
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 318

Date: OCTOBER 22, 2004

CHANGE REQUEST 3451

SUBJECT: Clarification of CR 3176 - Payment amounts for ESRD drug administration supplies: HCPCS A4657 and A4913.

I. SUMMARY OF CHANGES: Clarifies payment methodology for supplies used in the administration of separately billable drugs: HCPCS A4657 and A4913. Provides instructions on appropriate payments associated with instructions issued in CR 3176.

**MANUALIZATION/CLARIFICATION – EFFECTIVE DATE: October 1, 2004
IMPLEMENTATION DATE: November 22, 2004**

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
N/A	

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

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

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

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3451.2.2	The FI shall continue to pay hospital based dialysis facilities for supplies used in association with drug administration on a cost basis utilizing the base providers cost report with cost settlement.	X								
3451.3	The FI shall use the most appropriate method of determining the proper payment amount for supplies associated with HCPCS A4913. Acceptable methods include consulting with other contractors in the area, use of the <u>Drug Topics Red Book</u> , <u>Medi-Span</u> , or <u>First Data Bank</u> . Contacting other providers in the area is allowed where costs are not readily available.	X								
3451.4	The FI shall insure that the amount established for the payment amount for the supplies associated with HCPCS A4913 does not include any labor costs. The payment for the supply is the only allowable basis for determining this payment.	X								
3451.5	The FI shall require Revenue Code 270 with HCPCS codes A4657 and A4913.	X								

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions

B. Design Considerations:

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*: October 1, 2004 Implementation Date: November 22, 2004 Pre-Implementation Contact(s): Pat Barrett, 410-786-0508 Post-Implementation Contact(s): Regional Offices	Medicare Contractors shall implement these instructions within their current operating budgets.
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