



GOBIERNO DE PUERTO RICO

ADMINISTRACIÓN DE SEGUROS DE SALUD

Director Ejecutivo | Jorge E. Galva, JD, MHA | [jgalva@asespr.org](mailto:jgalva@asespr.org)

## Carta Normativa 20-1110-A

18 de mayo de 2021

**A: ORGANIZACIONES DE MANEJO DE CUIDADO DIRIGIDO (MCOS), PROVEEDORES Y FACILIDADES DEL PLAN DE SALUD DEL GOBIERNO, PLAN VITAL**

**Re: FACTURACION POR SERVICIOS Y/O TRATAMIENTOS DE REMDESIVIR Y/O PLASMA CONVALECIENTE**

La Administración de Seguros de Salud de Puerto Rico (ASES) les informa que debido a los eventos ocurridos por la pandemia de COVID-19, los Centros de Servicios de Medicare y Medicaid (CMS) han aprobado la introducción o infusión de terapias, incluido el **Remdesivir** y/o **Plasma Convaleciente**.

La ASES sometió y fue aprobado por Centro de Medicare y Medicaid (CMS) la metodología de reembolso a los MCOs de las facturas procesadas y pagadas a las facilidades/hospitales por el/los tratamientos de referencia prestados a los beneficiarios del Plan Vital. Esto no es extensivo a los beneficiarios adscritos a Medicare Platino.

La facilidad /Hospital deberá facturar al MCO que administra la cubierta de beneficios del beneficiario del Plan Vital. Este servicio no requiere autorización. El pago por servicios de/los tratamientos de Remdisivir y/o Plasma Convaleciente no esta incluido en el per diem o en la metodología de pago establecida en el contrato entre el MCO y la facilidad/hospital. El MCO procesará la factura y emitirá el pago correspondiente cónsono al volumen de servicios y tarifa establecida, e itinerario de pagos. No se aplicará co-pagos o deducibles.

Por tanto, la identificación de estos servicios, en el archivo de reclamaciones emitidas por las Aseguradoras a la ASES (\*.CLM), se realizará utilizando la siguiente codificación:

**Remdesivir**

**Administración del Tratamiento**

CLM FILE LAYOUT					REMBURSMENTS CODIFICATION			
#	Field	Name	Description	Deliverable Data Format	Validation Rules	Values	Description	Comments
7	bill_type	Bill Type	Originating bill type – U=UB-04 / Institutional H=HCFA/CMS1500 / Individual / Professional P=Pharmacy Claim D=Dental Claim	X	Required Must equal "U", "H", "P" or "D".	U	UB-04 / Institutional	UB-04 / Institutional
8	ub_bill_type	UB Type of Bill	Type of Bill on the UB claim form. The type of bill encodes facility type, bill classification, and description.	XXX	Required for all claims submitted on Uniform Bill (UB) claim form. When present, must be one of the standard three digit codes as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual.	11X	Hospital Inpatient	Use codes in Renored Table Tab UB Type Of Bill - Hospital Inpatient
43	rev_code	Revenue Code	For UB-04 Claims NUBC Revenue Code	X(4)	Required for UB-04 claims. When present it must be a valid Revenue code. Must be zero filled to the left.	0250	Pharmacy General Classification	
7 to 58	icd_diag_01 to icd_diag_12	Primary ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims. Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.	U071	Covid19	Report once in any ICD10 diag field position
59 to 64	icd_proc_01 to icd_proc_06	Primary ICD Procedure code to Sixth ICD Procedure code	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Principal Surgery)	X(10)	Not required for Pharmacy and Dental claims. If provided, must be a valid ICD10-PCS procedure code without any decimal points.	XW033E5 XW043E5	Introduction of Remdesivir Anti-Infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5 Introduction of Remdesivir Anti-Infective into Central Vein, Percutaneous Approach, New Technology Group 5	Report once in any ICD10 proc field position
108	claim_type	Claim Type	Claim Type: I=Inpatient O=Outpatient P=Professional	X	Required for all medical claims. For Rx and Dental claims, this field can be left blank. Must equal "I", "O" or "P" if populated.	I	Inpatient	
107	sv_units	Units of Service	Number of occurrences of service	9(10)	When present must be a number			This value is required

## Plasma Convaleciente

### Administración de Tratamiento:

CLM FILE LAYOUT					PLASMA CONVALESCIENTE			
#	Field	Name	Description	Deliverable Data Format	Validation Rules	Values	Description	Comments
7	bill_type	Bill Type	Originating bill type – U=UB-04 / Institutional H=HCFA/CHS1500 / Individual / Professional P=Pharmacy Claim D=Dental Claim	X	Required Must equal 'U', 'H', 'P' or 'D'.	U	UB-04 / Institutional	
8	ub_bill_type	UB Type of Bill	Type of Bill on the UB claim form. The type of bill encodes facility type, bill classification, and description.	XXX	Required for all claims submitted on Uniform Bill (UB) claim form. When present, must be one of the standard three digit codes as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual.	11X	Hospital Inpatient	
43	rev_code	Revenue Code	For UB-04 Claims NUBC Revenue Code	X(4)	Required for UB-04 claims. When present it must be a valid Revenue code Must be zero filled to the left.	0383	Blood Component Plasma	
17 to 58	icd_diag_01 to icd_diag_17	Primary ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims. Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.	U071	Covid19	Report once in any ICD10 field position
59 to 64	icd_proc_01 to icd_proc_06	Primary ICD Procedure code to Sixth ICD Procedure code	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Principal Surgery)	X(10)	Not required for Pharmacy and Dental claims. If provided, must be a valid ICD10-CM procedure code without any decimal points.	XW13325	Transfusion of Convalescent Plasma (Nonautologous) into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Report once in any ICD10 proc field position
108	claim_type	Claim Type	Claim Type: I=Inpatient O=Outpatient P=Professional	X	Required for all medical claims. For Rx and Dental claims, this field can be left blank. Must equal 'I', 'O' or 'P' if populated.	I	Inpatient	
107	sv_units	Units of Service	Number of occurrences of service	9(10)	When present must be a number			This value is required

La tarifa aplicable es la siguiente:

- Remdesivir: \$520.00 por unidad/vial 100mg IV
- Plasma Convaleciente: \$250.00 por unidad

La efectividad de la inclusión de estos tratamientos a la cubierta de servicios del Plan Vital es desde el **1ro de octubre de 2020**.

Agradecemos su colaboración y cumplimiento.

Cordialmente,

Jorge E. Galva, JD, MHA  
Director Ejecutivo

Cumplimiento

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