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## Revisions to the Billing Requirements for ESRD-Related Epotein Alfa (EPO) and Darbepoetin Alfa (Aranesp) Administrations Provided During Unscheduled or Emergency Dialysis Treatments in the Outpatient Hospital Setting

**Note: This article was revised on January 9, 2018, to update Web addresses. All other information remains the same.**

### Provider Types Affected

Hospitals submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for dialysis services provided to Medicare beneficiaries.

### Impact on Providers

This article is based on Change Request (CR) 6047 which revises the billing of End Stage Renal Disease (ESRD) related Epotein Alfa (EPO) and Darbepoetin Alfa (Aranesp) administrations provided during unscheduled or emergency dialysis treatment in an outpatient hospital setting.

### Background

CR 3184 dated June 4, 2004 established Medicare system edits that require the presence of hospital emergency room visit revenue code 045X in order to allow payment for End Stage Renal Disease (ESRD) related Epotein Alfa (EPO) and Darbepoetin Alfa (Aranesp) provided in conjunction with an emergency dialysis treatment. Effective October 1, 2008, revenue code 045x will no longer be required in order to allow for EPO and Aranesp payment related to an unscheduled or emergency dialysis treatment.

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CR 6047 revises current Medicare system edits associated with unscheduled and emergency dialysis treatments in the hospital outpatient setting to allow for the payment of EPO and Aranesp, Healthcare Common Procedure Coding System (HCPCS) Q4081 and J0882 **only** when HCPCS G0257 is present on the same claim.

The definition for HCPCS code G0257 is as follows: Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility.

CR 6047 instructs Medicare contractors to:

- Only make payment for ESRD-related EPO or Aranesp in the outpatient hospital setting (13x and 85x bill types) when HCPCS code G0257 appears on the same claim, and
- Return to the provider any outpatient hospital claims containing ESRD-related EPO or Aranesp when HCPCS code G0257 does not appear on the same claim.

## Additional Information

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The official instruction, CR 6047, issued to FIs and A/B MACs regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1503CP.pdf>. If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html>.

## Document History

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- May 16, 2008 – Initial article released.
- January 9, 2018 – The article is revised to update Web addresses. All other information remains the same.

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