
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 447

Date: JANUARY 21, 2005

CHANGE REQUEST 3547

SUBJECT: CWF Editing for Method Selection on DMERC Claims for EPO and Aranesp

I. SUMMARY OF CHANGES: This instruction implements edits at CWF to ensure that the DMERCs pay claims for EPO and Aranesp only for Method II ESRD beneficiaries

NEW/REVISED MATERIAL - EFFECTIVE DATE*: July 1, 2005

IMPLEMENTATION DATE: July 5, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	8/60.4.4/Epoetin Alfa (EPO) Furnished to Home Patients
R	8/60.7.4/Darbepoetin Alfa (Aranesp) Furnished to Home Patients

III. FUNDING: No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

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

Attachment - Business Requirements

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SUBJECT: CWF Editing for Method Selection on DMERC Claims for EPO and Aranesp

I. GENERAL INFORMATION

A. Background: The only situation in which the Durable Medical Equipment Regional Carriers (DMERCs) should pay for Epoetin Alfa (EPO) or Darbepoetin Alfa (Aranesp) is when they are being provided to a Method II beneficiary. However, currently, the Common Working File (CWF) is not editing to ensure that DMERCs pay claims for EPO and Aranesp for Method II home dialysis End Stage Renal Disease (ESRD) patients only.

This instruction implements edits at CWF to ensure that the DMERCs pay claims for EPO and Aranesp only for Method II ESRD beneficiaries.

B. Policy: DMERCs pay for EPO and Aranesp for Method II ESRD beneficiaries only.

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. 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 must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3547.1	DMERCs shall pay line items for Aranesp and/or EPO claims only for Method II home dialysis patients.				X			X		

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
3547.2	CWF shall implement an edit to ensure that DMERC line items for EPO and/or Aranesp are paid only for Method II home dialysis patients. The affected HCPCS codes are: Q4054, Q4055, Q0136, and Q0137.								X	
3547.3	When denying line items for EPO and/or Aranesp for a beneficiary that is not Method II, use the following message on the remittance advice: ANSI message 7011: Claim not covered by this payer contractor. You must send the claim to the correct payer contractor.				X			X		
3547.4	When denying line items for EPO and/or Aranesp for a beneficiary that is not Method II, use the following message on the Medicare Summary Notice (MSN): 8.59- Durable Medical Equipment Regional Carriers pay for Epoetin Alfa and Darbepoetin Alfa only for Method II End Stage Renal Disease home dialysis patients.				X			X		
3547.4.1	Use the following Spanish translation on the MSN where appropriate: 8.59- Las Empresas Regionales de Equipo Médico Duradero pagan por los medicamentos Epoetina Alfa y Darbepoetina Alfa sólo a pacientes del Método II de diálisis con enfermedad renal en etapa final que están confinados al hogar.				X			X		

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: July 1, 2005 Implementation Date: July 5, 2005 Pre-Implementation Contact(s): Renée Hildt (rhildt@cms.gov) Post-Implementation Contact(s): appropriate regional office	Medicare Contractors shall implement these instructions within their current operating budgets. costs required for implementation.
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*Unless otherwise specified, the effective date is the date of service.

60.4.4 – Epoetin Alfa (EPO) Furnished to Home Patients

(Rev. 447, Issued: 01-21-05, Effective: 07-01-05, Implementation: 07-05-05)

Medicare covers EPO for dialysis patients who use EPO in the home, when requirements for a patient care plan and patient selection as described in the Medicare Benefit Policy Manual, Chapter 11, are met.

When EPO is prescribed for a home patient, it may be either administered in a facility, e.g., the one shown on the Form CMS-382 (ESRD Beneficiary Method Selection 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 furnished for self-administration to Method I and Method II home patients determined to be competent, the renal facility bills its FI and the Method II supplier bills its DMERC. No additional payment is made for training a prospective self-administering patient or retraining an existing home patient to self-administer EPO.

Method II patients who self-administer may obtain EPO only from either their Method II supplier; or a Medicare certified ESRD facility.

In this case, the DMERC makes payment at the same rate that applies to facilities. Program payment may not be made for EPO furnished by a physician to a patient for self-administration.

DMERCs pay for EPO for Method II ESRD beneficiaries only. DMERCs shall deny claims for EPO where the beneficiary is not a Method II home dialysis patient.

When denying line items for patients that are not Method II, use the following message on the remittance advice:

ANSI message 7011: Claim not covered by this payer contractor. You must send the claim to the correct payer contractor.

When denying line items for patients that are not Method II, use the following message on the Medicare Summary Notice (MSN):

English: 8.59- Durable Medical Equipment Regional Carriers pay for Epoetin Alfa and Darbepoetin Alfa only for Method II End Stage Renal Disease home dialysis patients.

Spanish: 8.59- Las Empresas Regionales de Equipo Médico Duradero pagan por los medicamentos Epoetina Alfa y Darbepoetina Alfa sólo a pacientes del Método II de diálisis con enfermedad renal en etapa final que están confinados al hogar.

60.7.4 – Darbepoetin Alfa (Aranesp) Furnished to Home Patients

(Rev. 447, Issued: 01-21-05, Effective: 07-01-05, Implementation: 07-05-05)

Medicare covers Aranesp for dialysis patients who use Aranesp in the home, when requirements for a patient care plan and patient selection as described in the Medicare Benefit Policy Manual, Chapter 11, are met.

When Aranesp is prescribed for a home patient, it may be either administered in a facility, e.g., the one shown on the Form CMS-382 (ESRD Beneficiary Method Selection

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 Aranesp furnished for self-administration to Method I and Method II home patients determined to be competent, the renal facility bills its FI and the Method II supplier bills its DMERC. No additional payment is made for training a prospective self-administering patient or retraining an existing home patient to self-administer Aranesp.

Method II home patients who self-administer may obtain Aranesp only from either their Method II supplier or a Medicare-certified ESRD facility.

In this case, the DMERC makes payment at the same rate that applies to facilities. Program payment may not be made for Aranesp furnished by a physician to a patient for self-administration.

DMERCs pay for Aranesp for Method II ESRD beneficiaries only. DMERCs shall deny claims for Aranesp where the beneficiary is not a Method II home dialysis patient.

When denying line items for patients that are not Method II, use the following message on the remittance advice:

ANSI message 7011: Claim not covered by this payer contractor. You must send the claim to the correct payer contractor.

When denying line items for patients that are not Method II, use the following message on the Medicare Summary Notice (MSN):

English: 8.59- Durable Medical Equipment Regional Carriers pay for Epoetin Alfa and Darbepoetin Alfa only for Method II End Stage Renal Disease home dialysis patients.

Spanish: 8.59- Las Empresas Regionales de Equipo Médico Duradero pagan por los medicamentos Epoetina Alfa y Darbepoetina Alfa sólo a pacientes del Método II de diálisis con enfermedad renal en etapa final que están confinados al hogar.