

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11290</b>	<b>Date: March 9, 2022</b>
	<b>Change Request 12551</b>

**Transmittal 11190, dated January 20, 2022, is being rescinded and replaced by Transmittal 11290, dated, March 9, 2022 to revise the background section and business requirement 12551.1 to limit the Types of Bill that are applied by edit 32453 rather than disabling the edit. All other information remains the same.**

**SUBJECT: Correction to Processing When Osteoporosis Drugs Are Billed for Other Indications**

**I. SUMMARY OF CHANGES:** This Change Request permanently removes an edit requiring osteoporosis drugs to be billed only by home health agencies.

**EFFECTIVE DATE: July 1, 2022 - Claims received on or after this date.**

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

**IMPLEMENTATION DATE: July 5, 2022**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 11290	Date: March 9, 2022	Change Request: 12551
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## I. GENERAL INFORMATION

**A. 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. Over time, Medicare began covering additional osteoporosis drugs.

Three new osteoporosis drug codes were implemented by Change Request (CR) 11846, for claims received on and after January 01, 2021. The codes were included in all the appropriate systems edits to ensure compliant billing by home health agencies. However, they were included in error in an edit that restricts the drug codes to home health agency claims only. These drugs can be used for indications other than osteoporosis and billed by other provider types. CR 12199 revised Medicare systems to correct the error.

CMS has identified instances where calcitonin may also be used for other indications. In these instances, the edit restricting the codes to home health agency claims is also in error. To correct this and prevent any similar issues in the future, this CR revises Medicare system editing to allow any osteoporosis drugs on other outpatient Types of Bill in addition to home health Type of Bill 034x.

**B. Policy:** This Change Request contains no new policy. It corrects the implementation of existing policy.

## 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	
12551.1	The contractor shall revise the edit requiring that osteoporosis drug HCPCS codes are billed only on TOB 034x to also allow the codes on TOBs 012x, 013x, 022x, 023x and 085x.					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	
	Note: This is FISS reason code 32453.								

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	C E N T R A L I S S U E S	S H A R E D S Y S T E M M A I N T A I N E R S	O T H E R	O T H E R
		A	B	H H H					
	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):** Wil Gehne, wilfried.gehne@cms.hhs.gov , Carla Douglas, carla.douglas@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**