BioScrip or the approved CAP vendor, you can go ahead until September 30<sup>th</sup>, contact your local carrier and ask them to reopen these claims, add that J1/J2 modifier and also provide the prescription number.

But go ahead and make sure you're aware of that MLN SE0657. This should be coming out from your local carrier on your e-mail listserv.

We also wanted to go over some CAP claim submission reminders. And these reminders that we're putting out are some of the issues that we have seen with questions and maybe some things where physicians were having questions and maybe not submitting appropriately. To submit the appropriate CAP modifiers, either the J1, J2 or J3 on that HCPCS CAP line and also to bill the administration and/or office visit, bill on the same claim as that bill of CAP drugs. And to bill that CAP drug HCPCS with a regular billed amount, do not zero out the billed amount, but bill it with a regular billed amount. And also submit a correct prescription order number that was provided to you when you received the drug from the approved CAP vendor BioScrip. And also, for electronic claim submissions, hopefully everyone is billing electronically, to bill that NDC national drug code in the appropriate field.

Just a reminder that any questions on CAP claims, please contact your local carrier. They are going to be the ones to most quickly be able to answer those questions. If further assistance is needed, the physicians may be directed to contact Noridian Administrative Services, as the CAP designated carrier, to provide further assistance. The local carrier should be able to walk you through those claims and they're going to assist you of how to correct any claims and bill correctly.

On slide 20 — more information on that furnishes as written provision. That's when medical necessity requires that a beneficiary would have a specific NDC for a CAP drug that is not on the CAP list at this time. Physicians can bill that J3 furnishes written modifier, and you're going to just obtain the drug through the buy and bill method and bill to your local

carrier under ASP. And you as a physician are going to be reimbursed for that drug. And, of course, to maintain documentation that that was medically necessary, in case that would ever be asked for any documentation in regards to the use of that modifier.

In regards to the emergency restocking modifier, which is the J2 modifier, in this instance, this is when participating CAP physicians can use a drug from their own inventory and after administration, replace that drug by ordering it from the approved CAP vendor. You're going to bill the J1, along with that J2 modifier for emergency restocking.

In the final rules for the competitive acquisition program, emergency was identified to be determined by the CAP physician's clinical judgment that one of the following items were met: the drug was needed immediately, that need for that drug could not have been anticipated or the approved CAP vendor could not deliver that drug in a timely manner or the drug was administered in an emergency situation. There are some instances for certain physicians practices, where they cannot determine in advance that the patient would need a particular drug and only after seeing the patient they determine the drug that needs to be administered. If it is not possible for the patient to come back at a later time or the patient does need that drugs, it would be feasible for you to go ahead and use that J2 modifier, because maybe by the very nature of your practice, you cannot anticipate at that time that, that patient is going to need that amount or that strength of that drug. It's not to be meant to use on every single patient, but definitely if it's not anticipated, go ahead and use that modifier. And, of course, maintain the documentation of why that modifier was needed to be used, in case it is requested by your local carrier.

Again when you're billing CAP emergency restocking, the physician must include that prescription order number provided by the approved CAP vendor on the claim. That includes the CAP drug and that administration service and/or office visit, and the local carrier could ask for documentation in regards to that.

On slide 24, we just wanted to quickly touch on the CAP unused drugs. The policy for CAP unused drugs is consistent with the ASP policy for unused drugs. And the remainder of any open, partially used, single use vials can be billed under the CAP program, if the participating CAP physician and the approved CAP vendor makes good faith efforts to minimize the unused portion in how they schedule patient ordered, accepted and stored and use that drug.

So just be mindful of the way you order, schedule your patients to minimize wastage, if possible.

This policy does not apply to multi-use vials. And if your local carrier does require that JW modifier for unused drugs, you're going to bill that along with the J1 no-pay modifier. Of course, J1 is going to come first and then JW followed next, or your claim would be returned, unprocessable, if we don't see that J1 modifier.

Slide 24 lists out CAP change request, to assist physicians and their staff when billing. If you have questions that come up, go ahead and review these CAP change requests. The last bullet lists where on CMS' Web site the MLN Matters articles can be found. So go ahead and review these change requests. If you have questions in regards to those, contact your local carriers.

Some CAP resources that are out there that are helpful for physicians and their staff, on CMS' Web site, the CAP Web site is listed on slide 26. That includes information for physicians. It contains a link to regulations and notices. It has the CAP physician election agreement out there. Of course, most of you on this call should probably already have elected into the program for this year. Remember in October, watch for another election period. It's going to be starting up in October and that's for next year, starting January 1, 2007 calendar year. So in October, we're going to start the election period to elect into the program for January 1, 2007. So watch for information coming on that.

The NAS Web site is also listed on Noridian Medicare.com, CAP Web site is listed, a link to that Web site. As well as BioScrip's Web site, which has a wealth of knowledge on their Web site, and that's [www.bioscrip.com](http://www.bioscrip.com). For any questions in regards to BioScrip on ordering drugs, their 800 number is, and apologize that that was not included on the slide, but it's 888-899-7447 and one of their customer service representatives can assist you with any — not billing questions — but any ordering drugs or any of those shipment questions from BioScrip, so please contact them.

Now we just wanted to have a short presentation, operator you can open up the lines for the question and answer session and just a reminder to the physicians to identify yourself and the group or solo practice that you represent.

Modifier We'll take our first question. Paula, your line is open, you're on a speakerphone.

Carol My name is Carol Earn from Allergy Announcement Care. I have a question regarding BioScrip. We had so many concerns when we first enrolled in it, that we were going to be effective on July 1<sup>st</sup>. We were not getting straight answers from our representatives about how we were going to bill and how we were going to get the actual Xolair medication. We actually had Xolair medication still available for two of our Medicare patients that were getting injections in the early, early part of July. When we went to file these with Medicare, of course, they denied it saying that we were in the CAP program now and we could not get reimbursed for those. Do you know of other folks that have been having these same problems?

Audrey Hello, Carol, this is Audrey from Noridian. Just to talk about the Xolair drug that was shipped from BioScrip to your office, was that out of your own stock or was it shipped?

Carol What we used in the first part of July, it was actually paid for by the patient's insurance.

Audrey Okay. So to do reimbursement for those, what Kathy had talked about was the emergency restocking/re-supplying modifiers. When rebilling those claims and using those modifiers with the claim administration, as well as the CAP HCPCS drug line with the J1 and the J2, that information will be — and you'll, of course, need a prescription order number from BioScrip, but those claims will be reprocessed, and they'll be able to re-supply that information for you.

Carol Okay, so how would we get the prescription number since they didn't come from BioScrip to begin with?

Kathy This is Kathy with Noridian. You're going to have to contact BioScrip and order those drugs from them at this time. And what you do is you will replace those drugs into your own stock. Once you receive those drugs, then that's going to give you that prescription order number. And then you can call your local carrier and request a reopening with your local carrier and let them know you would like to add that J1 and J2 modifier and they can add that prescription number on the claim form for you. This is what the MLN Matters article SE0657 goes into.

This is a perfect example of why CMS did discover that during CAP limitation. Certain situations arose where the physicians might have been utilizing their own stock of drugs and administered it. And now they're going to have to go back and order the drug from BioScrip and let them know that it was already administered and the patient's name. You know all of the information you would provide if you haven't even administered it and let them know the date of service that it was administered. And then once you get those drugs, you will have that prescription number and you can contact your local carrier and do that reopening and get those claims reprocessed.

Audrey Thank you, Carol, that was a perfect question.

Carol Okay. Could I ask one more, please?

Kathy Sure.

Carol Okay. We were told to go ahead and file an appeal with Medicare for both of these claims that were originally filed to Medicare with using our own stock. Now do you think we're going to have additional problems with that now, since we filed the appeal with them?

Kathy When you filed the appeal, what did you request?

Carol Just to reprocess it, because it was our stock. We bought and billed it, so it wouldn't be processed through the CAP program. Because even though we were signed up with it, we were using our stock that we had, that the patient had still had. So I sent a cover letter for an appeal and the records.

Audrey That appeal probably will be upheld, just because without the J1, the J2 or the prescription number you'll get the same response back that you had, that you signed up and are participating in CAP. So pulling up this MLN Matters article will help with that situation also.

Carol Okay, so what we should do then is we should go ahead and call BioScrip and order additional Xolair from them. Is that correct?

Audrey Correct. To replace your stock.

Carol And then we contact our local CMS to have that reopened.

Audrey You would contact your local carrier, correct.

Carol And then we do we file a new claim then using the J1 and the J2 code?

Kathy When you request your reopening, they'll ask you what information you want to add to your claim. And that's where you'll talk about the J1 and J2 modifier and the prescription order number to add to your claim.

Carol Okay. Now do we use, at all, the emergency restock — is that involved with any of what we're doing?

Audrey This situation of the Xolair, those that you have used out of your own stock, that's where the J2 modifier will come into play.

Carol Okay.

Audrey Am I answering your question? I'm not sure.

Carol Yes. I guess what I need to really say is that we have already billed the patient, the one Medicare patient for the Xolair, so it actually did belong to her all along. So it's not like it was our stock. So I guess I'm not sure what to do in that situation, when we've billed it already to the insurance company and we have been reimbursed for some of it.

Casie Audrey and Kathy, this is Casie Black from CMS Central Office. I think this might be one that it would be good to discuss offline and have you provide this provider your contact information.

Carol Okay.

Casie Because it appears that this situation is a little bit different than we thought originally.

Carol Okay, who would I contact then?

Kathy It's capdrugs@noridian.com, if you send in those questions to us, we can definitely answer them.

Carol Okay, so we'll go ahead then and give them a call directly.

Kathy That request is going to come into us and then we'll go ahead and research that and get back to you.

- Carol Okay. Well, thank you very much for your time and your help.
- Kathy Thank you.
- Moderator We'll now move on to our next question.
- M Hello, are we on?
- Paul Go ahead, you're on.
- M Great okay, we've got a couple of quick questions. First of all, do you give the CAP Facts sheet out once or every time they get those medications?
- Kathy If you have a patient that's coming in weekly and they seem to be able to comprehend and understand the concept you wouldn't have to present this to the same patient every time.
- M Okay. The second question is we have a patient who is on a drug that normally requires three vials per every eight weeks. The patient comes in to see the doctor on the day of their infusion, and they're doing poorly and the dose needs to be increased to four vials, we have three vials already on-hand, sent to us by BioScrip, with a certain unique number for that. We go ahead and give them a fourth vial from our stock and we send in and they replace it with another unique number, a second unique number. However, how do we bill for that when you have two unique numbers and you have sort of a split order, an ahead of time order, along with part of it being an emergency order?
- Paul You would have already billed for the first three vials, correct?
- M Well we could have or if we're not supposed to, we could wait until we got the number for the replacement, we could do that. We tried splitting it up, we tried billing for the administration with the first set of codes and then we billed for the replacement single vial, but because we had no administration code to go with it, it got bounced. At that time, also, we were told that we had to put the NDC, along with the unique number and you run out of space on field 19 to put all that stuff.
- Now we understand that there's no NDC with the electronic codes. But are we supposed to hold it and then put both unique numbers on the same

claim and there would be two different lines for this drug? One would be an emergency restocking line and one would be a not an ahead of time line.

Audrey I would agree with that, that since the administration and the drugs would have to be on the same claim, because one is the regular no-pay modifier, the second line would be with the J1 and the J2, the restocking modifier. And you would have two prescription order numbers, they would have to come in on the same claim and then it won't give bounced back to you.

M Okay. One final question from me, in October do you elect in or do you elect out? In other words if you don't respond, are you kicked out or do you have to respond to get out?

W Great question, thank you. In October, you have the option to elect out. But in October, you also do have to reelect in.

M Okay. If we don't reelect in, we're out.

W You also need to indicate that you're dis-enrolled.

M Okay. One final question and I'll be through. Has any thought been given to taking out very inexpensive drugs? For example, we're a rheumatology office, we give the patient a joint injection, there's \$2.55 to \$3 worth of steroid we injected in. To go through the process of requesting a restocking for that is hardly worth it. It would seem like this is a program for expensive drugs and not for cheap drugs.

Paul I think that's an excellent consideration to make and we'll certainly consider that. The addition and deletions to the list, there's a process that we use for doing that, so we will do that consideration. Thank you.

M Thank you.

W Sir, I also do want to jump back to the first question that you had asked in regards to the fact sheet and how many times. And Kathy was correct in indicating that you want to make sure that your beneficiaries have that information. So if it's part of your normal process for filling out the information, so that they are aware of the CAP program also, so they're not confused when they receive two pieces of information from their local carrier, as well as from their designated carrier.

- Edmond                    This is Edmond Kasidis from CMS. Noridian, could you once again go through where the NDC should be entered and when it should be used on paper claims versus electronic claims?
- Kathy                      On electronic claims, the NDC would be required to be submitted on the claim, along with the prescription number. And that comes across in item 19, which is the 2410 loop for electronic submissions. On paper claims, the NDC is not required, so you only have to enter the prescription number in item 19, not the NDC.
- The reason why for electronic claims, as I stated a little earlier, the implementation guide does require the NDC be entered once a prescription numbers was entered. So for you electronic biller's, you'll just have to go ahead and enter that NDC in that LIN segment. But on paper claims, no NDC is required, but is the prescription order number.
- Edmond                    Kathy, what slide is that, please?
- Kathy                      That comes across on slide 11 that instructs where these items will be located.
- Edmond                    Thank you.
- W                            ..., just one other item to address there. In the scenario that was given about the three vials and taking one vial out of the stock and having to wait for that additional prescription order number, a good thing there is make sure to communicate with the approved CAP vendor and BioScrip that that claim is going to be waiting for that prescription number to be filed and that type of thing, so to ensure that those communication lines are open between BioScrip and the physician. Operator, we're ready for the next question.
- Moderator                We do have several more questions. Caller, your line is open.
- Cathy                      Yes, this is Cathy and I'm calling from the Allergy & Asthma Care Center in Fargo. I guess I'm a little confused and I apologize, because we got in on the conference a little late. Why would we even be billing Noridian for the Xolair that we provide, if the Xolair is coming from BioScrip? All we've been doing is billing for the administration.
- Kathy                      In Fargo we're the local carrier for North Dakota, so as our local carrier, you're going to bill us the — if you participate in the CAP program,

you're going to bill us, because we're your local carrier. So a physician bills their current local carrier the administration and/or office visit and the HCPCS line for the CAP drug and then with the no-pay modifier and be sure to enter a billed amount, regular billed amount and the prescription order number. Then we are the designated carrier NAS, we're a local carrier and a designated carrier, but this is a separate entity. We're the designated carrier, so we process approved CAP vendors claims and make payments on the HCPCS drugs, which BioScrip is an approved CAP vendor right now, we make payment to them. Does that clarify?

Cathy Well, is there someplace I can get some more detailed information? Because with our patients that have been in the CAPs program, the only thing we've been doing is billing for the administration and that's it. So is there something out there or a Web site that I can access to get more information on this no-pay code that we're supposed to be using?

Kathy Definitely. If you want to contact our designated carrier line and that is 888-671-0536.

Cathy Okay, thank you.

Kathy You're welcome.

Paul Kathy, could you also repeat the location where this presentation is located at?

Cathy Doctor Dan Bowan's office, the Allergy & Asthma Care Center in Fargo.

Paul Excuse me, thank you for that, but I'm talking to our staff here, if we could repeat the location of this presentation, so you can go to that and find a lot of information. It's located on the presentation from today, Kathy, go ahead.

Kathy Yes, for anyone who wasn't able to download it, it was on BioScrip's Web site and that's [www.bioscrip.com](http://www.bioscrip.com), as well as CMS' CAP Web site. It's a little lengthy Web site, but it was on the CAP Web site of CMS' Web site, [www.cms.hhs.gov](http://www.cms.hhs.gov). And if you do a search for CAP, you should definitely get out there and be able to pull up this Website. For anyone who isn't able to find it or wasn't able to access it, if you e-mail that request to [capdrugs@noridian.com](mailto:capdrugs@noridian.com), we can definitely e-mail that out to you.

Edmond                    This is Edmond Kasidis, real quick. The presentation and the tip sheet on the CAP Web site here at CMS, the posting was delayed, due to unforeseen circumstances. That should be available within the next 24 hours, but what Kathy said is correct. You can go to the CMS Web site, search for CAP and go to the information for physician's page and it's there in the download section.

Paul                        Thanks, Edmond.

Moderator                We'll now take our next question.

Sue                         Hello, this is Sue calling from Stockton, California. Hello.

Kathy                      Hello.

Sue                         I have a question about when we use our stock and that's purchased in July and we give a shot after August 1, 2006 and said send a claim with a modifier number, J1, J2 and how about the order number, what's the order number?

Audrey                    Just to clarify that, you became effective in the CAP program August 1<sup>st</sup>, is that correct?

Sue                         Yes.

Audrey                    Okay. So any drugs prior to August 1 would be bought and billed through the normal ASP message from your local carrier from there. Any drugs after August 1 would need to have been ordered through BioScrip, the approved cap vendor, which would have provided you with the personal order number.

Sue                         Yes, my point is I sent a bill to Medicare and Medicare denied it. I just don't know how to — well we stocked it before A1 and we gave the service after A1, so how can we bill?

Audrey                    So you've received a denial from your local ....

Sue                         Yes.

W                          Okay, and do you need a prescription number, an order number?

Sue                         That's what I don't know, how can I get a prescription number?

- W You need to be in contact with BioScrip, the approved CAP vendor and to fill out the appropriate forms for the approved CAP vendor to receive your prescription order number.
- Sue Even is it's a prescription order that we didn't get through the CAP, we got through the local distributor and we can get the order number through the BioScrip?
- W If it is one of the drugs that is listed on the CAP drug list, yes.
- Sue Oh, you mean we can get the order number through them, through BioScrip.
- W For a CAP drug that is on the list, you have to order those through BioScrip and they would give you a prescription order number, correct.
- Sue Even if it's our stock.
- W Even if you did not know that you needed to go through BioScrip at this time to get your stock, you would go and obtain a prescription number from BioScrip.
- Sue Oh, okay. There's one more question, after 8/1/06 our coworker forgot we were enrolled in CAP and she ordered one box and what can we do with that?
- W You have a patient where someone forgot that you were in CAP and you ordered it through your regular ASP process.
- Sue Yes, after 8/1, yes.
- W You already used it with that patient, is that correct?
- Sue Yes.
- W Okay. In that situation, you would go ahead and order that from BioScrip again and they would give you a prescription order number and they would replace that stock for you. But that's where you would go ahead and bill with the J1 and J2, as well as the administration to your local carrier.

Sue Oh, you mean have the code at BioScrip again and they will give me the order number?

W They'll give you an order number.

Sue And then we can send a claim to Medicare and Medicare is going to pay for that?

W Medicare will pay for your administration and then BioScrip, the approved CAP vendor will get paid for the drug, because they're going to replace

....

Sue But we already paid for it through the ASP.

W Right, but without you billing the local carrier, the approved CAP vendor does not get paid for that particular drug. And since you're a CAP approved vendor, having to go by the physician election agreements that you have filled out, it's a process that needs to be followed.

Sue Well, I'm confused.

W Kathy, if you want to go ahead and mention where she can send in her contact information, we can have someone give you a call and run through the process with you. Okay?

Kathy If you want to send that into capdrugs@noridian.com, definitely we can be in contact with you or anyone on your staff on explaining how to bill these claims in the CAP program. When physicians elect into this program, you are agreeing to obtain all CAP drugs on the CAP list from the approved CAP vendor and you sign that agreement that's what physicians are agreeing to. But there's, of course, other modifiers and exceptional circumstances outside of just obtaining it. But definitely, e-mail your request and we can definitely walk you through the process.

Sue What is your e-mail address or what is your contact phone number?

W What we'll also do is we'll be in contact with your local carrier and we'll have a three-way call with yourself and the local carrier, so that we can iron out all the situations that you have. Here's the information.

Kathy If you'd rather just call into our contact center and they can get you into contact with one of us, it's 888-671-0536.

Sue Okay, 888-671-0536.

Kathy That is correct.

Sue This is our local carrier?

Kathy That is also the designated carrier. We process the approved CAP vendor's claims, but definitely we can, like Audrey said, probably have a three-way call with your local carrier and do some education on what you're going to need to get your claims processed through the system and how the CAP program works. We'll definitely do that. Okay?

Sue Okay, yes.

Kathy Thank you.

Sue Thank you.

Moderator We will now move on to our next question.

Shelley This is Shelley from Health Services of Clarion, in Pennsylvania.

Paul Hello.

Shelley I have three questions today. The first one is in regards to the 14-day rule; we had some difficulty with our software vendor, getting these to go correctly. I did contact BioScrip to let them know this, and they had expressed to me that they didn't feel that CMS was going to hold us right to that 14-day rule, initially. How do you feel about that?

Paul You're saying that you weren't able to bill within the 14 days.

Shelley That's correct, we had some issues with our software vendor and they weren't going out.

Audrey The 14-day rule in the physician election agreement is something that we want to abide by and that type of thing, but you did the appropriate thing by contacting BioScrip and being in communication with them and letting them know that your software .... We know that folks in the future will not have this situation ongoing and you've been communication with the approved CAP vendor in that situation, so we know that in that situation it's not something that will become an issue.

If it's something that becomes an issue in the future, where physicians are not billing within the 14 days, the approved CAP vendor, through the federal register regulations, do have the option to request that a physician be removed from the program, because of not following those billing requirements. So again, here in this instance you've communicated with the approved CAP vendor, it's a one-time occurrence, those types of things, so you've done the appropriate measures to make that ....

Shelley                    Okay thank you. My next question is in regards to the usual billed amount for the J codes. I wanted to note that we currently, our carrier is High Mark Medicare Services and we are currently billing a zero amount for those charges and they are processing, and I'm not willing to over-inflate our A/R with those dollar amounts, if not need be.

Audrey                    I think we'll have to go and research that one a little bit more. I'm not sure, as far as the A/R question and that type of thing; we'll have to do some research on that one.

Shelley                    And also, in regards to that, if we were to bill with the usual bill amount and BioScrip is also billing that, how is that going to reflect on the patient's EOB's? Are they going to see it as two separate entities billing for the same drug and the same amount, even though we're not going to get reimbursed, but the patient is not going to be aware of that?

Audrey                    The patient will receive a special message on their MSN, indicating that this particular drug has been received through another physician office and that type of thing. So there is a message on the beneficiary MSN that does help the beneficiary to understand that it's not a service that can be billed to them on your MSN.

Paul                        And then the amount not covered by Medicare would be billed to the beneficiary by BioScrip, so that should be clear.

Kathy                      And the fact sheet of goes into this, because anything new, of course, to beneficiaries and CMS was mindful of that. They did research on this and that's what that fact sheet was developed for, to explain this in a simpler way, a simpler way about this program to let them know about the two MSNs that they will be receiving and that's what that fact sheet comes into play to explain.

Shelley                    Okay, thank you. My last question is in regards to Lupron, which is carved out of the CAP program. But what we are experiencing is when

we bill that to our carrier, we bill Lupron. We're going to buy and bill and we use the J9217 HCPCS code for Lupron. Because of the least costly alternative policy, when it gets to our carrier, they are changing the HCPCS code to the J9202, which is the Zoladex. In prior two CAP, they would reimburse us at the Zoladex rate, but since they're changing that code to Zoladex, they're denying payment to us, stating that that is on the CAP program. Is this something that you've experienced with other providers and how are you handling this?

Audrey Casie or Rebecca or Edmond is that something that you'd like to address?

Casie Could you write down your situation that you just described and send that into Noridian at their e-mail address? This is the first we've heard of this situation occurring and we would like to investigate it.

Shelley Yes, I can do that.

Casie Thank you.

Shelley Thank you.

Moderator We will now move on to our next question.

Pam This is Pam at Internal Medicine.

W Go ahead with your question.

Pam Yes, it's our understanding that when we get back a prescription number, we get a different number, per day, per drug, is that correct?

W That is correct.

Pam Even though the drug may run for 60 days, the numbers will change daily.

W That is correct. For each administration, you would have a different prescription number.

Pam Alright, we have a concern about the amount of data that's going to be going into loop 2410. We may be doing two administrative codes and four to six separate drugs if we have to put in prescription numbers and NDCs for all the drugs, will loop 2410 accommodate that amount of data.

- W This is ... from Noridian, you can have multiple occurrences of those per claim.
- Pam There is no restriction on the number of drugs being billed at one time?
- W There may be a restriction per the 4010A1 spec, but I don't have that off the top of my head. If you would like to contact our EDI area. Well let's do this, e-mail our capdrugs@noridian.com and they'll get that question to us and we can get that answered for you.
- Pam Okay. The other problem that we may have is that we may have one drug that is going through CAP and one that is not. The drug that is not going through CAP just goes out singly without an administration. Is that going to be a problem at all, because the administrative code would have gone out with the CAP drugs?
- W This is ... from Noridian, so you're saying that CAP claim will still have the administration with the no-pay line, but your bill and pay through your regular ASP process will not have the administration code. Is that correct?
- Pam That's correct, because we've already submitted it with the CAP and we wouldn't want to do it twice.
- W I believe you would be okay in that situation. I don't believe there is a policy stating that you have to have an administration with the regular ASP billed claim. I don't believe that's a policy. I don't know if that would be a local carrier policy that they would uphold. But for claims processing through Noridian, I don't believe that's something that we have set up.
- Pam Okay. And the last question, is every drug on the CAP list mandatory for us to go through BioScrip?
- W That is correct.
- Pam And that is effective as of the day that we became effective with CAP.
- W That is correct.
- Pam Okay. Thank you very much.
- Kathy Thanks, Pammy.

- Moderator We'll take our next question.
- Jan This is Jan with Rocky Mountain Eye Center. My question is on the claims that we have already submitted with the zero dollar amount, are we going to need to re-bill all of those claims?
- W ... from Noridian. So you got the information back on your remittance notice and they have been denied with the zero billed amounts. Is that what you're saying?
- Jan They haven't been denied, because they have a J1 code attached to it, but I sent in a zero amount. So my question is, do we need to re-bill all of those with our actual dollar amount that we would have billed prior to the CAP program?
- W You should be able to contact your local carrier and if that is only the item that you are changing on that particular claim is to add that billed amount, you would be able to go ahead and do that through the reopening process.
- Jan Okay, because our carrier is Noridian, we're in Colorado.
- W Okay.
- Jan My other question is, I know someone brought up that because we have to put the dollar amounts on there, that is going to inflate our A/R. So is that something that you will be checking in and maybe possibly be putting some notification somewhere about that?
- W That is correct.
- Jan Okay. Thank you very much.
- Moderator We'll now move on to our next question.
- Diana This is Diana with Dr. Bear's office, Urology. I kind of have the same question that everyone else has, but I just need to clarify a few things. We were originally told by BioScrip that we did not need to bill for the J code for Zoladex, for instance, and because our electronic claims weren't going through the zero dollar amounts. And so we dropped that off of our claim, but we still have put the unique identifier in and also the NDC. Now do I have to go back and resubmit all those claims putting the actual J code for the Zoladex in?

- W If I'm understanding correctly, it was the administration on the claim that was ...?
- Diana Yes, it was only the administration being billed and no medication.
- W Okay, no medication. Yes, you would have to go back and re-bill both the administration, along with the CAP HCPCS code and the J1 modifier with the billed amount.
- Diana Okay, should I wait until it gets denied or paid by Medicare or should I just go ahead and send it in?
- W You want to wait until — have you been reimbursed for the administration already?
- Diana No, also we had a problem with our electronic clearinghouse and they just now figured out how to get the 2410 loop to go through. They also have put our NDC number somewhere else; they are not putting it in with that 2410 loop. So they've only allowed us so many spaces to put the number in and the unique identifier pretty much takes up that entire space.
- W On the first issue, yes go ahead and re-bill those claims with the administration and CAP HCPCS J1 code. And then in regards to the NDC and prescription order number, the prescription order number is one segment, where the NDC number in the 2410 loop is another specific LIN segment.
- Diana Okay, so it can be separated, it does not all have to be in the same area then.
- W Correct.
- Diana We do have patients that have been getting their Zoladex from the VA hospital and we only administer those. So do I need to tell them not to get their medicine from there, that because we are contracted with BioScrip that they have to get it through BioScrip or can they continue to get it through their VA?
- Paul That's a question that we have not encountered before, so that's an excellent question and we appreciate that. Would you be able to forward that to us in writing and we will research that, together with CMS, and post that answer?

Diana Yes, I will.

Paul What would your local recommendation be on that?

Casie Paul, excuse me this Casie Black, I wanted to confer with Audrey. I think the answer is that you would just bill for the administration of the drug. You wouldn't actually put the HCPCS code for that drug on the claim. So it would just be like any other ASP, but a drug that you obtained outside of the CAP program.

Diana Okay, so it would just be the administration fee, plus if there was any other service provided that day.

Casie Right.

Diana Okay, that sounds great. I can send that question in; do you still want me to send it in?

Casie Noridian, do you see any need to have that in writing?

Paul Well yes, we'd like to look at that, just so that we can check on that.

Diana Okay, I will.

Paul Thank you.

Moderator We will now move on to our next question.

Nancy This is Nancy with Internal Medicine Associates.

W Yes, go ahead.

Nancy I have a couple of questions. One has to do with, and this just happened today, actually. I sent a script into BioScrip to get medication and what they called back for was to say that they were out of network for their secondary carrier. And the co-pay was going to be significantly higher than what the patient has been accustomed to paying in-network in our office and so they're not going to send the drug. So I'm sort of caught, if they're not going to send the drug, and yet their primary is Medicare, because of the higher co-pay, the patient is not willing to pay a higher co-pay, because they're out of network. I'm not quite sure how to get the drug.

- Paul Okay, so this is a Medicare beneficiary.
- Nancy This is a Medicare primary, with a secondary. And the secondary is out of network with BioScrip. So the co-pay for the secondary is at a much higher rate than, because we're in network and have been in network with the office.
- Paul So what we're talking about is the deductible or co-insurance not paid by Medicare.
- Nancy Exactly.
- Paul I would think that that would be an issue that we would not be able to address through this program. We pay for the Medicare covered amounts through the CAP program. But the beneficiary amount would be crossed over to their secondary insurance and the exact details of that insurance or supplemental coverage would be per their policy. That would be outside of the scope of this program, I believe.
- Nancy Okay, so we have to deal with it at the BioScrip level.
- W ..., is there anything else you'd like to add?
- W Well, I believe Kathy had some follow-up questions.
- Kathy Right. Are you saying that BioScrip refused to send the drug?
- Nancy Well, they said that they would not send the drug because they were not able to contact the individual to confirm that they were willing to pay a higher co-pay. So I'm sort of caught, I'm supposed to administer a drug that I can't receive.
- Kathy Why don't you send the details of this issue to Noridian at their contact e-mail address? Because if Medicare is primary, Paul is correct, that BioScrip is supposed to supply the drug when Medicare is primary. And then when that claim crosses over to the secondary insurer, that's really outside of Medicare's ....
- Nancy Okay, I'll do that. Secondly, just a little bit of a clarification then on the wastage. I just want to give an example, for instance, a patient is receiving 1400 milligrams of Vancomycin, I receive two vials, two grams. Do I bill out the two grams or just the 1400 milligrams and waste 600

milligrams? I'm not quite sure how to handle that, because obviously BioScrip has sent me two grams.

Audrey I believe Kathy addressed that information in one of the slide, number 24. That talks about ....

Kathy That you would just go ahead and bill how you normally would under ASP. Does your local carrier currently utilize the JW modifier?

Nancy I can't answer that; I don't do the billing.

Kathy Well, if you don't, you would just currently bill like you did under ASP and then BioScrip would bill what they provided and be paid for, that they provided to you.

Nancy Okay, so I'm going to bill the 1400 milligrams, that's what the patient received.

Kathy That is correct.

Nancy Okay.

Rebecca This is Rebecca at CMS, I just wanted to clarify. You would still bill the units as you would under ASP, but you would be required to still use the CAP modifiers and include the prescription ... and things like that.

Nancy Right, so I would bill three units then, okay.

W Yes, thank you Rebecca, you wouldn't bill 14 units in that box, you'd bill three ....

Nancy Right. Okay, that's all the questions I had.

W Thank you.

Moderator We'll take our next question.

M Hello.

W Yes, go ahead.

- M We have a question, you say to call our local carrier for most problems we have, the local carrier says, we don't know anything about it; call BioScrip and BioScrip doesn't know the answer. We have not been paid for any administration since joining CAP, even for simple things that we have submitted, apparently the right way, and that means BioScrip probably hasn't been paid either. They say insufficient or incorrect information, but they don't know what the insufficient or incorrect information is.
- W If you want to send your contact information to us, we can definitely help out again, doing a three-way call with yourself and your local carrier and getting in communication and doing that research. So you can either, we'll give you two options, the capdrugs@noridian.com, if you want to send in your contact information or calling 888-671-0536. We can help to facilitate the information between yourself and your local carrier.
- M Thank you.
- W Thank you very much.
- Moderator We'll take our next question.
- W Hi, I've got a question and a comment. The question is on products like Bethopregnazone, where they are almost always going to be given in emergency restock situations and it becomes very complicated always to be doing emergency restock. Are you going to be considering taking those off the CAP list? Hello?
- Paul Yes, we understand.
- W I just wanted to make sure I was there.
- Paul Again, if you'd like to make a recommendation to BioScrip and BioScrip could pass that on and that would be considered by a process between all the parties in the CAP program. So we would appreciate that input.
- Edmond Paul, this is Edmond from CMS. Actually, it becomes a bit more complicated for taking off actual HCPCS codes that are in the CAP program. That is actually a long-term decision and that was a policy decision that was made during the rule making process, and we can't just immediately take off HCPCS codes at will. That's going to be a long-term decision and certainly your comments on that are appreciated and we can look into that. But for right now for this upcoming year for this particular

year and the upcoming year, removing large numbers of HCPCS codes is not something that can happen.

W Thank you. And then the only other comment I had is on slide 12. You have a CPT code that's a 2005 CPT code. So I just was hoping that that wouldn't cause confusion.

Kathy Great. Maybe I should have clarified; I tried to keep every example as something that was real-life examples. If there's a J code that I think most of these can be billed together, I checked with the medical review staff. But we try to make it real examples but it was just for purposes to show where the CAP information would be billed on a claim.

W Okay. Thank you.

Kathy Thank you.

W Operator, next question.

Moderator This is our final question today, please go ahead.

Dani Hello.

Paul Hello.

Dani This is Dani from California from Dr. Needy's office; I have a couple of questions. I have been told by one of the reps that Orenca, J3590 is not in the CAP program. Is that true?

W Just one moment, we will double-check the list.

Dani I would appreciate it.

W Do you want to ask your other questions?

Dani Yes. Another thing I want to make sure I understood this right, when we are doing the paper billing, it needs only the unique identification number and no NDC number. Is that true?

W Did you say billing paper or electronic?

Dani Paper.

- W Paper. Yes, when billing paper claims you would only need the prescription number and not the NDC number in box 19.
- Dani Okay. Now do we have to send the flow sheet and the doctor's notes and everything for the paper claim?
- W No, no additional — just maintain documentation if it's required in your patient file. But no, you don't need to attach any additional documentation because of the CAP program.
- Dani Okay. The third question is to elect in or out in October, where do we get the forms from?
- Edmond This is Edmond from CMS, the forms and further instructions will be posted on the CAP Web site in the information for physician's section. We anticipate some minor changes compared to this last round of elections, so that's where you should be checking. We have not made details available yet.
- Audrey Getting back to the first question of the J3590 is that on the CAP drug list, and again the CAP drug list can be found out on CMS' Web site. But the J3590 procedure code, after a quick review of the list here, we do not see that that procedure code is on the list for HCPCS codes.
- Dani So we can order it from BioScrip, but we bill it the regular way, right?
- W You would order the J3590.
- Dani Yes, we can order it from anywhere or from BioScrip, also, and then pay our bill to BioScrip and bill it the regular way, right?
- W That is correct. If you want to obtain all of your drugs from BioScrip versus ASP versus CAP drugs, just make sure that you maintain that separate inventory. Definitely you can obtain them from BioScrip or by other means and bill under ASP and you'll be reimbursed.
- Dani Okay.
- M It would simply be obtained outside of the CAP program.

- Dani                    Okay. One more question, when we were doing the billing, because we have started our infusions and we are on the CAP program from August 1<sup>st</sup> and we have done three infusions already, our claims were not going electronically, so we had to send them paper claims. At that time we put NDC and the unique identification in box 19, because when I called CMS one of the girls over there told me that. But now do I have to re-bill or do I wait for a denial or ...?
- W                        Just to clarify, the prescription order number, as well as the NDC number was in box 19?
- Dani                    Yes.
- W                        And the administration, as well as the CAP HCPCS drug line with the J1 modifier was there?
- Dani                    Yes.
- W                        No, you should not have to re-bill it, it's just additional information that you have provided to the local carrier.
- Dani                    Alright. Thank you very much.
- W                        Thank you.
- Paul                    Operator, do we have any additional questions, please?
- Moderator            We have one final question.
- Sharon                Hello.
- Paul                    Hello.
- Sharon                This is Sharon from Sun Terra Oncology in Arizona. I had a question, at the beginning of the conference and also we were told this on a phone call that we needed to bill an office visit when we bill BioScrip for the drugs we've used. However, we were always told that the office visit was bundled into the administration code. So we were very confused, we were called by Noridian and told one of our claims was denied because we didn't bill an office visit.

- Kathy I apologize for any confusion, basically, you have to bill some sort of administration code with those CAP drugs, so you can bill an administration code and/or or office visit, based on CCI edits, the administration can be denied out and we'll pay for that office visit. Depending on the reason the patient is being seen, you can bill an office visit and that CAP drug or an administration line item and the CAP drug code.
- Sharon Okay, but we can't bill the administration and an office code on the same day. Because we're told we can't do chemotherapy on the same day we see a patient, because we do bill for the administration.
- Paul I think there are specific edits and audits, depending on the service provided. So I don't know if we can give you a blanket answer to that.
- W Can we have you give us a call?
- Sharon Sure.
- W Again, using that same number 888-671-0536.
- Sharon Okay. Alright, thank you.
- W Thank you, Sharon.
- Moderator We have one more question.
- Dani Hello this is Dani again, I have one last question. You know when we do the office visit and the J code and all that, what is the administration code — that I never used before — to be used for the infusion?
- W Your question is what administration code do you normally use for administrating your drugs?
- Dani Yes.
- Paul Wouldn't that be the code that you normally use for the drug administration?
- W It wouldn't be anything different, if you were billing normal administration prior to the CAP program.

Dani So you mean — we do use a 96413 and 4 and 5, depending upon the hours of infusion, is that considered the administration code?

W Yes, there you go, exactly.

Dani The 96413, 14, 15?

W Yes, exactly.

Dani Okay. Thank you very much.

W Thank you, Dani.

Dani Okay.

Paul Okay, callers we're out of the time limit. We'd like to thank all of the callers for your questions and your kind attention. Please be aware that we will be posting information on the Web sites we've indicated for this information, and please check there for complete details that we may have not — that you may not have. So with that thanks to CMS for their input, and thanks to our callers. This call is adjourned. Thank you. Thank you, operator.