



NNECOS News

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Special Update ~ Spring 2007

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IMPORTANT MEDICARE COVERAGE NEWS ~ Updated for Medicare Part A! **ERYTHROPOIETIN STIMULATING AGENTS**

Medicare Part A

Revised Coverage of Erythropoiesis Stimulating Agents (ESAs)

Update from National Government Services, Inc. (formerly Anthem Health Plans of New Hampshire, Inc. and Associated Hospital Service)

REVISED March 20, 2007: In our previous article, we stated that erythropoiesis stimulating agents (ESAs) may be restarted at a dose reduced by 25%, once the hemoglobin again falls below 11mg%. **Please note that the 25% should apply only to epoetin alfa. It may be restarted, at a dose reduced by 40% for darbopoetin, once the hemoglobin falls below 11g%.**

Effective March 19, 2007 National Government Services, Inc. (formerly Anthem Health Plans of New Hampshire, Inc. and Associated Hospital Service) will restrict coverage of erythropoiesis stimulating agents (darbopoetin and epoetin alpha) to exclude reimbursement for treatment of anemia of neoplastic disease in patients not receiving concomitant chemotherapy. **All other coverage remains the same.**

At the Food and Drug Administration's (FDA) direction, the manufacturers and distributors of ESAs have changed the labeling of these drugs. This was in response to recent studies demonstrating that the use of ESAs for treatment of anemia in neoplastic diseases demonstrated increased deaths and decreased time to progression; that in those patients undergoing noncardiac/nonvascular surgery there was an increased risk of thrombosis; and that risks may be increased when hemoglobin levels greater than 12g% occur.

The revised labeling indicates that ESAs should not be started unless the hemoglobin levels are below 11g% and should be discontinued if the hemoglobin level exceeds 12g%. It may be restarted, at a dose reduced by 25%, once the hemoglobin again falls below 11g%.

The FDA labeling states that ESAs are indicated for treatment the anemia of malignancy when receiving concomitant chemotherapy. National Government Services will interpret concomitant to mean during an established course of planned chemotherapy. It will also cover ESA's within three months after completing or stopping chemotherapy, or until the hgb level returns to its pre-chemotherapy value; whichever occurs first.

When billing for ESAs administered to patients with anemia of neoplastic disease receiving chemotherapy, providers should use the diagnosis code 285.22 (anemia in neoplastic disease) with the secondary diagnosis code E933.1 (antineoplastic and immunosuppressive drugs causing adverse effects in therapeutic use) or E930.7 (antineoplastic antibiotics causing adverse effects in therapeutic use).

If a physician continues to administer ESAs to patients with malignancy not on chemotherapy, then the service may be billed for denial using the diagnosis code 285.22 but without the E933.1 or E930.7 diagnosis code. Whenever an advance beneficiary notice (ABN) is issued, an occurrence code 32 must be billed to signify all services on the claim are associated with one particular ABN given on a specific date. If all of the services do not relate to the occurrence code 32, then a modifier GA should be appended to only those services to which the ABN applies. If no ABN is obtained then the provider should use the -GZ modifier.

If you have any questions regarding this Bulletin, please contact a Medicare Part A Representative at 1-866-539-5593.

This Bulletin should be shared with all health care practitioners and managerial members of the provider staff. Bulletins are available at no cost from our website at

http://www.ahpnhmedicare.com/provider/toolbox/bulletins_detail.asp?MediMessageID=4197

On March 19, 2007 National Government Services, Inc. (formerly Anthem Health Plans of New Hampshire, Inc. and Associated Hospital Service) issued a **coding update as follows:**

Coding for anemia of neoplastic disease receiving chemotherapy

- **diagnosis code 285.22** (anemia in neoplastic disease) with the **secondary diagnosis code**
 - E933.1 (antineoplastic and immunosuppressive drugs causing adverse effects in therapeutic use)
 - OR**
 - E930.7 (antineoplastic antibiotics causing adverse effects in therapeutic use).

On March 9, 2007 ASCO reported [pending changes in Medicare coverage policy](#) for erythropoietin stimulating agents (ESAs).

Also on March 9, NHIC issued a Part B New England update [Revised LCD for Erythropoietin Analogs Unrelated to ESRD](#) (Epoetin Alfa and Darbepoetin Alfa) **effective immediately.**

Medicare Part B

CMS provided an update on March 14, 2007:

[Medicare Reviewing Erythropoiesis Stimulating Agents \(ESAs\) Policies In Response To FDA's Recent Black Box Warning And Public Health Advisories](#)

ASCO provided a **[Frequently Asked Questions](#)** update on March 13, 2007 to provide additional clarification and responses to the most frequently asked questions since the changes in Medicare Coverage policy.

On March 15, 2007 NHIC Part B New England issued a **coding update** as follows:

Coding for Darbepoetin Alfa (J0881) or Epoetin Alfa (J0885) for “anemia secondary to chemotherapy”

Please submit claims for Darbepoetin Alfa (J0881) or Epoetin Alfa (J0885) for “anemia secondary to chemotherapy” with the following coding:

- **285.22 Anemia in neoplastic disease, AND one of the following:**
- **V58.11 Encounter for antineoplastic chemotherapy, or V67.2 Following chemotherapy**

National Coverage Analysis

Comment on CMS Erythropoietic Stimulating Agents Policy

The FDA recently issued alerts and warnings for Erythropoiesis stimulating agents (ESAs) reporting a higher risk of serious and life-threatening events associated with the use of ESAs in various clinical applications. In response, CMS is initiating a National Coverage Analysis (NCA) to evaluate the use of these drugs in non-renal disease applications.

The initial 30-day public comment period runs from March 14, 2007 - April 13, 2007. During this time CMS will consider all public comments. The NCA comment period allows all interested parties to comment on proposed decision memos, to seek clarification of posted information, to provide additional information that may be useful in the decision making process, and to provide informed opinions on the subject under consideration.

When commenting to CMS include all relevant clinical studies and scientific information.

To comment electronically click on the link below & click on the orange "Comment" box.

www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=203
