



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – September 12, 2008 SPECIAL FAX BLAST - ESAs

CLINICAL PRACTICE COMMITTEE: Tom Gaddis, MD, Chairman

Every week the FLASCO Office continues to receive questions regarding ESAs. Earlier this week two specific questions were received. The FLASCO Executive Director contacted FCSO and the information regarding the questions and the answers are below. (Thanks FCSO). In addition, FCSO once again, was kind enough to summarize important information regarding ESAs. Please take the time to read the information below and keep it posted in your office for further reference. Again, as always, if you have any questions about the language below, please contact the FLASCO Executive Director and she will contact FCSO.

QUESTION #1

Does the payment limit for HCT >30 apply to cancer patients, chemotherapy patients AND CKD patients?

ANSWER TO QUESTION #1

NO. The NCD rules for reported Hgb or Hct levels that are over 10 or over 30 apply to patient's undergoing treatment for the anemia secondary to myelosuppressive anticancer chemotherapy in solid tumors, multiple myeloma, lymphoma, and lymphocytic leukemia **ONLY**. Anemia of cancer not related myelosuppressive chemotherapy is non-covered per the NCD and non-ESRD CKD patients fall under the rules for J0881 or J0885 and modifier EC, which I discuss below.

QUESTION #2

Is the cancer diagnosis covered **ONLY** if the patient is **CURRENTLY** receiving chemotherapy and modifier EA is appended?

ANSWER TO QUESTION #2

YES and NO. The FDA indication, and as I have stated above, is for the treatment of anemia secondary to myelosuppressive anticancer chemotherapy in solid tumors, multiple myeloma, lymphoma, and lymphocytic leukemia. As the NCD states and the LCD reiterates, *ESA treatment duration for each course of chemotherapy includes the 8 weeks following the final dose of myelosuppressive chemotherapy in a chemotherapy regimen*. So if the patient is not currently receiving chemotherapy or the patient is not in the 8 week window following the last dose of chemotherapy, then ESA treatment is not medically necessary. The modifier EA must be appended to these ESA doses. See below.

SUMMARY OF COVERAGE REQUIREMENTS:

1.) Every claim for non-ESRD ESAs (J0881, J0885) must contain one of the following 3 modifiers:

EA- anemia, chemo induced

EB- anemia, radio induced

EC, anemia, non-chemo/non-radio induced

If the claim does not have one of these modifiers it will be denied/rejected

2.) Every claim for ESAs (J0881, J0882, J0885, J0886 and Q4081) must contain either the most current Hgb OR Hct result.

If the claim does not have one of these test results submitted, the claim will be denied/rejected

3.) Every claim must have a valid dual diagnosis code billed, no matter what indication the ESA is being given for.

Dual diagnosis rules for J0881

*285.21 and one of the following diagnosis codes must be billed: 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93, 585.1, 585.2, 585.3, 585.4, 585.5 or 585.9.

*285.29 or *285.9 and one of the following diagnosis codes must be billed: 042, 070.54, 070.70, 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, 273.3, V07.8, 714.0 or one of the malignancy codes listed under ICD-9 CM codes that support medical necessity.

Dual diagnosis rule for J0882

*285.21 and 585.6 must be billed together.

Dual Diagnosis rule for J0885

*285.21 and one of the following diagnosis codes must be billed: 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93, 585.1, 585.2, 585.3, 585.4, 585.5 or 585.9.

*285.29 or *285.9 and one of the following diagnosis codes must be billed: 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, 273.3 or one of the malignancy codes listed under ICD-9 CM codes that support medical necessity.

Dual Diagnosis rule for Q4081(Part A only)

*285.21 and 585.6 must be billed together.

4.) Nationally non-covered diagnosis codes billed on non-ESRD ESA claims will receive an automatic denial.

If any of the following diagnosis codes are billed on claims reporting **J0881 or J0885 and modifier EC** will auto deny-- regardless if you have billed a valid dual diagnosis. These are national rules established with the NCD and FCSO cannot override them.

Any anemia in cancer or cancer treatment patients due to folate deficiency **281.2** , B-12 deficiency **281.1, 281.3** , Iron deficiency **280.0-280.9** , hemolysis **282.0, 282.2, 282.9, 283.0, 283.10, 283.19, 283.2, 283.9** , bleeding **280.0, 285.1** , anemia associated with the treatment of acute and chronic myelogenous leukemias (CML, AML) **205.00-205.21, 205.80-205.91** , erythroid cancers (**207.00-207.81**) Any anemia in cancer or cancer treatments patients due to bone marrow fibrosis (**289.83, 284.2**); Anemia of cancer not related to cancer treatment (**285.22**); Prophylactic use to prevent chemotherapy-induced anemia (**V07.9**); Prophylactic use to reduce tumor hypoxia(**V07.9**); Patients with erythropoietin-type resistance due to neutralizing antibodies (**V07.9**) and Anemia due to cancer treatments if patients have uncontrolled hypertension (**401.9**)

5.) Claims that must append the EA modifier will receive an auto denial if the Hgb reported is >10 or the Hct is >30, regardless if it is the initiating doses or the maintenance doses.

6.) Claims that report an EB modifier will be auto denied as this indication is non-covered per the NCD.

7.) All of the reporting requirements are outlined in the following locations, in addition to the LCD:

A complete discussion of the Hgb and Hct Reporting requirements can be found in CMS manual System, Pub 100-04, Medicare Claims Processing, Chapter 17, Sections 80.8, 80.9 and 80.10, Change Request 5699, Transmittal 1413, dated January 11, 2008. The medlearn matters article is very good at outlining the Hgb/Hct and modifier reporting requirements. Here is the link to the MLM article here and everyone is encouraged to refer to this for billing questions :

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5699.pdf> There is also a link to the Change Request in this article .

For reporting requirements related to the National Coverage Decision for ESA use in Cancer and related conditions, please refer to Change Request 5818, transmittals 80 and 1413. The medlearn matters article is very good at outlining coverage requirements related to the NCD. I encourage everyone to read it. Here is the link to the article here and it also contains a link to the Change requests for the NCD . <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5818.pdf>

8.) ESRD claims 72X TOB (J0882, J0886 and Q4081) have additional reporting requirements that have been in effect and are outlined in the coding guideline of the Part A LCD.