Carta Normativa 20-1110

10 de noviembre de 2020

A: ORGANIZACIONES DE MANEJO COORDINADO DE SALUD (MCOs) CONTRATADAS PARA EL PLAN VITAL, ADMINISTRADOR DEL BENEFICIO DE FARMACIA (PBM), FARMACIAS, GRUPOS MÉDICOS PRIMARIOS (GMP), MÉDICOS PRIMARIOS Y PROVEEDORES PARTICIPANTES

Re: FACTURACIÓN 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 el 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 Remdesivir y/o Plasma Convaleciente no está incluido en el perdiem 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 consonó al volumen de servicios y tarifa establecida, e itinerario de pagos. No se aplicará copagos o deducibles.

Por tanto, la facturación por estos servicios debe realizarse en una línea separada utilizando la siguiente codificación:

REMDESIVIR

✓ **Administración del Tratamiento**

CLM FILE LAYOUT					REIMBURSMENTS CODIFICATION		
# Field	Name	Description	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	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.	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 Rerenced Table Tab UB Type Of Bill - Hospital Inpatient
47 to 58 lcd_diag_01 to lcd_diag_12	Primary ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	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 cd_proc_06	Primary ICD Procedure code to Sixth ICD Procedure code	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Principal Surgery)	Not required for Pharmacy and Dental claims. If provided, must be a valid ICD10-PCS procedure code without any decimal points.		XW033E5	Introduction of Remdesivir Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5	Report once in any ICD10 proc field position
					XW043E5	Introduction of Remdesivir Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5	
108 claim_type	Claim Type	Claim Type: I=Inpatient O=Outpatient P=Professional	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	Inpatient
107 sv_units	Units of Service	Number of occurrences of service	When present must be a number				This value is required

✓ **Tratamiento**

CLM FILE LAYOUT					REIMBURSMENTS CODIFICATION		
# Field	Name	Description	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	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.	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	
36 proc_code	Procedure Code	For non-Pharmacy Standard procedure code conforming to HCPCS/CPT or HCSPC/CDT as appropriate	For claims from CMS1500 / UB-04, when present must be a HCPCS/CPT code. For Dental claims must be a valid dental HCPCS/CDT code. For Pharmacy claims this must be all blanks.		C9399	Unclassified drug or biological	
43 rev_code	Revenue Code	For UB-04 Claims NUBC Revenue Code	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	
44 rx_ndc	National Drug Code	For Pharmacy only. National Drug Code value for prescribed drug in 5 4 2 format	Required on Pharmacy claims. Must be a valid NDC code in 5 4 2 format filling all 11 bytes. For non-Pharmacy claims must be blank.		61958290101	Injection, Powder, Lyophilized, For Solution	This value is required for remdesivir codification
					61958290202	Injection	
47 to 58 lcd_diag_01 to lcd_diag_12	Primary ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	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
108 claim_type	Claim Type	Claim Type: I=Inpatient O=Outpatient P=Professional	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	Inpatient
107 sv_units	Units of Service	Number of occurrences of service	When present must be a number				This value is required

PLASMA CONVALECIENTE

✓ **Administración del Tratamiento**

CLM FILE LAYOUT					REIMBURSMENTS CODIFICATION		
# Field	Name	Description	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	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.	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	
47 lcd_diag_01 to to 58 lcd_diag_12	**Primary ICD Diagnosis code**	Non-Pharmacy/Dental ICD diagnosis code.	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 icd_proc_01 to to 64 cd_proc_06	**Primary ICD Procedure code to Sixth ICD Procedure code**	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Principal Surgery)	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
					XW14325	Transfusion of Convalescent Plasma (Nonautologous) into Central Vein, Percutaneous Approach, New Technology Group 5	
108 claim_type	**Claim Type**	Claim Type: I=Inpatient O=Outpatient P=Professional	Required for all medical claims. For Rx and Dental claims, this field can be left Must equal "I", "O" or "P" if populated.		I	Inpatient	
107 sv_units	**Units of Service**	Number of occurrences of service	When present must be a number				This value is required
132 occurrence_code_01 to to 141 occurrence_code_10	**First Occurrence Code**	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.		DR	Disaster Related	Report once in any Ocurrence Code field position. This value allows to identify between regular plasma and covid19 convalescent plasma

✓ **Tratamiento**

CLM FILE LAYOUT					REIMBURSMENTS CODIFICATION		
#	Field	Name	Description	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	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.	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	
36	proc_code	**Procedure Code**	For non-Pharmacy Standard procedure code conforming to HCPCS/CPT or HCSPC/CDT as appropriate	For claims from CMS1500 / UB-04, when present must be a HCPCS/CPT code. For Dental claims must be a valid dental HCPCS/CDT code. For Pharmacy claims this must be all blanks.	P9099	Blood component or product not otherwise classified	
43	rev_code	**Revenue Code**	For UB-04 Claims NUBC Revenue Code	Required for UB-04 claims. When present it must be a valid Revenue code. Must be zero filled to the left.	0383	Blood Components - Plasma	
47 to 58	lcd_diag_01 to lcd_diag_12	**Primary ICD Diagnosis code**	Non-Pharmacy/Dental ICD diagnosis code.	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
108	claim_type	**Claim Type**	Claim Type: I=Inpatient O=Outpatient P=Professional	Required for all medical claims. For Rx and Dental claims, this field can be left Must equal "I", "O" or "P" if populated.	I	Inpatient	
107	sv_units	**Units of Service**	Number of occurrences of service	When present must be a number			This value is required
132 to 141	occurrence_code_01 to occurrence_code_10	**First Occurrence Code**	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.	DR	Disaster Related	Report once in any Ocurrence Code field position. This value allows to identify between regular plasma and covid19 convalescent plasma

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

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