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Web Announcement 168

Attention: Provider Types 12, 20 and 45 Billing for Erythropoietin Stimulating Agents (ESAs)

Effective Oct. 1, 2007, Nevada Medicaid has established thresholds for HCPCS codes J0885 and J0886 to 500,000 units/per rolling month (500 billing units) and J0881 and J0882 to 1,500 mcg/per rolling month (1,500 billing units). Any claim submitted for the above Erythropoietin Stimulating Agents (ESAs) after the effective date that exceeds the billing unit thresholds will be cut back to the established limits.

HCPCS code descriptions for the ESAs are:

J0881 – injection, darbepoetin alfa, 1 mcg (non-ESRD use)

J0882 – injection, darbepoetin alfa, 1 mcg (for ESRD use)

J0885 – injection, epoetin alfa, 1,000 units (non-ESRD use)

J0086 – injection, epoetin alfa, 1,000 units (for ESRD use)

The thresholds set by Nevada Medicaid exceed those applied by the Centers for Medicare & Medicaid Services (CMS). CMS applied a medically unbelievable edit (MUE) threshold for epoetin alfa (Epogen) of 400,000 units/per month and darbepoetin (Aranesp®) 1,200 mcg/per month. These thresholds are in response to the Federal Drug Administration (FDA) “black box” warning in October 2006 and March 2007 <http://www.fda.gov/cder/foi/appletter/2007/103234s5122ltr.pdf>.



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