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CMF Editing for Method Selection on Durable Medical Equipment Regional Carrier (DMERC) Claims for Epoetin Alfa (EPO) and Aranesp

Key Words

EPO, Aranesp, Method II, ESRD, MM3547, CR3547, DMERC, CMF, ESRD, Dialysis

Provider Types Affected

Durable Medical Equipment (DME) suppliers billing Medicare Durable Medical Equipment Regional Carriers (DMERCs) for EPO and Aranesp

Key Points

- The effective date of the instruction is July 1, 2005.
- The implementation date is July 5, 2005.
- MM3547 notifies providers that Medicare DMERCs will only pay claims for *Epoetin Alfa* (EPO) and *Darbepoetin Alfa* (Aranesp) for Method II home dialysis End Stage Renal Disease (ESRD) patients.
- Edits will be added to the Medicare systems to assure that the DMERCs pay claims for EPO and Aranesp only for Method II ESRD beneficiaries.
- When EPO or Aranesp is prescribed for a home patient, it may be:
 - Administered in a facility, e.g., the one shown on the Form CMS-382 (ESRD Beneficiary MethodSelection Form), or
 - Furnished by a facility or Method II supplier for self-administration to a home patient determined to be competent to administer this drug.
- For EPO or Aranesp furnished for self-administration to competent Method I and Method II home patients the following applies:
 - The renal facility bills its fiscal intermediary, and
 - The Method II supplier bills its DMERC.
- Method II beneficiary is one who has chosen home dialysis and has chosen via Form CMS-382 to deal with a supplier of home dialysis equipment and supplies.

- No additional payment is made for training a prospective self-administering patient or retraining an existing home patient to self-administer EPO or Aranesp.
- Method II patients who self-administer EPO or Aranesp will only be able to obtain it from their Method II supplier, or from a Medicare certified ESRD facility.
- In this case the DMERC will pay at the same rate that applies to facilities. Program payment cannot be made for EPO and Aranesp furnished by a physician to a patient for self-administration.
- The Medicare Claims Processing Manual (Pub. 100-04), Chapter 8 (Outpatient ESRD Hospital, Independent Facility, and Physician/Supplier Claims), Section 60 (Separately Billable ESRD Items and Services), Subsections 60.4.4 and 60.7.4 have been revised to reflect this change.
- The revised part of the manual is attached to the official instruction issued to the DMERC regarding this change. This instruction may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R447CP.pdf> on the CMS website.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3547.pdf>

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