

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1528	Date: August 6, 2015
	Change Request 9255

SUBJECT: Reporting of Anti-Cancer and Anti-Emetic Drugs

I. SUMMARY OF CHANGES: This Change Request (CR) revises Medicare systems to allow oral anti-cancer and anti-emetic drugs to be reported on hospice claims, as intended by CR 8358.

EFFECTIVE DATE: January 1, 2016 - Claims received on or after January 1, 2016.

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 4, 2016

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
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1528	Date: August 6, 2015	Change Request: 9255
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SUBJECT: Reporting of Anti-Cancer and Anti-Emetic Drugs

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I. GENERAL INFORMATION

A. Background: Change Request (CR) 8358 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. Recently, Medicare contractors reported that a Common Working File (CWF) edit restricts the allowable types of bill for certain anti-cancer and anti-emetic drugs. This edit does not include the hospice types of bill. As a result, Medicare systems are returning hospice claims that report these drugs to the provider in error. This CR revises Medicare systems to allow the drugs on hospice claims, as originally intended by CR 8358.

The affected hospice claims are not being paid, despite the fact that reporting drug services does not change the payment amount. In order to allow payment for these claims, hospices may remove the drug codes from their claims when returned in error. Hospices may also omit these codes from original claim submissions until the error is corrected. This will allow for more timely payments to hospices. 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 services costs in the claims data.

B. Policy: There are no policy changes.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC		D M E M A C	Shared- System Maintainers				Other	
		A	B		H H H	F I S S	M C S	V M S		C W F
9255.1	Contractors shall allow oral anti-cancer and anti-emetic drugs to be reported on hospice claims (types of bill 081x and 082x).								X	
9255.2	Contractors shall instruct hospices to remove or omit services lines for oral anti-cancer and anti-emetic drugs until January 1, 2016.			X						
9255.3	Contractors shall encourage hospices to submit claims adjustments to restore services lines for oral anti-cancer and anti-emetic drugs beginning January 1, 2016 for any dates of service that are within the timely			X						

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	filing period.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
9255.4	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Charles Nixon, Charles.Nixon@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0