Intravenous Iron Therapy (NCD 110.10)

Policy Number	110.10	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	09/24/2014

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take

precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated.

Summary

Overview

Iron deficiency is a common condition in end stage renal disease (ESRD) patients undergoing hemodialysis. Iron is a critical structural component of hemoglobin, a key protein found in normal red blood cells (RBCs) which transports oxygen. Without this important building block, anemic patients experience difficulty in restoring adequate, healthy RBCs that improve hematocrit levels. Clinical management of iron deficiency involves treating patients with iron replacement products while they undergo hemodialysis. Body iron stores can be supplemented with either oral or intravenous (IV) iron products. The available evidence suggests that the mode of intravenous administration is perhaps the most effective treatment for iron deficiency in hemodialysis patients. Unlike oral iron products which must be absorbed through the GI tract, IV iron products are infused directly into the bloodstream in a form that is readily available to the bone marrow for RBC synthesis, resulting in an earlier correction of iron deficiency and anemia.

Reimbursement Guidelines

Effective December 1, 2000, Medicare covers sodium ferric gluconate complex in sucrose injection as a first line treatment of iron deficiency anemia when furnished intravenously to patients undergoing chronic hemodialysis who are receiving supplemental erythropoeitin therapy.

Effective October 1, 2001, Medicare also covers iron sucrose injection as a first line treatment of iron deficiency anemia when furnished intravenously to patients undergoing chronic hemodialysis who are receiving supplemental erythropoeitin therapy.

CPT / HCPCS Codes

Code	Description
C9399	Unclassified drugs or biologicals (For dates of service prior to 01/01/2014, HCPCS code C9399 should be used to report Injectafer® (ferric carboxymaltose).)
C9441	Injection, ferric carboxymaltose, 1 mg (DELETED 07/01/2014) (Effective for dates of service on or after 01/01/2014 through 06/30/2014, HCPCS code C9441 should be used to report Injectafer® (ferric carboxymaltose) for hospital outpatient perspective payment system (OPPS) claims submitted to the Part A MAC.)
J1750	Injection, iron dextran, 50 mg Iron dextran is used to treat iron deficiency anemia. It is a complex of ferric hydroxide and dextran. It is absorbed from the injection site into the capillaries and the lymphatic system. The iron is bound to the protein and forms iron. This iron is used to resupply the body with iron. Recommended dose of iron dextran varies based on the patient's hemoglobin level. It is administered by IV or intramuscular injection.
J1756	Injection, iron sucrose, 1 mg (Venofer®)
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg (Ferrlecit®)

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J3490	Unclassified drugs (For dates of service prior to 07/01/2014, claims submitted to the Part B MAC, Injectafer® (ferric carboxymaltose), should be reported using HCPCS code J3490 and include " Injectafer® (ferric carboxymaltose)," and the dose in Item 19 of the CMS-1500 claim form or its electronic equivalent.)
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) Ferumoxytol is an iron oxide used to treat low iron in patients with chronic kidney disease. It is coated with a carbohydrate layer that helps surround the iron from the plasma until it can be used for hemoglobin. The recommended dose starts with 510 mg with a follow-up injection three to eight days later. Ferumoxytol is administered as an IV injection.
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)
Q9970	Injection, ferric carboxymaltose, 1 mg Ferric Carboxymaltose is an iron replacement for the treatment of iron deficiency anemia (IDA) in adult patients who have intolerance or poor response to oral iron products or who have nondialysis dependent chronic kidney disease. IDA etiologies may include cancer, gastrointestinal disorders, abnormal uterine bleeding, or chronic kidney disease. The drug is administered intravenously by an undiluted slow push or by infusion. (Effective for dates of service on or after 07/01/2014, HCPCS code Q9970 should be used to report Injectafer® (ferric carboxymaltose) for claims submitted to the Part A and B MACs.)

References Included (but not limited to):

CMS NCD

NCD 110.10 Intravenous Iron Therapy

CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous Articles

CMS Benefit Policy Manual

Chapter 11; § 30.4.2.1 Intravenous Iron Therapy

CMS Claims Processing Manual

Chapter 8; § 60.2.4 Intravenous Iron Therapy, § 60.2.4.2 Physician Billing Requirements to the Carrier

CMS Transmittals

Transmittal 1708, Change Request 1682, Dated 06/01/2001 (Part 3 - Claims Process)

UnitedHealthcare Medicare Advantage Coverage Summaries

Medications/Drugs (Outpatient/Part B)

History

Date	Revisions
09/24/2014	• Annual Review • Administrative updates
08/14/2013	• Annual review • Administrative updates
05/23/2012	Annual review, no changes