Questions & Answers

Question: If we have a patient who is on dialysis and they are in the hospital and receive a non-ESRD related dose of EPO, is it appropriate to bill it with revenue codes 634 or 635 and the appropriate HCPCS or do we bill it as non-ESRD? The patient had a knee replacement surgery and had anemia from that surgery due to blood loss.

Answer: For EPO, hospitals report charges under revenue code 0636 with HCPCS code J0885. Aranesp is reported with HCPCS code J0881.

All non-ESRD claims that include HCPCS codes J0881 or J0885 must include one of the following HCPCS modifiers in addition to the hemoglobin and hematocrit or the claim will be returned to the provider:

a. EA: ESA, anemia, chemo-induced
b. EB: ESA, anemia, radio-induced
c. EC: ESA, anemia, non-chemo/radio

Question: I’m confused about ESA HCPCS codes J0885 and Q4081 for non-ESRD use. HCPCS code J0886 is gone, right?

Answer: HCPCS codes J0881 and J0885 are used to bill claims for patients who are non-ESRD and are not yet on dialysis. They can also be used for other medical indications.

HCPCS codes J0882 and J0886 are used only when billing claims for patients who are ESRD and are on dialysis.

Further information regarding ESA coverage is included in CGS LCD L31867.

Please note: HCPCS code J0890 (Injection, Peginesatide. 0.1 MG (FOR ESRD ON DIALYSIS)) is not valid for claims with dates of service February 13, 2013 and after, as it was recalled by the FDA and is no longer covered.
Question: What is the number of units associated with the HCPCS code J0885?

Answer: No, it is 100 units for EPO for ESRD on dialysis. It would not be billed with J0885 as that code is for non-ESRD use.

Please note: The units for HCPCS code Q4081 were changed from 1,000 to 100 effective January 1, 2007.

Question: For a patient with Chronic Kidney Disease (CKD), the serum creatinine is poor but they are not on dialysis yet. Would we use HCPCS code J0885?

Answer: Yes, that HCPCS code can be used if you are billing for EPO for non-ESRD use. If you are billing for Aranesp, use HCPCS code J0881.

Question: We have someone coming into the hospital and they are on dialysis. If they meet the criteria for anemia, should we document those patients with HCPCS code Q4081?

Answer: Yes, if that patient is ESRD and on dialysis, it is appropriate to use HCPCS code Q4081 is appropriate.

Question: At what point do we start using HCPCS code Q4081?

Answer: Once a kidney patient is determined to be Stage 5 End Stage Chronic Kidney Disease (ESRD), he or she will need to either go on dialysis or get a kidney transplant.

A CMS – 2728 Form “End Stage Renal Disease Medical Evidence Report Medicare Entitlement and/or Patient Registration” must be completed and submitted to the SSA so the patient can be enrolled in Medicare as entitled to Medicare coverage under the ESRD provision.

Providers can start using HCPCS code Q4081 once the beneficiary’s eligibility is updated in the Common Working File to show entitlement as a result of ESRD. Note: Remember that Medicare will be secondary during the 30-month coordination period.