MEDICARE PART A BULLETIN

March 31, 1998 Hospital Medicare Bulletin H-88

TO: All Hospital Medicare Providers

FROM: Program Relations

SUBJECT: **BILLING REQUIREMENTS FOR CLAIMS WITH DATES OF SERVICE ON OR AFTER APRIL1, 1998, FOR ORAL ANTI-NAUSEA DRUGS AS FULL THERAPEUTIC REPLACEMENTS FOR INTRAVENOUS DOSAGE FORMS AS PART OF A CANCER CHEMOTHERAPEUTIC REGIMEN**

ATTENTION MEDICARE BUSINESS OFFICE MANAGER: Please distribute to all appropriate health care personnel.

The purpose of this bulletin is to formerly publish the changes to the Health Care Financing Administration (HCFA) regulations regarding Oral Anti-Nausea Drugs. Section 4557 of the Balanced Budget Act (BBA) of 1997 provides coverage for oral anti-emetic drugs as full therapeutic replacements for intravenous dosage forms as part of a chemotherapeutic regimen provided that the drug is administered or prescribed by a physician for use immediately before, at, or within 48 hours after the time of administration of the chemotherapeutic agent.

For purpose of this provision, the allowable period of covered therapy shall be defined to include day one, the date of service of the chemotherapy drug (beginning with the time of treatment), plus a period not to exceed two additional calendar days, or a maximum period up to 48 hours. As a result, if it is to be covered by Medicare the date of service of the chemotherapy drug plus two calendar days.

Payment for these drugs is made under Part B. Medicare pays 80 percent of the reasonable cost of these drugs furnished by a provider. Deductible and coinsurance apply. The provider bills for these drugs on the HCFA-1450 claims form or its electronic equivalent.

NOTE:Since oral anti-emetic drugs must be administered or prescribed by a physician for use immediately before, at, or within 48 hours after the time of administration of a chemotherapy drug, providers must report the oral anti-emetic drug and the chemotherapy drug on the same claim.

REVUNUE CODES AND HCPCS REPORTING

Providers bill for the cost of the oral anti-emetic drug utilizing revenue code636 in form locator 42 "Revenue Code." Providers report one of the following HCFA Common Procedure Coding Systems (HCPCS) codes in form locator 44 "HCPCS/Rates" for each drug reported.

Q0163 DIPHENHYDRAMINE HYDORCHLORIDE, 50mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen.

Q0164 PROCHLORPERAZINE MALEATE, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0165 PROCHLORPERAZINE MALEATE, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0166 GRANISETRON HYDROCHLORIDE, 1mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen.

Q0167 DRONABINOL, 2.5mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0168 DRONABINOL, 5mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0169 PROMETHAZINE HYDROCHLORIDE, 12.5mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0170 PROMETHAZINE HYDROCHLORIDE, 25mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0171 CHLORPROMAZINE HYDROCHLORIDE, 10mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0172 CHLORPROMAZINE HYDROCHLORIDE, 25mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0173 TRIMETHOBENZAMIDE HYDROCHLORIDE, 250mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0174 THIETHYLPERAZINE MALEATE, 10mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0175 PERPHENAZINE, 4mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0176 PERPHENAZINE, 8mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0177 HYDROXYZINE PAMOATE, 25mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0178 HYDROXYZINE PAMOATE, 50mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0179 ONDANSETRON HYDROCHLORIDE, 8mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0180 DOLASETRON HYDROCHLORIDE, 100mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

Q0181 UNSPECIFIED ORAL DOSAGE FORM, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen.

NOTE: The 24-hour maximum drug supply limitation on dispensing, for HCPCS codes Q0166 and Q0180, has been established to bring the Medicare benefit as it applies to these two therapeutic entities in conformity with the “Indications and Usage” section of currently Food and Drug Administration approved product labeling for each affected drug product.

In addition, when billing for chemotherapy drugs (which includes oral cancer and IV chemotherapy drugs), providers must report the HCPCS code of the chemotherapy drug in form locator 44 under revenue code 636 in form locator 42.

NOTE: When billing for an oral anti-emetic drug used in conjunction with a chemotherapy drug and the provider is utilizing the hard copy HCFA-1450 (UB-92) claims format, the provider must report the name of the oral anti-emetic drug and the chemotherapy drug in form locator 43 "Description" on the appropriate revenue lines.

LINE ITEM DATES OF SERVICE REPORTING

When billing for an anti-emetic drug used as full replacement for intravenous forms, providers are required to report line item dates of service for the oral anti-emetic drug and for the chemotherapy drug in order to implement the 48-hour requirement stated in the BBA. Line item dates of service in form locator 45 "Service Date" (MMDDYY). (See the example below.)

SERVICE UNIT REPORTING

Providers are required to report the number of units of the oral anti-emetic drug and the chemo-therapy drug in the form locator 46 "Service Units" for each drug reported. Each HCPCS code descriptor is equal to one service unit.

Providers complete the remaining items in accordance with regular billing instructions.

EXAMPLE The following provides an example of how to bill for an oral anti-emetic drug used as full replacement for intravenous forms administered in conjunction with a chemo therapy drug based on the reporting requirements above.

FOR THE HCFA 1450 (UB-92) FLAT FILE, REPORT AS FOLLOWS:

Record Type	Revenue Code	HCPCS	Service Date	Service Units
61	636	Q0163	040198	1
61	636	J9000	040198	1

For the hard copy UB-92 (HCFA 1450), report as follows:

FL 42	FL 43	FL 44	FL 45	FL 46
636	Name of Anti-emetic Drug	Q0163	040198	1
636	Name of Chemotherapy Drug	J9000	040198	1

EDITS THAT WILL BE APPLIED BY FICIAL INTERMEDIARY

The presence of a chemotherapy drug HCPC code for each oral anti-emetic drug HCPCS code (Q0163 to Q0181) reported and the HCPCS codes are reported on the same claim. If an oral anti-emetic drug HCPCS code is submitted but there is no chemotherapy HCPCS code reported, deny the claim; and

The date of service of the oral anti-emetic drug does not exceed the date of service of the chemotherapy drug plus two additional calendar days. If the date of service of the oral anti-emetic drug is greater than the date of the chemotherapy drug plus two additional calendar days, verify both dates. If the verified date of service of the oral anti-emetic drug is greater than the date of service of the chemotherapy drug plus two additional calendar days, dent the claim for the oral anti-emetic.

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling (904)355-8899.