CMS Manual System

Pub 100-04 Medicare Claims Processing

Department of Health & Human Services

Center for Medicare and & Medicaid Services

Transmittal 462

Date: FEBRUARY 4, 2005

Change Request 3682

SUBJECT:DMERC Only--Dispensing Fees for Immunosuppressive Drugs

I. SUMMARY OF CHANGES: This instruction notifies the DMERCs that, once they make payment for G0369 (once per beneficiary per transplant), if they receive a subsequent claim for G0369, they shall downcode the claim and make payment for the dispensing fee under G0370.

NEW/REVISED MATERIAL :
EFFECTIVE DATE : January 1, 2005
IMPLEMENTATION DATE : March 8, 2005

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

IV. ATTACHMENTS:

One-Time Notification Attachment

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

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 462	Date: February 4, 2005	Change Request 3682

SUBJECT: DMERC Only—Dispensing Fees for Immunosuppressive Drugs

I. GENERAL INFORMATION

A. Background: On December 16, 2004, CMS published Change Request (CR) 3620, Transmittal 396, to implement dispensing fees for oral anti-cancer, oral anti-emetic, immunosuppressive, and inhalation drugs.

One of the codes established in CR 3620 was G0369: Pharmacy supply fee for initial immunosuppressive drug(s) first month following a transplant. This code is payable only once per beneficiary per transplant. The Durable Medical Equipment Regional Carriers (DMERCs) are currently denying any claims for G0369 in excess of one paid claim per beneficiary per transplant. However, after the first paid claim for immunosuppressive drugs is paid with the G0369 dispensing fee of $50.00, pharmacies are entitled to receive a dispensing fee of $24.00 for all subsequent paid claims for immunosuppressive drugs. The Healthcare Common Procedure Coding System (HCPCS) code for the $24.00 dispensing fee is G0370.

This instruction notifies the DMERCs that, once they make payment for G0369 (once per beneficiary per transplant), if they receive a subsequent claim for G0369, they shall downcode the claim and make payment for the dispensing fee under G0370.

B. Policy: A dispensing fee under G0369 of $50.00 for immunosuppressive drugs is payable once per beneficiary per transplant. A dispensing fee under G0370 of $24.00 is payable for all subsequent paid claims for immunosuppressive drugs.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3682.1	Once the DMERC has made payment for G0369 (once per beneficiary per transplant), if the DMERC receives a subsequent claim for G0369, the DMERC shall downcode the claim and make payment at the $24.00 rate.				X					
3682.2	DMERCs do not need to search their files for claims for G0369 that were denied rather than downcoded prior to the issuance of this instruction. However, if a supplier brings a claim to the DMERC's attention, the DMERC shall reprocess the claim.				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*: January 1, 2005 **Implementation Date:** March 8, 2005 **Pre-Implementation Contact(s):** Renée Hildt rhildt@cms.hhs.gov or (410) 786-1446 **Post-Implementation Contact(s):** Appropriate regional office	**No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.**

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