

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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Skilled Nursing Facility Consolidated Billing and Erythropoietin (EPO, Epoetin Alfa)

Note: This article was revised on September 11, 2015, to reflect the updated regulation reference in the first paragraph of the Background section of the article and to update several Web addresses. All other information remains the same.

Provider Types Affected

Skilled Nursing Facilities (SNF), physicians, suppliers, and providers.

Provider Action Needed

This Special Edition describes SNF Consolidated Billing (CB) as it applies to Erythropoietin (EPO, Epoetin Alfa) and related services.

Background

The original Balanced Budget Act of 1997 list of exclusions from the PPS and consolidated billing for SNF Part A residents specified the services described in section 1861(s)(2)(O) of the Social Security Act—the Part B erythropoietin (EPO) benefit. This benefit covers EPO and items related to its administration for those dialysis patients who can self-administer the drug, subject to methods and standards established by the Secretary for its safe and effective use (see 42 CFR 494.80(a)(2) and (a)(4), 494.90(a)(4), and 494.100). (See MLN Matters article SE0431 for an overview of SNF CB and a list of “excluded services.”)

Regulations at 42 CFR 414.335 describe payment for EPO and require that EPO be furnished by either a Medicare approved End Stage Renal Disease (ESRD) facility or a supplier of home dialysis equipment and supplies. The amount that Medicare pays is established by law. Thus, the law and implementing regulations permit a SNF to unbundle the cost of the EPO drug

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when it is furnished by an ESRD facility or an outside supplier, which can then bill for it under Part B.

An SNF that elects to furnish EPO to its Part A resident itself cannot be separately reimbursed over and above the Part A SNF PPS per diem payment amount for the Epogen drug. As explained above, the exclusion of EPO from CB and the SNF PPS applies only to those services that meet the requirements for coverage under the separate Part B EPO benefit, i.e., those services that are furnished and billed by an approved ESRD facility or an outside dialysis supplier.

By contrast, if the SNF itself elects to furnish EPO services (including furnishing the Epogen drug) to a resident during a covered Part A stay (either directly with its own resources, or under an “arrangement” with an outside supplier in which the SNF itself does the billing), the services are no longer considered Part B EPO services, but rather, become Part A SNF services. Accordingly, they would no longer qualify for the exclusion of Part B EPO services from CB, and would instead be bundled into the PPS per diem payment that the SNF receives for its Part A services.

Note: EPO (Epoetin Alfa, trade name Epogen)/DPA (Darbepoetin Alfa, trade name Aranesp) are not separately billable when provided as treatment for any other illness or condition. In this case, the SNF is responsible for reimbursing the supplier. The SNF should include the charges on the Part A bill filed for that beneficiary.

Additional Information

MLN Matters SE0431, containing the list of services excluded from SNF CB, can be found at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0431.pdf> on the CMS website.

The Medicare Renal Dialysis Facility Manual, Chapter II, Coverage of Services can be found at http://www.cms.hhs.gov/manuals/downloads/pub_29.zip on the CMS website.

Also, you can find the Medicare Benefit Policy Manual Chapter 11 regarding billing and payment details for EPO and DPA at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c11.pdf> on the CMS website.

The CMS Consolidated Billing Website can be found at <https://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html> on the CMS website.

It includes the following relevant information:

- General SNF consolidated billing information;
- HCPCS codes that can be separately paid by the Medicare carrier (i.e., services not included in consolidated billing);
- Therapy codes that must be consolidated in a non-covered stay; and

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- All code lists that are subject to quarterly and annual updates and should be reviewed periodically for the latest revisions.

Lastly, the CMS Skilled Nursing Facility Prospective Payment System (SNF PPS) website can be found at http://www.cms.hhs.gov/SNFPPS/05_ConsolidatedBilling.asp on the CMS website.

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