
Medicare

Carriers Manual

Part 3 - Claims Process

Department of Health &
Human Services (DHHS)
Centers for Medicare &
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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
3011 (Cont.) – 3011 (Cont.)	3-16.11 (1 p.)	-----

NEW/REVISED MATERIAL--*EFFECTIVE DATE: July 11, 2003*
IMPLEMENTATION DATE: July 11, 2003

Section 3011, Durable Medical Equipment Regional Carriers (DMERCs)—Pre-Discharge Delivery of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) for Fitting And Training, is being revised to provide instruction on obtaining DMERC Information Forms (DIFs) forms prior to a patient's discharge from a hospital.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

DMERCs must share information with providers related to these changes through a posting on their website within four weeks of receiving this instruction and publish in their next regularly scheduled bulletin. If you have a listserv that targets the affected provider community, you must use it to notify subscribers that information about "Special Requirements for Immunosuppressive Drugs" is available on your website.

Special Optional Requirements for Immunosuppressive Drugs:

Inpatient facilities (e.g., hospitals) are responsible for providing all drugs a beneficiary needs while the beneficiary is an inpatient in the facility.

The DMERCs make payment for immunosuppressive drugs for beneficiaries who receive a covered organ transplant and who meet all other Medicare coverage criteria for immunosuppressive drugs once the patient has returned to their home. Suppliers are required to obtain a properly completed DMERC Information Form (DIF) prior to submission of claims for immunosuppressive drugs for use in the home.

It is reasonable to expect that a pharmacy, knowing the patient is going to be discharged, may want to obtain a DIF for the patient up to 2 days prior the date the patient will be discharged. Similarly, the supplier may operate by mail-order, and may wish to put the drugs in the mail 2 days prior to the date a patient will be discharged, so that the drugs will be at the patient's home when they return.

Under normal circumstances, the date of service listed on the claim must be the date the supplier actually delivered or mailed the item. However, under the circumstance described above, the systems will, appropriately, reject the claim with a date of service listed as being prior to the patient's date of discharge, because the hospital remains responsible for the provision of immunosuppressive drugs while the beneficiary is still an inpatient.

Therefore, in this situation, the pharmacy may enter the date of discharge as both the initial date on the DIF form and as the date of service on the first claim it submits for the beneficiary after the beneficiary is discharged. Note that this is an optional, not mandatory, process. If the pharmacy does not want to obtain the DIF or dispense the immunosuppressive drugs prior to the beneficiary's date of discharge from the hospital, they may wait for the beneficiary to be discharged before doing so, and follow all applicable Medicare and DMERC rules for immunosuppressive drug billing (e.g., the date of service will be the date of delivery).

Note that the following conditions apply:

1) The facility remains responsible for all immunosuppressive drugs required by the beneficiary for the duration of the beneficiary's inpatient stay. The pharmacy must not receive separate payment for immunosuppressive drugs prior to the date the beneficiary is discharged.

2) The pharmacy must not obtain the DIF or mail or otherwise dispense the drugs any earlier than 2 days before the patient is discharged. It is the pharmacy's responsibility to confirm the patient's discharge date if they choose to take advantage of this option.

3) The pharmacy must not submit a claim for payment prior to the beneficiary's date of discharge.

4) The beneficiary's discharge must be to a qualified place of service (e.g., home, custodial facility), but not to another facility (e.g., inpatient hospital or skilled nursing facility) that does not qualify as the beneficiary's home.