

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



News Flash –

NEW product from the Medicare Learning Network® (MLN)

- [“Communicating With Your Medicare Patients,”](#) Fact Sheet, ICN 908063, Downloadable only.

MLN Matters® Number: MM8050

Related Change Request (CR) #: CR 8050

Related CR Release Date: November 1, 2012

Effective Date: April 1, 2013

Related CR Transmittal #: R2582CP

Implementation Date: April 1, 2013

New Erythropoietin Stimulating Agent (ESA) Peginesatide Requirements for End-Stage Renal Disease (ESRD)

Provider Types Affected

This MLN Matters® Article is intended for End-Stage Renal Disease (ESRD) and other providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and A/B Medicare Administrative Contractors (A/B MACs) for services to Medicare beneficiaries.

What You Need to Know

This article is based on Change Request (CR) 8050 which informs Medicare contractors that the drug Peginesatide has a new Healthcare Common Procedure Coding System (HCPCS) code and has been added to the list of drugs subject to the ESRD Erythropoietin Stimulating Agent (ESA) billing requirements, including the ESRD ESA claims monitoring policy. In addition, some sections of Chapter 8 of the "Medicare Claims Processing Manual" have been rearranged although their content remains largely the same. Specifically, Method II information is being moved but is retained only for historical information. Darbepoetin Alfa (Aranesp) is being moved from Section 60.7 to Section 60.4.6.

Disclaimer

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See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

Effective January 1, 2013, peginesatide, a new ESA drug approved for the treatment of anemia in dialysis patients has been assigned a permanent HCPCS code J0890. This permanent code replaces temporary code Q2047 which was previously issued for peginesatide. Peginesatide is an ESA and, therefore, is subject to the claim requirements and system edits implemented with the national claims monitoring policy (i.e. monitoring policy) for ESAs, effective for dates of services on or after April 1, 2013. While the monitoring policy and its applicable payment adjustments are not applied to home dialysis patients, other claim requirements applicable to billing ESAs are required for all ESRD claims. As such, J0890 requires the submission of the route of administration modifier and a valid hematocrit or hemoglobin reading. Default hemoglobin or hematocrit value 99.99 is not acceptable when billing for an ESA and the claim will be returned to the provider. In addition, claims billing for J0890 that do not include the route of administration will also be returned to the provider. The complete policy is available in the "Medicare Claims Processing Manual," Chapter 8, Section 60.4, available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c08.pdf> on the CMS website.

Peginesatide billed with HCPCS J0890 is allowable once per monthly billing cycle. Claims containing J0890 more than once per billing cycle will be returned to the provider. Claims reporting dosages equal to or greater than 26 mg within a 30/31 day billing period are considered likely typographical errors and will be returned to the provider for correction. As with other ESAs, the consolidated billing edit for peginesatide will be overridden for outpatient hospital claims billing for an emergency or unscheduled dialysis session.

Additional Information

The official instruction, CR8050 issued to your FI and A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2582CP.pdf> on the CMS website.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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