Keeping Up with the Changes in Pharmacy

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Topics of Discussion

- Rescheduling of Hydrocodone combinations
- DEA Controlled Substance Prescribing/Dispensing
- CMS clarification re: Part D Sponsors
- CR 8358

Rescheduling of Hydrocodone combinations

- Effective October 6, 2014
- Hydrocodone combinations will be Schedule II
  - Hydrocodone/pap in Vicodin, Lortab, Norco, etc.
  - Hydrocodone/BD in Vicoprofen
  - Hydrocodone cough suppressant in Tussionex, Hycodan, etc.
- Prescriptions written prior to October 6th with refills are valid up until April 8, 2015
Required elements of a valid prescription

- Full name and address of the patient
- Drug name, strength, dosage form, quantity prescribed and directions
- Name, address and registration number of the practitioner
- Practitioner’s signature
- Dated and signed on the day when issued

Fax CII Orders

- ONLY for residents in LTC or Medicare hospice program
- Prescription must state “Hospice Patient”

Oral Emergency CII

- Only in emergency situations.
  - Immediate administration of the controlled drug is necessary for proper treatment of the intended ultimate user
  - No appropriate alternative available
  - Not reasonably possible for prescribing practitioner to provide written prescription
- Quantity prescribed and dispensed is limited to amount adequate to treat the patient during emergency period
- Prescriber must present written prescription to dispensing pharmacist within 7 days
- Written prescription must have date of oral order and “Authorization for Emergency Dispensing”
- If mailed, must be postmarked within 7 days
- If prescriber fails to comply, pharmacist is required to notify DEA
- If pharmacist fails to notify DEA, the pharmacist or pharmacy may lose license to dispense emergency orders
Reorders and Partial fill for CII

- Prescriber may issue multiple prescriptions for the same CII up to 90 day supply
  - Include written instructions on each indicating earliest date to fill
- Partial Fills
  - Only for LTC or terminally ill patients
  - Prescription is valid for 60 days from date of issue

CMS Guidance – July 18, 2014

- Part D Sponsors (Medicare Part D plans) encouraged to place beneficiary-level PA requirements on four categories
  - Analgesics
  - Antinauseants (antiemetics)
  - Laxatives
  - Antianxiety (anxiolytics)
- Effective immediately with expectation Part D sponsor to implement by October 1, 2014.

Drug Coverage

- Hospice Providers will continue to provide all medications that are reasonable and necessary for the palliation and management of a beneficiary’s terminal illness and related conditions.
  - CMS expect it will routinely include drugs in the four categories above.
- OTC drugs are excluded from the Part D benefits.
- Hospice Providers are encouraged to report hospice election to Part D sponsors and provide medication information proactively, PRIOR to the submission of a claim.
  - Medication information is inclusive of whether the medications are related or unrelated to the terminal illness and related conditions.
Prior Authorizations
(pain, nausea, constipation and anxiety only)

• Claim rejected at pharmacy for hospice PA
• Pharmacy or beneficiary may contact the hospice provider for a statement
• Hospice provider to provide an oral or written statement or provide a written statement to the pharmacy or the beneficiary to transmit to the Part D sponsor.
• Hospices are expected to maintain a record of the clinical basis for the statement that the drug is unrelated and provide it upon request.
• CMS encourage hospice providers to provide a compassionate first fill for any medication needed by a beneficiary who is experiencing difficulty in accessing the drug at POS.
• Hospice provider should contact Part D sponsor to negotiate recovery if unrelated.

Standardized prior authorization form

• National Council for Prescription Drug Program’s Work Group 9 Hospice Task Group
  • 1st page – information for the prior auth of drugs in the four categories
  • Could also be used by the hospice provider to report hospice election or termination
  • 2nd page – information on drugs
    • Only drug that are related to the terminal illness and related conditions would be reported
    • No clinical justification for determination is necessary
    • Hospice physician must document in chart why a condition is unrelated
    • Medical record must be available to MAC and any other auditors to confirm documentation for unrelatedness
    • Audits are usually 2 years behind
    • Not required to be filled out

Beneficiary Liability

• Medications that may no longer be effective in the intended treatment and/or may be causing additional negative symptoms
• Beneficiary requests a drug that is not on the hospice formulary and the beneficiary refuses to try a formulary equivalent first
• Drug is unreasonable or unnecessary for the palliation of pain and/or symptom management
Buckets of Relatedness

- Related
  - Medically Necessary
  - Hospice Pays
  - Patient Pays

- Unrelated
  - Medically Necessary
  - Part D eligible
- If drug is in 4 category (pain, anxiety, nausea and constipation), then PA required
  - Medically Unnecessary
  - Patient Pays

CR 8358

- Coding for Injectable Drugs: Report on a line-item basis per fill, using revenue code 0636 and the appropriate HCPCS code, with units representing the amount filled.

- Coding for Non-Injectable Prescriptions: Report on a line-item basis per fill, using revenue code 0250 and the National Drug Code (NDC). The NDC qualifier represents the quantity of the drug filled, and should be reported as the unit measure.

- Coding for Infusion Pumps: Report on the claim on a line-item basis per pump order and per medication refill, using revenue code 029X for the equipment and 0294 for the drugs along with the appropriate HCPCS.

NDC Numbers

- NDC: National Drug Code
  - 10 digit, 3 segment numeric identifier
    - Digit 1-4: Labeler code – manufacturer
    - Digit 5-8: Product code – identifies the specific strength, dosage form and formulation
    - Digit 9-10: Package code – identifies package forms and sizes

- Ex. Lorazepam 0.5mg tab (over 10 different NDCs)
**Revenue Codes**

- 0250: Non-injectable prescriptions
- 0636: Injectable Drugs (requires HCPCS code and Unit)
- 0294: Injectable Drugs used with Infusion Pumps (requires HCPCS code and Unit)

- 029x: Infusion Pumps
  - 0291: Infusion pump rental
  - 0292: Infusion pump purchase (new)
  - 0293: Infusion pump purchase (used)
  - 0299: Infusion pump other

**HCPCS – how to calculate units**

- HCPCS: Healthcare Common Procedure Coding System

  **Ex. 1**
  - Ceftriaxone 1gm IM x1
  - J0696 – per 250mg
  - 1gm (1000mg) = 4 units
  - Revenue code: 0636

  **Ex. 2**
  - Morphine 10mg/hr IV infusion using CADD pump (5mg/ml 1000ml bag)
    - Quantity dispensed = 1000
    - J2271 – per 100mg
    - 5mg/ml * 1000ml = 5000mg/100mg = 50 units
    - Revenue code: 0294
    - CADD Pump E0779

**Unit of Measure**

- F2 - International Unit
  - Mostly used when billing for Factor VIII/Antihemophilic Factors
- GR - Gram or ME - Milligram
  - Used for ointment, cream, inhaler or bulk powder
- ML - Milliliter
  - Used when drug comes in a liquid form
- UN - Unit
  - Used when drug comes in a vial in powder form and has to be reconstituted before administration
Coding for Infusion Pumps

- Hospice agencies shall report infusion pumps (a type of DME) on a line-item basis for each pump and for each medication fill and refill. The hospice claim shall reflect the total charge for the infusion pump for the period covered by the claim, whether the hospice is billed for it daily, weekly, biweekly, with each medication refill, or in some other fashion. The hospice shall include on the claim the infusion pump charges on whatever basis is easiest for its billing systems so long as, in total, the claim reflects the charges for the pump for the time period of that claim. DME other than infusion pumps, and medical supplies, are not to be reported at this time.

  - E0779 - Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
  - E0780 - Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours
  - E0781 - Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
  - E0782 - Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connections, etc.)
  - E0783 - Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connections, etc.)

Common Claim Questions

- When a facility (hospital, SNF, NF, or hospice inpatient facility) uses a system (such as Pyxis) where each administration of a hospice medication is considered a fill for hospice patients receiving care, the hospice shall report a monthly total for each drug (i.e., report a total for the period covered by the claim), along with the total dispensed.
- Hospices shall report multi-ingredient compound prescription drugs (non-injectable) using revenue code 0250. The hospice shall specify the same prescription number for each ingredient of a compound drug according to the 837i guidelines in loop 2410. In addition, the hospice shall provide the National Drug Code (NDC) for each ingredient in the compound; the NDC qualifier represents the quantity of the drug filled (meaning the amount dispensed) and shall be reported as the unit measure.
- When reporting prescription drugs in a comfort kit/pack, the hospice shall report the NDC of each prescription drug within the package, in accordance with the procedures for non-injectable prescriptions given in this instruction.

Questions