| CMS Manual System | **Department of Health & Human Services (DHHS)** |
|---|---|
| Pub 100-19 Demonstrations | **Centers for Medicare & Medicaid Services (CMS)** |
| **Transmittal 115** | **Date: January 30, 2015** |
| | **Change Request 9032** |

**SUBJECT: Implementation of the Intravenous Immune Globulin (IVIG) demonstration - Processing for home health service overlap editing**

**I. SUMMARY OF CHANGES:** Change Request (CR) 8599 (Issued February 7, 2014) specified the implementation requirements for the Intravenous Immune Globulin (IVIG) Demonstration. Under this demonstration, demonstration claims are not payable if the beneficiary is receiving home health services under a home health episode of care on the same date of service. In such situations, services related to the administration of IVIG in the home should be provided by the home health provider and covered under the home health payment system.

During the testing of CR 8599, a problem was identified in how the date editing was done to identify when beneficiaries enrolled in the demonstration were also receiving home health services. The purpose of this CR is to correct the editing in the standard systems to accurately identify when services to administer IVIG in the home should be covered under the home health benefit and not the demonstration.

**EFFECTIVE DATE: October 1, 2014 - retroactive to original demonstration start date**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: July 6, 2015**

***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 | |

**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 obliged 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:**
**Demonstration**

# Attachment - Demonstrations

| Pub. 100-19 | Transmittal: 115 | Date: January 30, 2015 | Change Request: 9032 |
|---|---|---|---|

**SUBJECT: Implementation of the Intravenous Immune Globulin (IVIG) demonstration - Processing for home health service overlap editing**

**EFFECTIVE DATE: October 1, 2014 - retroactive to original demonstration start date**
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## I. GENERAL INFORMATION

**A. Background:** The "Medicare IVIG Access and Strengthening Medicare and Repaying Taxpayers Act of 2012" authorizes a three year demonstration under Part B of Title XVIII of the Social Security Act to evaluate the benefits of providing payment for items and services needed for the in-home administration of intravenous immune globulin (IVIG) for the treatment of PIDD. Demonstration claims will be submitted by specialty pharmacies billing for the IVIG drug itself when intended for home administration to beneficiaries who are not homebound and not covered under a home health benefit episode.

CR 8599 (Issued February 7, 2014) specified the implementation requirements for the Intravenous Immune Globulin (IVIG) Demonstration. As noted above, one of the exclusions under this demonstration is that beneficiaries may not have services covered under the demonstration if they are also receiving Medicare covered home health services on the same date of service. In this situation, the services are covered under the home health episode payment.

During the testing of CR 8599, it was discovered that the editing in CWF for coverage under the home health episode was not working as intended and, as a result, the correct trailer information was not being sent with the claim line record to VMS. As a result there is the potential for demonstration claims to be provided and paid for when the services should be provided by the home health agency and covered under the home health payment.

The purpose of this CR is to correct the editing in the standard systems to correctly identify beneficiaries receiving home health services and reject those claims for demonstration covered services.

**B. Policy:** Under this demonstration, Medicare will issue under Part B a bundled payment for all medically necessary supplies and services to administer IVIG in the home to beneficiaries enrolled in the demonstration who are not otherwise homebound and receiving home health care benefits. Should a beneficiary who is enrolled in the demonstration start receiving covered home health services, the administration of the IVIG should be provided by the home health agency and reimbursed under the home health benefit. After the beneficiary is no longer receiving home health services, he or she may then return to having services provided under the demonstration. Claims submitted by IVIG suppliers shall be rejected if the date of service for the administration of the drug is during a home health episode of care.

## II. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Responsibility | | | |
|---|---|---|---|---|---|
| | | A/B MAC | DME | Shared-System Maintainers | Other |

| | | A | B | HHH | MAC | FISS | MCS | VMS | CWF | |
|---|---|---|---|---|---|---|---|---|---|---|
| 9032.1 | CWF shall compare the date of service on all Q2052 claim lines to the start and end dates of all covered home health episodes of care for each beneficiary for whom an IVIG demonstration claim is submitted. | | | | | | | | X | |
| 9032.1.1 | Contractors shall not make any payment for IVIG demonstration covered services if Medicare is also paying covered home health benefits for the beneficiary on the same date of service. If the date of service on the Q2052 claim line is within the start and end dates (inclusive) of a covered Medicare home health episode of care, then CWF shall send VMS a line level message to reject the Q 2052 claim line. | | | | | | | | X | |
| 9032.1.2 | If the beneficiary is <u>not</u> receiving Medicare covered home health services for which Medicare is making payments under the home health care payment system, then the beneficiary shall be eligible to receive services under the IVIG demonstration if he or she is enrolled in the demonstration and meets all other eligibility requirements on the date of service for the Q2052 code. | | | | | | | | X | |
| 9032.1.3 | CWF shall modify the existing error code '5562', and return the Trailer '08' and Trailer 39 for further processing by VMS. | | | | | | | | X | |
| 9032.2 | Contractors shall review claims paid since the beginnig of the demonstration (October 1, 2014) and retract payment for any Q2052 claim lines that were paid for where the date of service fell within a paid Medicare covered home health care episode of care for that beneficiary. | | | | X | | | | | |
| 9032.3 | The following Group Code, CARC, RARC, and MSN codes shall be used:<br><br>Group Code: CO – Contractual Obligation<br><br>CARC: 132 - Prearranged demonstration project adjustment.<br><br>RARC: N185 - Alert: Do not resubmit this claim/service.<br><br>MSN: 16.29- Payment is included in another service you have received<br><br>(Spanish version of 16.29 - El pago fue includio en otro servicio que usted recibio.) | | | | X | | | X | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | (Note: There is an accent on the "o" in the last word "recibio" which keyboard does not have.) | | | | | | | | | |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | CEDI |
| | | A | B | HHH | | |
| | None | | | | | |

## 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):** Jody Blatt, 410-786-6921 or jody.blatt@cms.hhs.gov , Teresa Davis, 410-786-0228 or teresa.davis1@cms.hhs.gov

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

## VI. FUNDING

**Section A: 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.

**ATTACHMENTS: 0**