

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



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MLN Matters® Number: MM9255

Related Change Request (CR) #: CR 9255

Related CR Release Date: August 6, 2015

Effective Date: January 1, 2016

Related CR Transmittal #: R1528OTN

Implementation Date: January 4, 2016

Reporting of Anti-Cancer and Anti-Emetic Drugs

Provider Types Affected

This MLN Matters® Article is intended for hospices that submit claims to Home Health and Hospice Medicare Administrative Contractors (MACs) for hospice services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 9255, which revises Medicare systems to allow oral anti-cancer and anti-emetic drugs to be reported on hospice claims, as intended by CR 8358. See the Background and Additional Information Sections of this article for further details, and make sure that your billing staffs are aware of these changes.

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Background

CR8358 required hospices to report prescription drugs for the palliation and management of the terminal illness and related conditions on their claims, beginning in April 1, 2014. You can review the MLN Matters® Article (MM8358) corresponding to CR 8358 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm8358.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

Recently, MACs reported that a Common Working File (CWF) edit restricts the allowable types of bill (TOB) for certain anti-cancer and anti-emetic drugs. This edit does not include the hospice TOB. As a result, Medicare systems are returning hospice claims that report these drugs to the hospice in error. CR9255 revises Medicare systems to allow the drugs on hospice claims, as originally intended by CR8358.

Despite the fact that reporting drug services does not change the payment amount, the affected hospice claims are not being paid. Therefore, in order to allow payment for these claims and provide for more timely payments, hospices may:

- Remove the drug codes from their claims when returned in error; and
- Omit these codes from original claim submissions until the error is corrected on January 4, 2016.

When the problem is corrected, hospices may submit the unreported drug services via claims adjustments. Medicare does not require these adjustments, but encourages hospices to submit them in order to represent all their service costs in the claims data.

Additional Information

The official instruction, CR 9255, issued to your MAC regarding this change is available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1528OTN.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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