

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1503</b>	<b>Date: MAY 16, 2008</b>
	<b>Change Request 6047</b>

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

**I. SUMMARY OF CHANGES:** This instruction revises Medicare system edits for ESRD-related EPO and Aranesp provided in the outpatient hospital setting.

New / Revised Material

Effective Date: October 1, 2008

Implementation Date: October 6, 2008

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
R	8/60.4.3.2/Epoetin Alfa (EPO) Provided in the Hospital Outpatient Department
R	8/60.4.3.2/Payment for Darbepoetin Alfa (Aranesp) in the Hospital Outpatient Department

**III. FUNDING:**

**SECTION A:** For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**SECTION B:** For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 1503	Date: May 16, 2008	Change Request: 6047
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**SUBJECT: 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**

**Effective Date:** October 1, 2008

**Implementation Date:** October 6, 2008

## I. GENERAL INFORMATION

**A. Background:** Change Request 3184 dated June 4, 2004 established Medicare system edits that require the presence of a hospital emergency room visit revenue code (045X) in order to allow payment for ESRD-related EPO and Aranesp provided in conjunction with an emergency dialysis treatment. This instruction revises the 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 when HCPCS code G0257 is present on the same claim. Revenue code 045x will no longer be required in order to allow for EPO and Aranesp payment for claims with dates of service on or after October 1, 2008.

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.

**B. Policy:** Medicare allows for reimbursement of ESRD-related EPO and Aranesp provided during an unscheduled or emergency dialysis treatment in the outpatient hospital setting.

## II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement*

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I  M A C	C A R  I E R	R H H  I  S S	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
6047.1	Medicare contractors shall only make payment for ESRD-related EPO or Aranesp (Q4081, J0882) in the outpatient hospital setting (13x and 85x bill types) when	X		X			X				

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B  M A C	D M E  M A C	F I   M A C	C A R I E R	R H H I  S	Shared-System Maintainers			
						F I S	M C S	V M S	C W F	
	HCPCS code G0257 appears on the same claim for dates of service on or after October 1, 2008.									
6047.1.1	Medicare contractors shall return to provider outpatient hospital claims containing ESRD-related EPO or Aranesp when HCPCS code G0257 does not appear on the same claim.	X		X			X			

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M M A C	F I  I E R	C A R I E R	R H H I	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
6047.2	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X		X							

### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: For all other recommendations and supporting information, use this space: N/A**

## V. CONTACTS

**Pre-Implementation Contact(s):** [Wendy.Tucker@cms.hhs.gov](mailto:Wendy.Tucker@cms.hhs.gov) or [Jason.Kerr@cms.hhs.gov](mailto:Jason.Kerr@cms.hhs.gov) (for billing questions related to this instruction) or Lisa Hubbard, [Lisa.Hubbard@cms.hhs.gov](mailto:Lisa.Hubbard@cms.hhs.gov) (for ESRD policy questions)

**Post-Implementation Contact(s):** Appropriate Regional Office

## VI. FUNDING

### **Section A: For *Fiscal Intermediaries (FIs) and Carriers:***

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

### **Section B: For *Medicare Administrative Contractors (MACs):***

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

### **60.4.3.2 - Epoetin Alfa (EPO) Provided in the Hospital Outpatient Department**

*(Rev. 1503; Issued: 05-16-08; Effective Date: 10-01-08; Implementation Date: 10-06-08)*

When ESRD patients come to the hospital for *an unscheduled or emergency dialysis treatment they may also require the administration of EPO*. Effective January 1, 2005, EPO will be paid based on the ASP Pricing File.

Hospitals use type of bill 13X (or 85X for Critical Access Hospitals) and report charges under the respective revenue code 0634 for EPO less than 10,000 units and revenue code 0635 for EPO over 10,000 units. Hospitals report the drug units based on the units defined in the HCPCS description. Hospitals do not report value code 68 for units of EPO. Value code 49 must be reported with the hematocrit value for the hospital outpatient visits prior to January 1, 2006, and for all claims with dates of service on or after January 1, 2008.

### **60.7.3.2 - Payment for Darbepoetin Alfa (Aranesp) in the Hospital Outpatient Department**

*(Rev. 1503; Issued: 05-16-08; Effective Date: 10-01-08; Implementation Date: 10-06-08)*

When ESRD patients come to the hospital for *an unscheduled or emergency dialysis treatment they may also require the administration of Aranesp*. For patients with ESRD who are on a regular course of dialysis, Aranesp administered in a hospital outpatient department is paid the MMA Drug Pricing File rate. Effective January 1, 2005, Aranesp will be paid based on the ASP Pricing File.

Hospitals use bill type 13X (or 85X for Critical Access Hospitals) and report charges under revenue code 0636. The total number of units as a multiple of 1mcg is placed in the unit field. Value code 49 must be reported with the hematocrit value for the hospital outpatient visits prior to January 1, 2006, and for all claims with dates of service on or after January 1, 2008.