



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST –April 27, 2009

FLASCO WEBSITE: www.flasco.org

FLASCO CLINICAL TRIALS NETWORK WEBSITE: www.fctn.org

SPECIAL FAX BLAST – ESA INFORMATION FROM FCSO

FCSO is requesting that everyone please read the new LCD that will be effective on 6/30/09, before this date, as the coding is changing quite a bit.

If anyone has questions, please e-mail them to Dorothy.green@cancer.org, immediately.

The article written by FCSO staff for the revised ESA LCD that is going into effect on 6/30/09 is now available on their website. http://medicare.fcso.com/Coverage_News/148246.asp

This is a very detailed as to what changed coding wise and then outlining the remaining coverage requirements. This is a good provider tool. Thanks FCSO

HERE IS THE INFORMATION THAT IS ON THEIR WEBSITE:

Please share with your staff:

Last Modified: 4/23/2009 Location: FL, PR, USVI Business: Part B

J0881 Erythropoiesis stimulating agents -- revision to the LCD

LCD ID number: L29168 (Florida)

LCD ID number: L29339 (Puerto Rico/U.S. Virgin Islands)

The local coverage determination (LCD) for the erythropoiesis stimulating agents was effective for services rendered on or after February 2, 2009, for Florida and on or after March 2, 2009, for Puerto Rico and the U.S. Virgin Islands. Since that time, the LCD has been revised. Since the implementation of the national coverage decision (NCD) 110.21 for non-ESRD use of erythropoiesis stimulating agents (ESAs) in cancer and related conditions, First Coast Service Options Inc (FCSO) has encountered various issues surrounding the coding of the covered and non-covered indications outlined in the LCD. Although FCSO has handled these coding issues on a case by case basis as they were brought to our attention, FCSO has determined that the coding rules as outlined needed to be streamlined in order to make it easier for providers to submit accurately. To address this, FCSO posted the LCD for ESAs for notice and comment from February 20, 2009-April 6, 2009 and presented the draft LCD to the Carrier Advisory Committee (CAC) at our March meetings in Florida and Puerto Rico. The language opened up for comment was limited to the ICD-9-CM codes that support medical necessity and the second set of ICD-9-CM codes bulleted out in the coding guidelines. This article serves to outline the final decisions made by FCSO, which take into account all comments received. This article will also serve to summarize all the rules for billing non-ESRD ESAs (CPT codes J0881 and J0885) implemented since April 7, 2008, and how they apply to this newly revised LCD. Any questions on this LCD should be submitted to the medical policy department at medical.policy@fcso.com.

The lists of “ICD-9 codes that support medical necessity” for J0881 and J0885 have been revised to now include two (2) lists of ICD-9-CM codes for each HCPCS code. The two lists for J0881 and J0885 now outline which ESA modifier (EA or EC) must be billed with the ICD-9-CM codes and any dual diagnosis requirement for the ICD-9-CM codes. These modifier designation and dual diagnosis rules are found at the beginning of each list for J0881 and J0885. ICD-9-CM codes that require a dual diagnosis are designated with an *. In addition, the coding guidelines attachment for the LCD has been revised to instruct providers how to bill for certain non-covered indications outlined in NCD 110.21. This change is outlined in more detail below. All other language and coding have not changed due to this revision.

Coding changes made as a result of the CAC process:

J0881 (This list does not require a dual diagnosis.)

The following ICD-9-CM codes require the **EA** modifier: 140.0-149.9, 150.0-159.9, 160.0-165.9, 170.0-176.9, 179-189.9, 190.0-199.2, 200.00-200.88, 201.00-201.98, 202.00-202.98, 203.00-203.82, 204.00-204.92, 209.00-209.03, 209.10-209.17, 209.20-209.29, 209.30, 230.0-234.9, 235.0-235.9, 236.0-236.99, 237.0-237.9, 238.0, 238.1, 238.2, 238.3, 238.4, 238.5, 238.6, 238.8, 238.9, or 239.0-239.9

J0881 (This list does not require a dual diagnosis.)

The following ICD-9-CM codes require the **EC** modifier: 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, or 273.3.

J0881

The following ICD-9-CM codes require an **EC** modifier and a dual diagnosis (*): 285.21* **and** one of the following must be billed together: 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*.

J0885 (This list does not require a dual diagnosis.)

The following ICD-9-CM codes require the **EA** modifier: 140.0-149.9, 150.0-159.9, 160.0-165.9, 170.0-176.9, 179-189.9, 190.0-199.2, 200.00-200.88, 201.00-201.98, 202.00-202.98, 203.00-203.82, 204.00-204.92, 209.00-209.03, 209.10-209.17, 209.20-209.29, 209.30, 230.0-234.9, 235.0-235.9, 236.0-236.99, 237.0-237.9, 238.0, 238.1, 238.2, 238.3, 238.4, 238.5, 238.6, 238.8, 238.9, or 239.0-239.9

J0885 (This list does not require a dual diagnosis.)

The following ICD-9-CM codes require the **EC** modifier: 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, or 273.3

J0885

The following ICD-9-CM codes require the **EC** modifier and a dual diagnosis (*): 285.21* **and** one of the following must be billed together: 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 must be billed together: 042*, 070.54*, 070.70*, 714.0*, or V07.8*.

Coding guideline changes made as a result of LCD revision:

As of January 1, 2008, the following are nationally non-covered indications for non-ESRD ESAs that report ESA modifier EC. These are not to be reported with any other ESA modifier. Because no specific ICD-9-CM code exists for these indications listed, FCSO will identify these non-covered conditions with ICD-9-CM code **V49.89**. This will indicate the ESA was given for a nationally non-covered condition as identified in business requirement 5818.1.1 of change request (CR) 5818.

- Any anemia in cancer or cancer treatments patients due to bone marrow fibrosis
- Anemia of cancer not related to cancer treatment

- Prophylactic use to prevent chemotherapy-induced anemia
- Prophylactic use to reduce tumor hypoxia
- Patients with erythropoietin-type resistance due to neutralizing antibodies, and
- Anemia due to cancer treatments if patients have uncontrolled hypertension

Please see end of article for additional list of nationally non-covered indications identified in the NCD for non-ESRD ESA use.

Summary of non-ESRD ESA coverage based on CR 5818 and 5699 implemented on April 7, 2008

Effective January 1, 2008, all claims reporting non-ESRD ESAs (HCPCS codes J0881 and J0885) are required to report one of the following modifiers (based on CR 5699):

- EA: ESA, anemia, chemo induced
- EB: ESA anemia, radio-induced
- EC: ESA anemia, non-chemo/radio

The **EA** modifier should only be reported when the ESA is being given for anemia resulting from myelosuppressive anticancer chemotherapy in solid tumors, multiple myeloma, lymphoma, and lymphocytic leukemia. Anemia that is not related to the administration of chemotherapy for one of the listed covered cancer conditions is **non-covered per the NCD**. Therefore it is inappropriate to append the EA modifier to those ESA claims. These ESA administrations should be identified with ICD-9-CM code V49.89 (as instructed in the coding guideline of the LCD) and the EC modifier should be appended.

The **EC** modifier should only be reported for those covered indications outlined in the LCD under “ICD-9 codes that support medical necessity” for HCPCS codes J0881 and J0885 where the anemia being treated is non-chemo/radio induced. The provider must also append the EC modifier for those nationally non-covered conditions outlined in the NCD and the coding guideline of the LCD. The non-covered ICD-9-CM codes that correspond to the nationally non-covered indications are noted in the coding guideline. If one of the non-covered ICD-9-CM codes and the EC modifier are billed with J0881 or J0885, the ESA will be denied.

The **EB** modifier is non-covered. If billed with an ESA, the claim will be denied.

Effective January 1, 2008, all claims reporting ESAs J0881, J0882, J0885, or J0886 must report the most recent hemoglobin or hematocrit readings. For non-ESRD ESAs J0881 and J0885 reporting the EA modifier (anemia that is related chemotherapy), the hemoglobin or hematocrit are required to be below a certain level in order for the service to be medically necessary. Contractors are instructed, per CR 5818 to deny ESA services that report J0881 or J0885 with and EA modifier when Hgb is > **10.0g/L** or the Hct is > **30%**. There is no exception to this requirement, and there is no 4-week window at initiation where providers can report a level above 10.0 g/L or 30% and have the service paid. The entire discussion surrounding ESA administration for cancer conditions is outlined in the LCD and NCD 110.21.

Additional non-covered indications as identified in NCD 110.21 for non-ESRD ESA use are listed below. The ESA services for J0881 and J0885 when reported with an EC modifier will be denied when the following ICD-9-CM codes are reported:

- 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, and
- erythroid cancers (207.00-207.81)

Resources for information on ESA coverage:

The complete NCD can be accessed in section 110.21 of Publication (Pub.) 100-03, Medicare National Coverage Determinations (NCD) Manual, and claims processing instructions can be accessed in Pub. 100-04, Medicare Claims Processing Manual, Chapter 17, sections 80.8-80.12 and through the following link:

http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=110.21&ncd_version=1&basket=ncd%3A110%2E21%3A1%3AErythropoiesis+Stimulating+Agents+%28ESAs%29+in+Cancer+and+Related+Neoplastic+Conditions

CR 5818, transmittal 80 and 1413, dated January 14, 2008 can be accessed through the following links:

<http://www.cms.hhs.gov/transmittals/downloads/R1413CP.pdf>

<http://www.cms.hhs.gov/transmittals/downloads/R80NCD.pdf>

CR 5699, transmittal 1412, dated January 11, 2008 can be accessed through the following link:

<http://www.cms.hhs.gov/transmittals/downloads/R1412CP.pdf>

Effective date

This revision is effective for services rendered **on or after June 30, 2009**. FCSO LCDs are available through the CMS Medicare Coverage Database. Coding Guidelines for an LCD (when present) may be found by selecting “LCD Attachments” in the “Jump to Section...” drop-down menu at the top of the LCD page.

[Florida Part B active LCD list sorted by LCD Title](#)

[Puerto Rico Part B active LCD list sorted by LCD Title](#)

[U.S. Virgin Islands Part B active LCD list sorted by LCD Title](#)

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