

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201802 JANUARY 30, 2018

IHCP revises coverage policy for the administration of epoetin

Effective March 1, 2018, the Indiana Health Coverage Programs (IHCP) will revise its coverage policy for the administration of epoetin in the treatment of end-stage renal disease (ESRD) to better align IHCP policy with current medical guidelines. The policy changes are as follows:

- The IHCP will use a member's hemoglobin level as the criteria for covering the administration of epoetin, rather than the member's hematocrit level. The IHCP will cover the administration of epoetin in the hospital outpatient or ESRD treatment setting for members with a hemoglobin level of less than 13. (Before this change, IHCP policy covered the administration of epoetin for members with a hematocrit level of up to 40.)
- The IHCP will no longer cover procedure code J0885 – *Injection, epoetin alfa, 1000 units* for the administration of epoetin in the treatment of ESRD. This code remains a covered code for appropriate uses other than ESRD treatment.
- The IHCP will add coverage of the following procedures codes for the administration of epoetin in the treatment of ESRD.
 - J0882 – *Injection, darbepoetin alfa, 1 mcg*
 - J0887 – *Injection, epoetin beta, 1 microgram*

Current coverage and billing guidelines for these codes apply.

- IHCP's policy to cover procedure code Q4081 – *Injection, epoetin alfa, 100 units* for the administration of epoetin in the treatment of ESRD remains unchanged.

These coverage changes will apply to dates of service (DOS) on or after March 1, 2018. Providers should continue to follow national coding guidelines when billing to ensure proper revenue code to procedure code linkages.

QUESTIONS?

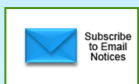
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