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# Medicare

## Carriers Manual

### Part 3 - Claims Process

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Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

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#### CHANGE REQUEST 1682

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Chapter IV, Table of Contents	4-4.1 - 4-4.2 (2 pp.)	4-4.1 - 4-4.2 (2pp.)
4461	4-295 (1 p.)	-----

Section 4461, Payment for Intravenous Iron Replacement Therapy Drugs, is a new section developed to provide instruction for payment of these types of drugs. The two drugs covered under this section have different coverage effective dates.

**NEW/REVISED MATERIAL--EFFECTIVE DATE: December 1, 2000**  
**IMPLEMENTATION DATE: October 1, 2001**

Section 4461.1, Sodium Ferric Gluconate Complex in Sucrose Injection, provides payment instructions for this drug.

**NEW/REVISED MATERIAL--EFFECTIVE DATE: October 1, 2001**  
**IMPLEMENTATION DATE: October 1, 2001**

Section 4461.2, Iron Sucrose Injection, provides payment instructions for this drug. Based on the procedure and diagnosis codes specified in these instructions, pay the claims.

Section 4461.3, Messages for Use with Denials, shows messages to use when denying claims for a missing diagnosis code.

**Notify providers of these changes in the next regularly scheduled bulletin and on your website.**

**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.**

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**4461. PAYMENT FOR INTRAVENOUS IRON REPLACEMENT THERAPY DRUGS**

4461.1 **Sodium Ferric Gluconate Complex in Sucrose Injection.**--For claims with dates of service on or after December 1, 2000, when furnished intravenously, for first line treatment of iron deficiency anemia in patients undergoing chronic hemodialysis who are receiving supplemental erythropoetin therapy, carriers must pay for HCPCS code J2915, injection, sodium ferric gluconate complex in sucrose injection, 62.5 mg. when submitted with a primary diagnosis ICD-9-CM 585 for chronic renal failure and one of the following secondary diagnosis codes for iron deficiency anemia, ICD-9-CM diagnosis codes 280.0, 280.1, 280.8, or 280.9 entered in Item 21. This benefit is subject to the Part B deductible and coinsurance and should be paid per current Medicare drug payment reimbursement rules. Carriers may cover other uses of this drug at their discretion.

4461.2 **Iron Sucrose Injection.**-- For claims with dates of service on or after October 1, 2001, when furnished intravenously, for first line treatment of iron deficiency anemia in patients undergoing chronic hemodialysis who are receiving supplemental erythropoetin therapy, carriers must pay for iron sucrose injection. Until a specific code for iron sucrose injection is developed, providers must submit HCPCS code J3490, with the appropriate explanation of drug name and dosage entered in Item 19 of the form HCFA-1500 and the corresponding electronic format. The primary diagnosis code ICD-9-CM 585 for chronic renal failure and one of the following secondary diagnosis codes for iron deficiency anemia ICD-9-CM codes 280.0, 280.1, 280.8, or 280.9 must be entered in Item 21. This benefit is subject to the Part B deductible and coinsurance and should be paid per current Medicare drug payment reimbursement rules. Carriers may cover other uses of this drug at their discretion.

4461.3 **Messages for Use with Denials.**--When the carrier finds it necessary to deny claims for sodium ferric gluconate complex in sucrose injection or iron sucrose injection due to a missing diagnosis code, use the following messages:

Remittance Advice: Claim adjustment reason code 16, Claim/service lacks information which is needed for adjudication, along with remark code M76, Incomplete/invalid patient's diagnosis (es) and condition (s).

Explanation of Medicare Benefits: 9.8, Medicare can not pay for this service because the claim is missing information/documentation.

Medicare Summary Notice: 9.2, This item or service was denied because information required to make payment was missing.