

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2486	Date: June 8, 2012
	Change Request 7858

NOTE: This transmittal may now be posted to the Internet and intranet, and the information shared outside your organization. The transmittal number, date issued and all other information remains the same.

SUBJECT: Quarterly Update to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS)

I. SUMMARY OF CHANGES: This change request is the quarterly update for the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and updates the list for ESRD-related Drugs and Biologicals, ESRD-related equipment and supplies and changes to items and services that qualify as an Outlier services. This Recurring Update Notification applies to Chapter 8, Section 20.1.

EFFECTIVE DATE: The effective date for updates to the ESRD PPS consolidated billing requirements is October 1, 2012. The effective date for updates to ESRD-related drugs and biologicals is July 1, 2012.

IMPLEMENTATION DATE: October 1, 2012

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
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2486	Date: June 8, 2012	Change Request: 7858
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IMPLEMENTATION DATE: October 1, 2012

I. GENERAL INFORMATION

Background: Section 153(b) of the Medicare Improvements for Patients and Providers Act (MIPPA) required the implementation of an ESRD PPS effective January 1, 2011. The ESRD PPS provides a single payment to ESRD facilities that covers all of the resources used in furnishing an outpatient dialysis treatment, including supplies and equipment used to administer dialysis (in the ESRD facility or at a patient's home), drugs, biologicals, laboratory tests, training, and support services. Consolidated billing edits established with the implementation of the ESRD PPS prevent payment to other providers and suppliers billing for renal dialysis services.

The ESRD PPS provides payment adjustments for co-morbid conditions identified by specific ICD-9-CM codes. The ICD-9-CM codes are updated annually and effective each October 1st. The ESRD PPS also includes consolidated billing requirements for limited Part B services included in the ESRD facility's bundled payment. We periodically update the lists of items and services that are subject to Part B consolidated billing and are therefore no longer separately payable when provided to ESRD beneficiaries by providers other than ESRD facilities. The ESRD PPS also provides outlier payments, if applicable, for high cost patients due to unusual variations in the type or amount of medically necessary care.

The list of specific diagnosis codes that are eligible for a co-morbidity payment adjustment, the list of items and services that are subject to the ESRD PPS consolidated billing requirements, and the list of outlier services can be found on the CMS website at the following link: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment/index.html?redirect=/ESRDPayment/>

B. Policy:

ICD-9-CM Coding Updates

There are no new or revised ICD-9-CM diagnosis codes to implement for October 1, 2012.

Consolidated Billing Changes

ESRD-Related Drugs and Biologicals:

This CR provides instructions for a new code added to the Healthcare Common Procedure Coding System (HCPCS) file for anemia management treatment effective July 1, 2012.

Q2047 INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)

Short description: Peginesatide injection

Peginesatide is used as anemia management for ESRD patients on dialysis, therefore the drug is considered to be always ESRD-related. ESRD facilities would not receive separate payment for Q2047 Peginesatide with or without the AY modifier and the claims shall process the line item as covered with no separate payment under the ESRD PPS and under the ESRD PPS portion of the blended payment during the transition effective October 1, 2012. ESRD facilities that are receiving a blended payment during the transition will receive separate payment under the composite rate portion of the blend effective July 1, 2012.

In accordance with 42 CFR 413.237(a)(1), Q2047 Peginesatide is considered to be an eligible outlier service and will be included in the outlier calculation when CMS provides a fee amount on the ASP pricing file.

ESRD-Related Equipment and Supplies

A6216 GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING is being added to the list of items and services that are subject to the ESRD PPS consolidated billing requirements effective October 1, 2012. HCPCS A6216 is ESRD-related, however, this supply can be used for reasons other than for the treatment of ESRD and is covered under other Medicare benefit categories. Therefore, A6216 may be billed by DME suppliers with the AY modifier to receive separate payment effective October 1, 2012.

Changes to Items and Services that Qualify as an Outlier Service

CMS is removing the “Assay of Magnesium” which is identified by the Current Procedural Terminology (CPT) code 83735 from the list of outlier services. The “Assay of Magnesium” was a composite rate service under the basic case-mix adjusted composite rate system and, consequently, is considered a renal dialysis service under the ESRD PPS. Therefore, this laboratory test does not qualify as an outlier service under 42 CFR 413.237 effective October 1, 2012.

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	C A R R I E R	R H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7858.1	Contractors shall recognize new code Q2047 <i>Injection, Peginesatide, 0.1 MG (For ESRD on Dialysis)</i> Short description: <i>Peginesatide injection</i> added to the Healthcare Common Procedure Coding System (HCPCS) file for anemia management treatment, effective July 1, 2012.	X	X	X	X		X				IOCE
7858.2	Contractors shall update the consolidated billing code lists for ESRD Supply, Laboratory Tests, and Drugs Subject to ESRD Consolidated Billing. See attachment A. Contractors shall use the updated lists to determine the items that shall be payable separately.	X	X		X		X			X	
7858.3	Contractors shall not allow a bypass of the consolidated billing edit when the AY modifier is present on the line with Q2047.	X	X	X	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	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7858.4	Contractors shall note that HCPCS code A6216 has been added to the list of codes included under ESRD consolidated billing, effective October 1, 2012.		X				X				
7858.5	Contractors shall update the list of items and services that qualify as outlier services according to the updated list in Attachment B, effective October 1, 2012.						X				
7858.5.1	Contractors shall add the rate on the ASP file for bill type 72X for Q2047 to the computation of the Medicare Allowable Payment (MAP) amounts (value code 79) used to calculate outlier payments.						X				
7858.5.2	Contractors shall note that CPT code 83735 has been removed from the list and no longer qualifies as an outlier service under the ESRD PPS, effective October 1, 2012.	X		X	X		X				
7858.6	Contractors shall use the revised lists referenced in the Attachment A and B when adjudicating claims using the guidelines established in CR 7064.	X	X	X	X		X			X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7858.7	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ 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 1 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	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):

For ESRD PPS payment policy, Michelle.Cruse@cms.hhs.gov (410)786-7540

For institutional claims processing, Tracey.Mackey@cms.hhs.gov (410)786-5736

For DME claims processing, Bobbett.Plummer@cms.hhs.gov (410)786-3321

FOR DME payment policy, Hafsa.Vahora@cms.hhs.gov (410)786-7899

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *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.

Attachment (2)

Attachment A

DME ESRD SUPPLY HCPCS FOR ESRD PPS CONSOLIDATED BILLING EDITS

HCPC	Long Description
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
A4217	STERILE WATER/SALINE, 500 ML
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM
<i>A6216¹</i>	<i>GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING</i>
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
E0210	ELECTRIC HEAT PAD, STANDARD

DME ESRD SUPPLY HCPCS NOT PAYABLE TO DME SUPPLIERS

HCPC	Long Description
A4215	NEEDLE, STERILE, ANY SIZE, EACH
A4244	ALCOHOL OR PEROXIDE, PER PINT
A4245	ALCOHOL WIPES, PER BOX
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH
A4652	MICROCAPILLARY TUBE SEALANT
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE
A4663	BLOOD PRESSURE CUFF ONLY

A4670	AUTOMATIC BLOOD PRESSURE MONITOR
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL DIALYSIS, PER GALLON
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 249CC, BUT LESS THAN OR EQUAL TO 999CC, FOR PERITONEAL DIALYSIS
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 999CC BUT LESS THAN OR EQUAL TO 1999CC, FOR PERITONEAL DIALYSIS
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 1999CC BUT LESS THAN OR EQUAL TO 2999CC, FOR PERITONEAL DIALYSIS
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 2999CC BUT LESS THAN OR EQUAL TO 3999CC, FOR PERITONEAL DIALYSIS
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999CC BUT LESS THAN OR EQUAL TO 4999CC, FOR PERITONEAL DIALYSIS
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 4999CC BUT LESS THAN OR EQUAL TO 5999CC, FOR PERITONEAL

	DIALYSIS
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 5999CC, FOR PERITONEAL DIALYSIS
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH
A4760	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50
A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50
A4772	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50
A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10
A4870	PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT
A4890	CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH
A4927	GLOVES, NON-STERILE, PER 100
A4928	SURGICAL MASK, PER 20
A4929	TOURNIQUET FOR DIALYSIS, EACH
A4930	GLOVES, STERILE, PER PAIR

A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH
A6204	SURGICAL DRESSING
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE
A6260	WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE
E1500	CENTRIFUGE, FOR DIALYSIS
E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULATING, AIR REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V.POLES, PRESSURE GAUGE, CONCENTRATE CONTAINER
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS
E1590	HEMODIALYSIS MACHINE
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS
E1615	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS
E1620	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT
E1625	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH
E1634	PERITONEAL DIALYSIS CLAMPS, EACH
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10
E1637	HEMOSTATS, EACH
E1639	SCALE, EACH
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED

LABS SUBJECT TO ESRD CONSOLIDATED BILLING

CPT/ HCPCS	Short Description
80047	Basic Metabolic Panel (Calcium, ionized)
80048	Basic Metabolic Panel (Calcium, total)
80051	Electrolyte Panel
80053	Comprehensive Metabolic Panel
80061	Lipid Panel
80069	Renal Function Panel
80076	Hepatic Function Panel
82040	Assay of serum albumin
82108	Assay of aluminum
82306	Vitamin d, 25 hydroxy
82310	Assay of calcium
82330	Assay of calcium, Ionized
82374	Assay, blood carbon dioxide
82379	Assay of carnitine
82435	Assay of blood chloride
82565	Assay of creatinine
82570	Assay of urine creatinine
82575	Creatinine clearance test
82607	Vitamin B-12
82652	Vit d 1, 25-dihydroxy
82668	Assay of erythropoietin
82728	Assay of ferritin
82746	Blood folic acid serum
83540	Assay of iron
83550	Iron binding test
83735	Assay of magnesium
83970	Assay of parathormone
84075	Assay alkaline phosphatase
84100	Assay of phosphorus
84132	Assay of serum potassium
84134	Assay of prealbumin
84155	Assay of protein, serum
84157	Assay of protein by other source
84295	Assay of serum sodium

84466	Assay of transferrin
84520	Assay of urea nitrogen
84540	Assay of urine/urea-n
84545	Urea-N clearance test
85014	Hematocrit
85018	Hemoglobin
85025	Complete (cbc), automated (HgB, Hct, RBC, WBC, and Platelet count) and automated differential WBC count.
85027	Complete (cbc), automated (HgB, Hct, RBC, WBC, and Platelet count)
85041	Automated rbc count
85044	Manual reticulocyte count
85045	Automated reticulocyte count
85046	Reticyte/hgb concentrate
85048	Automated leukocyte count
86704	Hep b core antibody, total
86705	Hep b core antibody, igm
86706	Hep b surface antibody
87040	Blood culture for bacteria
87070	Culture, bacteria, other
87071	Culture bacteri aerobic othr
87073	Culture bacteria anaerobic
87075	Cultr bacteria, except blood
87076	Culture anaerobe ident, each
87077	Culture aerobic identify
87081	Culture screen only
87340	Hepatitis b surface ag, eia
G0306	CBC/diff wbc w/o platelet
G0307	CBC without platelet

DRUGS SUBJECT TO ESRD CONSOLIDATED BILLING

Category	HCPCS	Title
Access Management	J1642	INJ HEPARIN SODIUM PER 10 U
	J1644	INJ HEPARIN SODIUM PER 1000U
	J1945	LEPIRIDUN

	J2993	RETEPLASE INJECTION
	J2997	ALTEPLASE RECOMBINANT
	J3364	UROKINASE 5000 IU INJECTION
	J3365	UROKINASE 250,000 IU INJ
Anemia Management	Q2047²	PEGINESATIDE
	J0882	DARBEPOETIN
	J1756	IRON SUCROSE INJECTION
	J2916	NA FERRIC GLUCONATE COMPLEX
	J3420	VITAMIN B12 INJECTION
	Q4081	EPO
	J2250	INJ MIDAZOLAM HYDROCHLORIDE
	J3360	DIAZEPAM INJECTION
	J0610	CALCIUM GLUCONATE INJECTION
	J0630	CALCITONIN SALMON INJECTION
	J0635	CALCITRIOL
	J0636	INJ CALCITRIOL PER 0.1 MCG
	J0895	DEFEROXAMINE MESYLATE INJ
	J1270	INJECTION, DOXERCALCIFEROL
	J1740	IBANDRONATE SODIUM
	J2430	PAMIDRONATE DISODIUM /30 MG
	J2501	PARICALCITOL
Cellular Management	J1955	INJ LEVOCARNITINE PER 1 GM
Anti-Infectives	J0878	DAPTOMYCIN
	J3370	VANCOMYCIN HCL INJECTION

¹ Effective October 1, 2012, this ESRD-related item or service is subject to ESRD PPS consolidated billing requirements.

² Effective July 1, 2012, this ESRD-related item or service is subject to ESRD PPS consolidated billing requirements.

Attachment B

Outlier Services

Oral and Other Equivalent Forms of Injectable Drugs		
Outlier Services Imputed Payment Amounts		
Oral or Other Equivalent Forms of Part B Injectable Drugs Included in the ESRD PPS Bundle (notwithstanding the delayed implementation of ESRD-related oral-only drugs effective 1/1/2014)		
NDC	Drug Product	Mean Unit Cost
30698014301 30698014323 54868346100	Rocaltrol (calcitriol) 0.25 mcg capsules	\$1.45
30698014401	Rocaltrol (calcitriol) 0.5 mcg capsules	\$2.31
30698091115	Rocaltrol (calcitriol) 1 mcg/mL oral solution (15ml/bottle)	\$12.33
00054000725 00054000713 00093065701 43353063381 00440721599 54868458400 63304023901 63304023930 67544103581	Calcitriol 0.25 mcg capsules	\$0.98
00093065801 54868458200 63304024001	Calcitriol 0.5 mcg capsules	\$1.60
00054312041 63304024159	Calcitriol 1 mcg/mL oral solution (15ml/bottle)	\$9.57
00074431730	Zemplar (paricalcitol) 1 mcg capsule	\$8.89
00074431430	Zemplar (paricalcitol) 2 mcg capsule	\$17.76
00074431530	Zemplar (paricalcitol) 4 mcg capsule	\$35.31
58468012001	Hectorol (doxercalciferol) 0.5 mcg capsule	\$6.49
58468012401	Hectorol (doxercalciferol) 1 mcg capsule	\$12.96
58468012101	Hectorol (doxercalciferol) 2.5 mcg capsule	\$22.52
54482014407	Carnitor (levocarnitine) 330 mg tablet	\$0.82
54482014508	Carnitor (levocarnitine) 1GM/10ML oral solution (118mL/bottle)	\$0.25
54482014701	Carnitor (levocarnitine) 1 g/5 mL injection	\$6.48
64980050312 50383017104	Levocarnitine 1GM/10ML oral solution (118mL/bottle)	\$0.20
64980013009 50383017290	Levocarnitine 330 mg tablet	\$0.67

The mean dispensing fee of the NDCs listed above is \$1.59. This amount will be applied to each NDC included on the monthly claim. We will limit 1 dispensing fee per NDC per month. Providers should report the quantity in the smallest available unit. This is necessary because Medicare is using the mean per unit cost in calculating the outlier. For example, if the provider reports NDC 00054312041 Calcitriol

Attachment B

Outlier Services

1 mcg/ml oral solution (15/ml/bottle) and uses the full 15 ml bottle, the quantity is reported as 15, not 1. This allows for the most accurate calculation for the outlier.

Laboratory Tests

CPT/HCPCS	Short Description
82108	Assay of aluminum
82306	Vitamin d, 25 hydroxy
82379	Assay of carnitine
82570	Assay of urine creatinine
82575	Creatinine clearance test
82607	Vitamin B-12
82652	Vit d 1, 25-dihydroxy
82668	Assay of erythropoietin
82728	Assay of ferritin
82746	Blood folic acid serum
83540	Assay of iron
83550	Iron binding test
83735 ¹	<i>Assay of magnesium (DELETED)</i>
83970	Assay of parathormone
84134	Assay of prealbumin
84466	Assay of transferrin
84540	Assay of urine/urea-n
84545	Urea-N clearance test
85041	Automated rbc count
85044	Manual reticulocyte count
85045	Automated reticulocyte count

Attachment B

Outlier Services

85046	Reticyte/hgb concentrate
85048	Automated leukocyte count
86704	Hep b core antibody, total
86705	Hep b core antibody, igm
86706	Hep b surface antibody
87040	Blood culture for bacteria
87070	Culture, bacteria, other
87071	Culture bacteri aerobic othr
87073	Culture bacteria anaerobic
87075	Cultr bacteria, except blood
87076	Culture anaerobe ident, each
87077	Culture aerobic identify
87081	Culture screen only
87340	Hepatitis b surface ag, eia
Syringes	
HCPCS Code	Description
A4657	Syringes with or with needle, each
A4913	Miscellaneous dialysis supplies, not otherwise specified

¹ Effective October 1, 2012, this ESRD-related item or service is no longer eligible for outlier payment and is therefore being deleted from the list of outlier services.