



System Changes to Implement Epoetin Alfa Biosimilar, Retacrit for End Stage Renal Disease (ESRD) and Acute Kidney Injury (AKI) Claims

MLN Matters Number: MM10839

Related Change Request (CR) Number: 10839

Related CR Release Date: August 3, 2018

Effective Date: January 1, 2019

Related CR Transmittal Number: R245BP
and R4105CP

Implementation Date: January 7, 2019

PROVIDER TYPES AFFECTED

This MLN Matters Article is intended for physicians, providers, and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

Change Request (CR) 10839 updates the list of supplies, drugs, and labs included in the End Stage Renal Disease (ESRD) consolidated billing list and therefore included in the base rate payment for Acute Kidney Injury (AKI). This includes erythropoietin stimulating agents billed with the ESRD-specific Healthcare Common Procedure Coding System (HCPCS) or the non-ESRD specific HCPCS.

CR10839 adds Q5106 (Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units) to the list established in CR9987. Claims that include Q5106 with dates of service between July 1, 2018, and December 31, 2018 will need to be reprocessed. Make sure your billing staffs are aware of these changes.

BACKGROUND

On June 29, 2015, the Trade Preferences Extension Act of 2015 was enacted in which Section 808 amended Section 1861(s)(2)(F) of the Social Security Act (42 U.S.C. 1395x(s)(2)(F)) by extending renal dialysis services paid under Section 1881(b)(14) to beneficiaries with Acute Kidney Injury (AKI), effective January 1, 2017.

CRs9598 (see <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/mm9598.pdf>) and 9814 (see <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network->

[MLN/MLNMattersArticles/Downloads/mm9814.pdf](#)) implemented the initial requirements for this legislation.

MACs will not separately pay HCPCS code Q5106 (not found on the consolidated billing list) for AKI claims for Dates of Service (DOS) on or after July 1, 2018.

AKI claims are on Type of Bill 72X, submitted with condition code 84, CPT code G0491 and one of the following ICD-10 diagnosis codes:

1. N17.0 Acute kidney failure with tubular necrosis
2. N17.1 Acute kidney failure with acute cortical necrosis
3. N17.2 Acute kidney failure with medullary necrosis
4. N17.8 Other acute kidney failure
5. N17.9 Acute kidney failure, unspecified
6. T79.5XXA Traumatic anuria, initial encounter
7. T79.5XXD Traumatic anuria, subsequent encounter
8. T79.5XXS Traumatic anuria, sequela
9. N99.0 Post-procedural (acute)(chronic) renal failure

Note: Line should be indicated as covered and lines billed with modifier AY will not receive separate payment.

MACs will mass adjust AKI claims where HCPCS code Q5106 is present for DOS on or after July 1, 2018, through December 31, 2018. Mass adjustment should be completed within 90 days of the implementation date of CR10839.

ADDITIONAL INFORMATION

The official instruction, CR10839, issued to your MAC regarding this change consists of two transmittals. The first updates the Medicare Benefit Policy Manual and it is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R245BP.pdf>. The second updates the Medicare Claims Processing Manual and it is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4105CP.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
August 3, 2018	Initial article released.

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