* NEW CODE AND BILLING UNITS FOR EPOETIN ADMINISTERED TO RENAL DIALYSIS PATIENTS *

*This revised bulletin replaces the bulletin dated January 15, 2007.*

February 20, 2007               MS-ESRD-2007-001

TO:  (1) CHIEF FINANCIAL OFFICER
     (2) DIRECTOR/MANAGER OF PATIENT ACCOUNTS
     (3) BILLING OFFICE STAFF
     (4) ADMISSIONS/REGISTRATION STAFF

FROM:  MSBCBS OFFICE OF PROVIDER CONTRACTING AND REIMBURSEMENT

SUBJECT:  NEW CODE AND BILLING UNITS FOR EPOETIN ADMINISTERED TO RENAL DIALYSIS PATIENTS

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THIS BULLETIN APPLIES TO THE FOLLOWING PRODUCTS:

- Traditional/Indemnity
- PPO/POS
- FEP
- WVSBP
- HHIC FreedomBlue

PURPOSE

This bulletin announces that Mountain State Blue Cross Blue Shield (MSBCBS) will follow the lead of the Medicare Program in adopting a new HCPCS code for Epoetin administered to renal dialysis patients. Since the new code represents a new billing unit for that drug, facilities will need to change the way they bill for Epoetin, effective for dates of service on and after January 1, 2007.

BACKGROUND/OVERVIEW

The Centers for Medicare and Medicaid Services (CMS) has announced that effective for services rendered on and after January 1, 2007, providers of renal dialysis services will need to bill for Epoetin alfa (EPO) injections via a new procedure code, Q4081. This procedure code is described as “Injection, Epoetin alfa, 100 units (for ESRD on dialysis).”

For this new code, effective January 1, 2007, **1 billing unit equals 100 dosage units.** This represents a change for providers of dialysis services, who have been and are now required to bill for ESRD-related EPO with a procedure code for which 1 billing unit equals **1000 dosage units.**
MSBCBS will follow CMS’s lead in requiring the new procedure code, with the specified billing units, for injections of EPO provided to dialysis patients on and after January 1, 2007. As of that date, providers should no longer report procedure code J0886 for dialysis-related EPO.

**IMPACT/ACTION**

Providers of dialysis services are asked to make whatever changes are necessary to report procedure code Q4081 when billing for EPO administered to patients with end-stage renal disease, effective for dates of service on and after January 1, 2007. To implement this requirement, providers will also need to make the appropriate changes to their procedures for reporting billing units.

**For dates of service on and after January 1, 2007, providers should no longer report procedure code J0886 for dialysis-related EPO.**

**TIME FRAME**

For commercial lines of business this change of procedure code and billing units is effective for dates of service on and after January 1, 2007. Processing will occur unobstructed for claims dated on or after January 1 and submitted prior to receipt of this notice using the J0886 code. Please implement the change to the Q4081 coding procedure upon receipt of this notice.

For HHIC FreedomBlue this change of procedure code and billing units is effective January 1, 2007. If a submitted claim contains the J0886 code, that individual line item will not be reimbursed, but can be resubmitted using the Q4081.

**ASSISTANCE**

**This Bulletin**
Questions regarding this bulletin may be directed to the Office of Provider Relations, at 1-800-798-7768 or contact your External Provider Relations Representative.

**Inquiries About Eligibility, Benefits, Claim Status or Authorizations**
For inquiries about eligibility, benefits, claim status or authorizations, MSBCBS encourages providers to use the electronic resources available to them – NaviNet and the applicable HIPAA transactions – prior to placing a telephone call to the appropriate Customer Service Department.