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Title:	Billing for IPPS New COVID-19 Treatments Add-On Payment
Healthcare Type:	Facility
Source:	CMS Claims Processing Transmittal 10543, January 28, 2022 https://www.cms.gov/files/document/r10543cp.pdf ; https://www.cms.gov/medicare/covid-19/new-covid-19-treatments-add-payment-nctap ; https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2022-medicare-hospital-inpatient-prospective-payment-system-ipp-and-long-term-care-0
Abstract:	This article provides an overview of guidelines for add-on payment for IPPS new COVID-19 treatments.

Article Text

In response to the COVID-19 Public Health Emergency (PHE), CMS released details for enhanced payments in the interim final rule (CMS-9912-IFC) dated November 6, 2020. Enhanced payments are available for eligible inpatient cases that involve the use of certain new products approved to treat COVID-19. At the time there were only two drug or biological products that met criteria for New COVID-19 Treatments Add-On Payment (NCTAP): Veklury (remdesivir) and COVID-19 convalescent plasma. Subsequently, the FDA authorized emergency use of Olumiant (baricitinib), in combination with remdesivir, for treatment of COVID-19.

CMS is extending the NCTAP for eligible COVID-19 products through the end of the fiscal year in which the PHE ends. CMS is not finalizing the proposal to discontinue the NCTAP for discharges on or after October 1, 2021, for a product that is approved for new technology add-on payments beginning FY 2022. Instead, hospitals will be eligible to receive both NCTAP and the traditional new technology add-on payment for qualifying patient stays, through the end of the fiscal year in which the PHE ends, with the new technology add-on payment reducing the amount of the NCTAP.

Under the NCTAP policy, the enhanced payment is equal to or lesser of:

- 65 percent of the operating outlier threshold for the claim; or
- 65 percent of the cost of a COVID-19 stay beyond the operating IPPS payment (including the 20 percent add-on payment)

CMS identifies eligible claims by the presence of ICD-10 diagnosis code U07.1 (COVID-19) and the presence of the following ICD-10 procedure codes:

- For discharges involving use of remdesivir or COVID-19 convalescent plasma on or after November 2, 2020, through the duration of the COVID-19 PHE:
 - XW033E5 Introduction of remdesivir anti-infective into peripheral vein, percutaneous approach, new technology group 5
 - XW043E5 Introduction of remdesivir anti-infective into central vein, percutaneous approach, new technology group 5
 - XW13325 Transfusion of convalescent plasma (nonautologous) into peripheral vein, percutaneous approach, new technology group 5
 - XW14325 Transfusion of convalescent plasma (nonautologous) into central vein, percutaneous approach, new technology group 5
- For discharges involving baricitinib on or after November 19, 2020, and on or before December 31, 2020:
 - XW0DXF5 Introduction of other new technology therapeutic substance into mouth and pharynx, external approach, new technology group 5
 - 3E0G7GC Introduction of other therapeutic substance into upper G.I. via natural or artificial opening
 - 3E0H7GC Introduction of other therapeutic substance into lower G.I. via natural or artificial opening

Note: Claims should also include a code for remdesivir (XW033E5 or XW043E5).

- For discharges involving use of baricitinib on or after January 1, 2021, through the duration of the COVID-19 PHE:
 - XW0DXM6 Introduction of baricitinib into mouth and pharynx, external approach, new technology group 6
 - XW0G7M6 Introduction of baricitinib into upper GI, via natural or artificial opening, new technology group 6
 - XW0H7M6 Introduction of baricitinib into lower GI, via natural or artificial opening, new technology group 6

Note: Claims should also include a code for remdesivir (XW033E5 or XW043E5).

Hospitals should report the ICD-10-PCS code(s) for all products administered during the stay, regardless of if the hospital received the product at no cost. A hospital should not seek additional payment on the claim for drugs or biologicals provided by a governmental entity to a provider at no cost to diagnose or treat patients with known or suspected COVID-19. See article "Guidelines for Billing No Cost Items" for details regarding no cost items.