



Update to Osteoporosis Drug Codes Billable on Home Health Claims

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Related Change Request (CR) Number: 11846

Related CR Release Date: August 7, 2020

Effective Date: January 1, 2021

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Implementation Date: January 4, 2021

PROVIDER TYPES AFFECTED

This MLN Matters Article is for Home Health Agencies (HHAs) who bill Medicare Administrative Contractors (MACs) for osteoporosis drugs provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11846 adds instructions for billing and payment of additional codes for osteoporosis drugs under the home health benefit. Make sure your billing staffs are aware of these changes.

BACKGROUND

Sections 1861(m) and 1861(kk) of the Social Security Act provide for coverage of Food and Drug Administration (FDA) approved injectable drugs for osteoporosis provided by a Home Health Agency (HHA) to female beneficiaries who meet certain criteria. Initially, the only FDA approved injectable drug for osteoporosis was calcitonin. Effective for dates of services on or after January 1, 2005, Medicare also began covering teriparatide (brand named Forteo), an injectable drug approved by the FDA for use in treating osteoporosis.

Since that time, there have been additional drugs approved for use in treating osteoporosis that would be covered under the Medicare home health benefit if provided by an HHA to eligible female beneficiaries. These include osteoporosis drugs that have the ingredient denosumab (brand names Xgeva and Prolia), romosozumab-aqqg (brand name Evenity) or abaloparatide (brand name, Tymlos). The eligibility criteria for female beneficiaries to get osteoporosis drugs are in the Medicare Benefit Policy Manual, Chapter 7, Section 50.4.3, which is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>.

The administration of the drug is included in the charge for the skilled nursing visit billed using TOB 032x. The cost of the drug is billed using TOB 034x, using revenue code 0636. These drugs are paid on a reasonable cost basis, using the provider's submitted charges to make initial payments, which are subject to annual cost settlement.

You may bill:

- Drugs that have the ingredient teriparatide using HCPCS code J3110, if all existing guidelines for coverage under the home health benefit are met. HCPCS code J3110 is defined as 10 mcg. Providers should report 1 unit for each 10 mcg dose provided during the billing period.
- Drugs that have the ingredient denosumab using HCPCS code J0897, if all existing guidelines for coverage under the home health benefit are met. HCPCS code J0897 is defined as 1 mg. Providers should report 1 unit for each 1 mg dose provided during the billing period.
- Drugs that have the ingredients romosozumab-aqqg using HCPCS code J3111, if all existing guidelines for coverage under the home health benefit are met. HCPCS code J3111 is defined as 1 mg. Providers should report 1 unit for each 1 mg dose provided during the billing period.
- Drugs that have the ingredient abaloparatide using HCPCS code J3590 (unclassified biologics), if all existing guidelines for coverage under the home health benefit are met. As an unclassified code, HCPCS code J3590 does not have a standard definition for units. Providers should report 1 unit for each 80 mcg dose provided during the billing period.

ADDITIONAL INFORMATION

The official instruction, CR 11846, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10274cp.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
August 7, 2020	Initial article released.

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