

To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after November 1, 2019, please contact your PHP.

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Related Clinical Coverage Policies

Refer to <https://medicaid.ncdhhs.gov/> for the related coverage policies listed below:
1B, *Physician's Drug Program*

1.0 Description of the Procedure, Product, or Service

The Physician's Drug Program (PDP) covers many, but not all, primarily injectable drugs that are purchased and administered in a physician's office or in an outpatient clinic setting. Intravenous (IV) iron solutions are covered through the PDP.

Intravenous iron (IV iron) solutions are products that restore the body's elemental iron supply in beneficiaries with iron deficiency anemia. IV iron products are used in the treatment of iron deficiencies resulting from a variety of medical conditions. This policy addresses commercially available IV iron preparations administered for conditions typically treated in an outpatient setting.

There are several commercial IV iron products available such as Injectafer®, Feraheme™, Ferrlecit®, INFeD®, and Venofer®.

1.1 Definitions

None Apply.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(The term "General" found throughout this policy applies to all Medicaid and NCHC policies)

- a. An eligible beneficiary shall be enrolled in either:
 1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
 2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- b. Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
- d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

2.1.2 Specific

(The term “Specific” found throughout this policy only applies to this policy)

- a. **Medicaid**
None Apply.
- b. **NCHC**
None Apply.

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary’s physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary’s right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider’s documentation shows that the requested service is medically necessary “to correct or ameliorate a defect, physical or mental illness, or a condition” [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. EPSDT and Prior Approval Requirements

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <https://medicaid.ncdhhs.gov/>

2.2.2 EPSDT does not apply to NCHC beneficiaries

2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age

NC Medicaid shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the NC Medicaid clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

3.1 General Criteria Covered

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by both Medicaid and NCHC

Covered Indications and Dosages

In the PDP, all indications approved by the Food and Drug Administration (FDA) are covered unless otherwise specified. In addition, off-label uses of an approved drug may be covered if the data on drug use are consistent with the compendia and peer-reviewed medical literature, according to 42 U.S.C. 1396r-8(g)(1)(B), and as determined by NC Medicaid.

Dosage Recommendations for IV Iron Products

Medicaid and NCHC cover iron products for infusion per their individualized recommendations published by the FDA and compendia and peer-reviewed medical literature, per 42 U.S.C. 1396r-8(g)(1)(B), and as determined by NC Medicaid.

Note: Injectable medications are covered only when oral medications are contraindicated.

3.2.2 Iron Dextran (INFeD)

Medicaid and NCHC shall cover iron dextran for the following:

a. FDA-Approved Ages

Four (4) months of age and older.

b. FDA-Approved Indication

Iron deficiency anemia for beneficiaries in whom a trial period of oral iron was documented ineffective, not tolerated, or unlikely to be beneficial.

c. Off-Label Indications

ALL the following off-label indications:

1. iron deficiency anemia in hemodialysis-dependent chronic kidney disease beneficiaries (HDD-CKD) with epoetin therapy;
2. iron deficiency anemia in peritoneal dialysis-dependent chronic kidney disease beneficiaries (PDD-CKD) with epoetin therapy;
3. iron deficiency anemia in non-dialysis dependent chronic kidney disease beneficiaries (NDD-CKD) with or without epoetin therapy;
4. iron deficiency anemia from excessive uterine blood loss or pregnancy;
5. iron deficiency anemia of cancer and cancer chemotherapy;
6. iron deficiency anemia with comorbid heart failure;
7. iron repletion for autologous blood transfusions;
8. gastrointestinal (GI) blood loss with iron deficiency (such as gastric bypass surgery, celiac disease, or inflammatory bowel disease);
9. disorders of iron metabolism;
10. iron deficiency due to intravascular hemolysis (such as paroxysmal nocturnal hemoglobinuria, valvular heart disease and malfunctioning prosthetic valves); and
11. iron deficiency due to achlorhydria (such as pernicious anemia or medication induced).

3.2.3 Iron Sucrose (Venofer)

Medicaid and NCHC shall cover iron sucrose for the following:

a. FDA-Approved Ages

Two (2) years of age and older.

b. FDA-Approved Indications

1. adult patients with iron deficiency anemia in hemodialysis-dependent chronic kidney disease (HDD-CKD) with epoetin therapy;
2. adult patients with iron deficiency anemia in peritoneal dialysis-dependent chronic kidney disease (PDD-CKD) with epoetin therapy;

- adult patients with iron deficiency anemia in non-dialysis dependent chronic kidney disease (NDD-CKD) with or without epoetin therapy;
3. pediatric patients (2 years of age and older) as iron maintenance treatment in hemodialysis-dependent chronic kidney disease (HDD-CKD); and
 4. pediatric patients (2 years of age and older) with iron deficiency anemia in non-dialysis dependent chronic kidney disease (NDD-CKD) or peritoneal dialysis-dependent chronic kidney disease (PDD-CKD) who are on erythropoietin.

c. Off-Label Indications

ALL the following off-label indications:

1. iron deficiency anemia from cancer and cancer chemotherapy;
2. iron deficiency anemia of excessive uterine blood loss or pregnancy;
3. iron deficiency with comorbid heart failure;
4. iron repletion for autologous blood transfusions;
5. gastrointestinal (GI) blood loss with iron deficiency;
6. disorders of iron metabolism;
7. iron deficiency where oral treatment is ineffective or infeasible;
8. gastrointestinal (GI) blood loss with iron deficiency (such as gastric bypass surgery, celiac disease, inflammatory bowel disease);
9. iron deficiency due to intravascular hemolysis (such as paroxysmal nocturnal hemoglobinuria, valvular heart disease and malfunctioning prosthetic valves); and
10. iron deficiency due to achlorhydria (including pernicious anemia or medication induced).

3.2.4 Sodium Ferric Gluconate Complex in Sucrose (Ferrlecit)

Medicaid and NCHC cover sodium ferric gluconate complex in sucrose for the following:

a. FDA-Approved Ages

Six (6) years of age and older.

b. FDA-Approved Indication

Iron deficiency anemia in beneficiaries undergoing chronic hemodialysis (HDD-CKD) who are receiving epoetin therapy.

c. Off-Label Indications

All of the following off-label indications:

1. iron deficiency anemia in beneficiaries with chronic kidney disease who are on peritoneal dialysis (PDD-CKD);
2. iron deficiency anemia in beneficiaries who are non-dialysis dependent with chronic kidney disease (NDD-CKD);
3. iron deficiency anemia of excessive uterine blood loss or pregnancy;
4. iron deficiency anemia in beneficiaries with cancer or who have chemotherapy-associated anemia;
5. iron deficiency anemia with comorbid heart failure;
6. iron repletion for autologous blood transfusions;
7. gastrointestinal (GI) blood loss with iron deficiency (such as gastric bypass surgery, celiac disease, inflammatory bowel disease);
8. disorders of iron metabolism;

9. iron deficiency where oral treatment is ineffective or infeasible;
10. iron deficiency due to intravascular hemolysis (such as paroxysmal nocturnal hemoglobinuria, valvular heart disease and malfunctioning prosthetic valves); and
11. iron deficiency due to achlorhydria (including pernicious anemia or medication induced).

3.2.5 Ferumoxytol (Feraheme)

Medicaid and NCHC shall cover ferumoxytol for the following:

a. FDA-Approved Ages

18 years of age and older.

b. FDA-Approved Indications

1. iron deficiency anemia in adult beneficiaries who are hemodialysis dependent with chronic kidney disease (HDD-CKD);
2. iron deficiency anemia in adult beneficiaries who are non-dialysis dependent with chronic kidney disease (NDD-CKD); and
3. iron deficiency anemia in adult beneficiaries who are peritoneal dialysis dependent with chronic kidney disease (PDD-CKD).

c. Off-Label Indications

There are no covered off-label indications for ferumoxytol. Refer to **Subsection 4.2.g.**

3.2.6 Ferric carboxymaltose (Injectafer)

Medicaid and NCHC shall cover ferric carboxymaltose for the following:

a. FDA Approved Ages

18 years of age and older.

b. FDA-Approved Indications

1. iron deficiency anemia with intolerance to oral iron or unsatisfactory response to oral iron; and
2. iron deficiency anemia with non-dialysis dependent chronic kidney disease (NDD-CKD).

c. Off-Label Indications

There are no covered off-label indications for ferric carboxymaltose. Refer to **Subsection 4.2.g.**

3.2.7 Medicaid Additional Criteria Covered

None Apply.

3.2.8 NCHC Additional Criteria Covered

None Apply.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC

Medicaid and NCHC shall not cover IV Iron therapy for a beneficiary who does not meet

- a. the criteria in **Section 3.0**;
- b. IV iron is contraindicated in beneficiaries with anemias not caused by iron deficiency.
- c. IV iron is contraindicated in beneficiaries with iron overload.
- d. IV iron sucrose is contraindicated in beneficiaries with known hypersensitivity to iron sucrose or any of its inactive components. Contraindication is related to iron sucrose (Venofer) products.
- e. IV iron dextran is contraindicated in beneficiaries with known hypersensitivity to dextran. Contraindication is related to iron dextran (INFeD) products.
- f. IV sodium ferric gluconate complex in sucrose is contraindicated in beneficiaries with known hypersensitivity to sodium ferric gluconate complex in sucrose (Ferrlecit) or any of its inactive components. Contraindication is related to sodium ferric gluconate complex in sucrose (Ferrlecit) products.
- g. off-label indications for ferumoxytol (Feraheme) and ferric carboxymaltose (Injectafer).

4.2.2 Medicaid Additional Criteria Not Covered

None Apply.

4.2.3 NCHC Additional Criteria Not Covered

- a. NCGS § 108A-70.21(b) "Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:

1. No services for long-term care.
2. No nonemergency medical transportation.
3. No EPSDT.
4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection.”

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

5.1 Prior Approval

Medicaid and NCHC shall not require prior approval for Intravenous (IV) Iron Therapy.

5.2 Prior Approval Requirements

5.2.1 General

None Apply.

5.3 Limitations

Providers who determine that the indications or dosing for a particular IV iron product is medically necessary for a beneficiary, but those parameters fall outside of the guidelines for that drug, may submit medical record information to the NC Medicaid Assistant Director for Clinical Policy and Programs for a case-by-case review. The address and fax number to send this information is:

Pharmacy Manager for Clinical Policy and Programs
Division of Health Benefits
MC Medicaid
2501 Mail Service Center
Raleigh, NC 27699-2501
Fax (919) 715-1255

5.4 Health Record Documentation

Documentation in the beneficiary’s health record must contain ALL of the following elements:

- a. support for the medical necessity of the IV iron therapy injection;
- b. a covered diagnosis;
- c. a trial period of oral iron was ineffective or infeasible;
- d. dosage and frequency of the doses administered;
- e. support of the clinical effectiveness of the IV iron therapy; and
- f. specific site(s) injected.

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

6.2 Provider Certifications

None Apply.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

8.0 Policy Implementation/Revision Information

Original Effective Date: September 1, 1994

Revision Information:

Date	Section Revised	Change
07/01/2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
08/1/2011	Subsection 3.2	Initial promulgation of current coverage. Added coverage for off-label indications for iron dextran, iron sucrose and ferric gluconate complex in sucrose. Removed the requirement for epoetin from Venofer and Ferrlecit.
3/1/2012	Throughout	Technical changes to merge Medicaid and NCHC current coverage into one policy.
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.
11/1/2017	Subsection 3.2.7 and Attachment A	Added Injectafer and updated ICD-10 codes to Attachment A, section B; deleted DexFerrum
03/15/2019	Table of Contents	Added, “To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after November 1, 2019, please contact your PHP.”
03/15/2019	All Sections and Attachments	Updated policy template language.

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid’s clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

Iron deficiency anemias where oral treatment is not suitable

ICD-10-CM Code(s)		
Primary Diagnosis		
D50.0	D50.1	D50.8 D50.9
Secondary Diagnosis		
K50.00	K51.012	K51.514
K50.011	K51.013	K51.518
K50.012	K51.014	K51.519
K50.013	K51.018	K51.80
K50.014	K51.019	K51.811
K50.018	K51.20	K51.812
K50.019	K51.211	K51.813
K50.10	K51.212	K51.814
K50.111	K51.213	K51.818
K50.112	K51.214	K51.819
K50.113	K51.218	K51.90
K50.114	K51.219	K51.911
K50.118	K51.30	K51.912
K50.119	K51.311	K51.913
K50.80	K51.312	K51.914
K50.811	K51.313	K51.918
K50.812	K51.314	K51.919
K50.813	K51.318	K90.0
K50.814	K51.319	K90.1
K50.818	K51.40	K90.2
K50.819	K51.411	K90.3
K50.90	K51.412	K90.4

ICD-10-CM Code(s)		
K50.911	K51.413	K90.89
K50.912	K51.414	K90.9
K50.913	K51.418	K91.2
K50.914	K51.419	Z87.19
K50.918	K51.50	
K50.919	K51.511	
K51.00	K51.512	
K51.011	K51.513	

Disorders of iron metabolism

ICD-10-CM Code(s)		
E83.10	E83.111	E83.119
E83.110	E83.118	E83.19

Anemia in neoplastic disease or antineoplastic chemotherapy induced anemia

ICD-10-CM Code(s)		
Primary Diagnosis		
D63.0	D64.81	
Secondary Diagnosis		
C00.0	C72.20	C92.91
C00.1	C72.21	C92.92
C00.2	C72.22	C92.A0
C00.3	C72.30	C92.A1
C00.4	C72.31	C92.A2
C00.5	C72.32	C92.Z0
C00.6	C72.40	C92.Z1
C00.8	C72.41	C92.Z2
C00.9	C72.42	C93.00
C01	C72.50	C93.01
C02.0	C72.59	C93.02
C02.1	C72.9	C93.10
C02.2	C73	C93.11
C02.3	C74.00	C93.12
C02.4	C74.01	C93.30
C02.8	C74.02	C93.31
C02.9	C74.10	C93.32
C03.0	C74.11	C93.90
C03.1	C74.12	C93.91
C03.9	C74.90	C93.92
C04.0	C74.91	C93.Z0
C04.1	C74.92	C93.Z1
C04.8	C75.0	C93.Z2
C04.9	C75.1	C94.00
C05.0	C75.2	C94.01
C05.1	C75.3	C94.02
C05.2	C75.4	C94.20
C05.8	C75.5	C94.21
C05.9	C75.8	C94.22

C06.0	C75.9	C94.30
C06.1	C76.0	C94.31
C06.2	C76.1	C94.32
C06.80	C76.2	C94.4
C06.89	C76.3	C94.41
C06.9	C76.40	C94.42
C07	C76.41	C94.80
C08.0	C76.42	C94.81
C08.1	C76.50	C94.82
C08.9	C76.51	C95.00
C09.0	C76.52	C95.01
C09.1	C76.8	C95.02
C09.8	C77.0	C95.10
C09.9	C77.1	C95.11
C10.0	C77.2	C95.12
C10.1	C77.3	C95.90
C10.2	C77.4	C95.91
C10.3	C77.5	C95.92
C10.4	C77.8	C96.0
C10.8	C77.9	C96.2
C10.9	C78.00	C96.4
C11.0	C78.01	C96.5
C11.1	C78.02	C96.6
C11.2	C78.1	C96.A
C11.3	C78.2	C96.Z
C11.8	C78.30	C96.9
C11.9	C78.39	D00.00
C12	C78.4	D00.01
C13.0	C78.5	D00.02
C13.1	C78.6	D00.03
C13.2	C78.7	D00.04
C13.8	C78.80	D00.05
C13.9	C78.89	D00.06
C14.0	C79.00	D00.07
C14.2	C79.01	D00.08
C14.8	C79.02	D00.1
C15.3	C79.10	D00.2
C15.4	C79.11	D01.0
C15.5	C79.19	D01.1
C15.8	C79.2	D01.2
C15.9	C79.31	D01.3
C16.0	C79.32	D01.40
C16.1	C79.40	D01.49
C16.2	C79.49	D01.5
C16.3	C79.51	D01.7
C16.4	C79.52	D01.9
C16.5	C79.60	D02.0
C16.6	C79.61	D02.1
C16.8	C79.62	D02.20

C16.9	C79.70	D02.21
C17.0	C79.71	D02.22
C17.1	C79.72	D02.3
C17.2	C79.81	D02.4
C17.3	C79.82	D03.0
C17.8	C79.89	D03.10
C17.9	C79.9	D03.11
C18.0	C7A.00	D03.12
C18.1	C7A.010	D03.20
C18.2	C7A.011	D03.21
C18.3	C7A.012	D03.22
C18.4	C7A.019	D03.30
C18.5	C7A.020	D03.39
C18.6	C7A.021	D03.4
C18.7	C7A.022	D03.51
C18.8	C7A.023	D03.52
C18.9	C7A.024	D03.59
C19	C7A.025	D03.60
C20	C7A.026	D03.61
C21.0	C7A.029	D03.62
C21.1	C7A.090	D03.70
C21.2	C7A.091	D03.71
C21.8	C7A.092	D03.72
C22.0	C7A.093	D03.8
C22.1	C7A.094	D03.9
C22.2	C7A.095	D04.0
C22.3	C7A.096	D04.10
C22.4	C7A.098	D04.11
C22.7	C7A.1	D04.12
C22.8	C7A.8	D04.20
C22.9	C7B.00	D04.21
C23	C7B.01	D04.22
C24.0	C7B.02	D04.30
C24.1	C7B.03	D04.39
C24.8	C7B.04	D04.4
C24.9	C7B.09	D04.5
C25.0	C7B.1	D04.60
C25.1	C7B.8	D04.61
C25.2	C80.0	D04.62
C25.3	C80.1	D04.70
C25.4	C80.2	D04.71
C25.7	C81.00	D04.72
C25.8	C81.01	D04.8
C25.9	C81.02	D04.9
C26.0	C81.03	D05.00
C26.1	C81.04	D05.01
C26.9	C81.05	D05.02
C30.0	C81.06	D05.10
C30.1	C81.07	D05.11

C31.0	C81.08	D05.12
C31.1	C81.09	D05.80
C31.2	C81.10	D05.81
C31.3	C81.11	D05.82
C31.8	C81.12	D05.90
C31.9	C81.13	D05.91
C32.0	C81.14	D05.92
C32.1	C81.15	D06.0
C32.2	C81.16	D06.1
C32.3	C81.17	D06.7
C32.8	C81.18	D06.9
C32.9	C81.19	D07.0
C33	C81.20	D07.1
C34.00	C81.21	D07.2
C34.01	C81.22	D07.30
C34.02	C81.23	D07.39
C34.10	C81.24	D07.4
C34.11	C81.25	D07.5
C34.12	C81.26	D07.60
C34.2	C81.27	D07.61
C34.30	C81.28	D07.69
C34.31	C81.29	D09.0
C34.32	C81.30	D09.10
C34.80	C81.31	D09.19
C34.81	C81.32	D09.20
C34.82	C81.33	D09.21
C34.90	C81.34	D09.22
C34.91	C81.35	D09.3
C34.92	C81.36	D09.8
C37	C81.37	D09.9
C38.0	C81.38	D10.0
C38.1	C81.39	D10.1
C38.2	C81.40	D10.2
C38.3	C81.41	D10.30
C38.4	C81.42	D10.39
C38.8	C81.43	D10.4
C39.0	C81.44	D10.5
C39.9	C81.45	D10.6
C40.00	C81.46	D10.7
C40.01	C81.47	D10.9
C40.02	C81.48	D11.0
C40.10	C81.49	D11.7
C40.11	C81.70	D11.9
C40.12	C81.71	D12.0
C40.20	C81.72	D12.1
C40.21	C81.73	D12.2
C40.22	C81.74	D12.3
C40.30	C81.75	D12.4
C40.31	C81.76	D12.5

C40.32	C81.77	D12.6
C40.80	C81.78	D12.7
C40.81	C81.79	D12.8
C40.82	C81.90	D12.9
C40.90	C81.91	D13.0
C40.91	C81.92	D13.1
C40.92	C81.93	D13.2
C41.0	C81.94	D13.30
C41.1	C81.95	D13.39
C41.2	C81.96	D13.4
C41.3	C81.97	D13.5
C41.4	C81.98	D13.6
C41.9	C81.99	D13.7
C43.0	C82.00	D13.9
C43.10	C82.01	D14.0
C43.11	C82.02	D14.1
C43.12	C82.03	D14.2
C43.20	C82.04	D14.30
C43.21	C82.05	D14.31
C43.22	C82.06	D14.32
C43.30	C82.07	D14.4
C43.31	C82.08	D15.0
C43.39	C82.09	D15.1
C43.4	C82.10	D15.2
C43.51	C82.11	D15.7
C43.52	C82.12	D15.9
C43.59	C82.13	D16.00
C43.60	C82.14	D16.01
C43.61	C82.15	D16.02
C43.62	C82.16	D16.10
C43.70	C82.17	D16.11
C43.71	C82.18	D16.12
C43.72	C82.19	D16.20
C43.8	C82.20	D16.21
C43.9	C82.21	D16.22
C44.00	C82.22	D16.30
C44.01	C82.23	D16.31
C44.02	C82.24	D16.32
C44.09	C82.25	D16.4
C44.101	C82.26	D16.5
C44.102	C82.27	D16.6
C44.109	C82.28	D16.7
C44.111	C82.29	D16.8
C44.112	C82.30	D16.9
C44.119	C82.31	D17.0
C44.121	C82.32	D17.1
C44.122	C82.33	D17.20
C44.129	C82.34	D17.21
C44.191	C82.35	D17.22

C44.192	C82.36	D17.23
C44.199	C82.37	D17.24
C44.201	C82.38	D17.30
C44.202	C82.39	D17.39
C44.209	C82.40	D17.4
C44.211	C82.41	D17.5
C44.212	C82.42	D17.6
C44.219	C82.43	D17.71
C44.221	C82.44	D17.72
C44.222	C82.45	D17.79
C44.229	C82.46	D17.9
C44.291	C82.47	D18.00
C44.292	C82.48	D18.01
C44.299	C82.49	D18.02
C44.300	C82.50	D18.03
C44.301	C82.51	D18.09
C44.309	C82.52	D18.1
C44.310	C82.53	D19.0
C44.311	C82.54	D19.1
C44.319	C82.55	D19.7
C44.320	C82.56	D19.9
C44.321	C82.57	D20.0
C44.329	C82.58	D20.1
C44.390	C82.59	D21.0
C44.391	C82.60	D21.10
C44.399	C82.61	D21.11
C44.40	C82.62	D21.12
C44.41	C82.63	D21.20
C44.42	C82.64	D21.21
C44.49	C82.65	D21.22
C44.500	C82.66	D21.3
C44.501	C82.67	D21.4
C44.509	C82.68	D21.5
C44.510	C82.69	D21.6
C44.511	C82.80	D21.9
C44.519	C82.81	D22.0
C44.520	C82.82	D22.10
C44.521	C82.83	D22.11
C44.529	C82.84	D22.12
C44.590	C82.85	D22.20
C44.591	C82.86	D22.21
C44.599	C82.87	D22.22
C44.601	C82.88	D22.30
C44.602	C82.89	D22.39
C44.609	C82.90	D22.4
C44.611	C82.91	D22.5
C44.612	C82.92	D22.60
C44.619	C82.93	D22.61
C44.621	C82.94	D22.62

C44.622	C82.95	D22.70
C44.629	C82.96	D22.71
C44.691	C82.97	D22.72
C44.692	C82.98	D22.9
C44.699	C82.99	D23.0
C44.701	C83.00	D23.10
C44.702	C83.01	D23.11
C44.709	C83.02	D23.12
C44.711	C83.03	D23.20
C44.712	C83.04	D23.21
C44.719	C83.05	D23.22
C44.721	C83.06	D23.30
C44.722	C83.07	D23.39
C44.729	C83.08	D23.4
C44.791	C83.09	D23.5
C44.792	C83.10	D23.60
C44.799	C83.11	D23.61
C44.80	C83.12	D23.62
C44.81	C83.13	D23.70
C44.82	C83.14	D23.71
C44.89	C83.15	D23.72
C44.90	C83.16	D23.9
C44.91	C83.17	D24.1
C44.92	C83.18	D24.2
C44.99	C83.19	D24.9
C45.0	C83.30	D25.0
C45.1	C83.31	D25.1
C45.2	C83.32	D25.2
C45.7	C83.33	D25.9
C45.9	C83.34	D26.0
C46.0	C83.35	D26.1
C46.1	C83.36	D26.7
C46.2	C83.37	D26.9
C46.3	C83.38	D27.0
C46.4	C83.39	D27.1
C46.50	C83.50	D27.9
C46.51	C83.51	D28.0
C46.52	C83.52	D28.1
C46.7	C83.53	D28.2
C46.9	C83.54	D28.7
C47.0	C83.55	D28.9
C47.10	C83.56	D29.0
C47.11	C83.57	D29.1
C47.12	C83.58	D29.20
C47.20	C83.59	D29.21
C47.21	C83.70	D29.22
C47.22	C83.71	D29.30
C47.3	C83.72	D29.31
C47.4	C83.73	D29.32

C47.5	C83.74	D29.4
C47.6	C83.75	D29.8
C47.8	C83.76	D29.9
C47.9	C83.77	D30.00
C48.0	C83.78	D30.01
C48.1	C83.79	D30.02
C48.2	C83.80	D30.10
C48.8	C83.81	D30.11
C49.0	C83.82	D30.12
C49.10	C83.83	D30.20
C49.11	C83.84	D30.21
C49.12	C83.85	D30.22
C49.20	C83.86	D30.3
C49.21	C83.87	D30.4
C49.22	C83.88	D30.8
C49.3	C83.89	D30.9
C49.4	C83.90	D31.00
C49.5	C83.91	D31.01
C49.6	C83.92	D31.02
C49.8	C83.93	D31.10
C49.9	C83.94	D31.11
C4A.0	C83.95	D31.12
C4A.10	C83.96	D31.20
C4A.11	C83.97	D31.21
C4A.12	C83.98	D31.22
C4A.20	C83.99	D31.30
C4A.21	C84.00	D31.31
C4A.22	C84.01	D31.32
C4A.30	C84.02	D31.40
C4A.31	C84.03	D31.41
C4A.39	C84.04	D31.42
C4A.4	C84.05	D31.50
C4A.51	C84.06	D31.51
C4A.52	C84.07	D31.52
C4A.59	C84.08	D31.60
C4A.60	C84.09	D31.61
C4A.61	C84.10	D31.62
C4A.62	C84.11	D31.90
C4A.70	C84.12	D31.91
C4A.71	C84.13	D31.92
C4A.72	C84.14	D32.0
C4A.8	C84.15	D32.1
C4A.9	C84.16	D32.9
C50.011	C84.17	D33.0
C50.012	C84.18	D33.1
C50.019	C84.19	D33.2
C50.021	C84.40	D33.3
C50.022	C84.41	D33.4
C50.029	C84.42	D33.7

C50.111	C84.43	D33.9
C50.112	C84.44	D34
C50.119	C84.45	D35.00
C50.121	C84.46	D35.01
C50.122	C84.47	D35.02
C50.129	C84.48	D35.1
C50.211	C84.49	D35.2
C50.212	C84.60	D35.3
C50.219	C84.61	D35.4
C50.221	C84.62	D35.5
C50.222	C84.63	D35.6
C50.229	C84.64	D35.7
C50.311	C84.65	D35.9
C50.312	C84.66	D36.0
C50.319	C84.67	D36.10
C50.321	C84.68	D36.11
C50.322	C84.69	D36.12
C50.329	C84.70	D36.13
C50.411	C84.71	D36.14
C50.412	C84.72	D36.15
C50.419	C84.73	D36.16
C50.421	C84.74	D36.17
C50.422	C84.75	D36.7
C50.429	C84.76	D36.9
C50.511	C84.77	D37.01
C50.512	C84.78	D37.02
C50.519	C84.79	D37.030
C50.521	C84.90	D37.031
C50.522	C84.91	D37.032
C50.529	C84.92	D37.039
C50.611	C84.93	D37.04
C50.612	C84.94	D37.05
C50.619	C84.95	D37.09
C50.621	C84.96	D37.1
C50.622	C84.97	D37.2
C50.629	C84.98	D37.3
C50.811	C84.99	D37.4
C50.812	C84.A0	D37.5
C50.819	C84.A1	D37.6
C50.821	C84.A2	D37.8
C50.822	C84.A3	D37.9
C50.829	C84.A4	D38.0
C50.911	C84.A5	D38.1
C50.912	C84.A6	D38.2
C50.919	C84.A7	D38.3
C50.921	C84.A8	D38.4
C50.922	C84.A9	D38.5
C50.929	C84.Z0	D38.6
C51.0	C84.Z1	D39.0

C51.1	C84.Z2	D39.10
C51.2	C84.Z3	D39.11
C51.8	C84.Z4	D39.12
C51.9	C84.Z5	D39.2
C52	C84.Z6	D39.8
C53.0	C84.Z7	D39.9
C53.1	C84.Z8	D3A.00
C53.8	C84.Z9	D3A.010
C53.9	C85.10	D3A.011
C54.0	C85.11	D3A.012
C54.1	C85.12	D3A.019
C54.2	C85.13	D3A.020
C54.3	C85.14	D3A.021
C54.8	C85.15	D3A.022
C54.9	C85.16	D3A.023
C55	C85.17	D3A.024
C56.1	C85.18	D3A.025
C56.2	C85.19	D3A.026
C56.9	C85.20	D3A.029
C57.00	C85.21	D3A.090
C57.01	C85.22	D3A.091
C57.02	C85.23	D3A.092
C57.10	C85.24	D3A.093
C57.11	C85.25	D3A.094
C57.12	C85.26	D3A.095
C57.20	C85.27	D3A.096
C57.21	C85.28	D3A.098
C57.22	C85.29	D3A.8
C57.3	C85.80	D40.0
C57.4	C85.81	D40.10
C57.7	C85.82	D40.11
C57.8	C85.83	D40.12
C57.9	C85.84	D40.8
C58	C85.85	D40.9
C60.0	C85.86	D41.00
C60.1	C85.87	D41.01
C60.2	C85.88	D41.02
C60.8	C85.89	D41.10
C60.9	C85.90	D41.11
C61	C85.91	D41.12
C62.00	C85.92	D41.20
C62.01	C85.93	D41.21
C62.02	C85.94	D41.22
C62.10	C85.95	D41.3
C62.11	C85.96	D41.4
C62.12	C85.97	D41.8
C62.90	C85.98	D41.9
C62.91	C85.99	D42.0
C62.92	C86.0	D42.1

C63.00	C86.1	D42.9
C63.01	C86.2	D43.0
C63.02	C86.3	D43.1
C63.10	C86.4	D43.2
C63.11	C86.5	D43.3
C63.12	C86.6	D43.4
C63.2	C88.0	D43.8
C63.7	C88.2	D43.9
C63.8	C88.3	D44.0
C63.9	C88.4	D44.10
C64.1	C88.8	D44.11
C64.2	C88.9	D44.12
C64.9	C90.00	D44.2
C65.1	C90.01	D44.3
C65.2	C90.02	D44.4
C65.9	C90.10	D44.5
C66.1	C90.11	D44.6
C66.2	C90.12	D44.7
C66.9	C90.20	D44.9
C67.0	C90.21	D45
C67.1	C90.22	D46.0
C67.2	C90.30	D46.1
C67.3	C90.31	D46.20
C67.4	C90.32	D46.21
C67.5	C91.00	D46.22
C67.6	C91.01	D46.A
C67.7	C91.02	D46.B
C67.8	C91.10	D46.C
C67.9	C91.11	D46.4
C68.0	C91.12	D46.Z
C68.1	C91.30	D46.9
C68.8	C91.31	D47.0
C68.9	C91.32	D47.1
C69.00	C91.40	D47.2
C69.01	C91.41	D47.3
C69.02	C91.42	D47.4
C69.10	C91.50	D47.9
C69.11	C91.51	D47.Z1
C69.12	C91.52	D47.Z9
C69.20	C91.60	D48.0
C69.21	C91.61	D48.1
C69.22	C91.62	D48.2
C69.30	C91.90	D48.3
C69.31	C91.91	D48.4
C69.32	C91.92	D48.5
C69.40	C91.A0	D48.60
C69.41	C91.A1	D48.61
C69.42	C91.A2	D48.62
C69.50	C91.Z0	D48.7

C69.51	C91.Z1	D48.9
C69.52	C91.Z2	D49.0
C69.60	C92.00	D49.1
C69.61	C92.01	D49.2
C69.62	C92.02	D49.3
C69.81	C92.10	D49.4
C69.82	C92.11	D49.5
C69.90	C92.12	D49.7
C69.91	C92.20	D49.81
C69.92	C92.21	D49.89
C70.0	C92.22	D49.9
C70.1	C92.30	K31.7
C70.9	C92.31	K63.5
C71.0	C92.32	Q85.00
C71.1	C92.40	Q85.01
C71.2	C92.41	Q85.02
C71.3	C92.42	Q85.03
C71.4	C92.50	Q85.09
C71.5	C92.51	
C71.6	C92.52	
C71.7	C92.60	
C71.8	C92.61	
C71.9	C92.62	
C72.0	C92.90	
C72.1		

Iron deficiency anemias of excessive uterine blood loss or pregnancy

ICD-10-CM Code(s)		
Primary Diagnosis		
D50.0	D50.8	O46.0
D50.1	D50.9	
Secondary Diagnosis		
N92.0	Z34.00	Z34.83
N92.1	Z34.01	Z34.90
N92.3	Z34.02	Z34.91
N92.5	Z34.03	Z34.92
N92.6	Z34.80	Z34.93
N92.2	Z34.81	
N92.4	Z34.82	
N95.0		

Anemia in chronic kidney disease

ICD-10-CM Code(s)		
Primary Diagnosis		
D63.1		
Secondary Diagnosis		
N18.1	N18.4	N18.6
N18.2	N18.5	N18.9
N18.3		

Iron repletion for autologous blood transfusions

ICD-10-CM Code(s)		
Z52.000	Z52.010	Z52.090
Z52.008	Z52.018	Z52.098

Gastrointestinal (GI) complications with iron deficiency

ICD-10-CM Code(s)		
Primary Diagnosis		
D50.0	D50.8	K92.2
D50.1	D50.9	
Secondary Diagnosis		
D62	K90.0	K94.21
	K91.1	K95.09
	K91.2	K95.89

Iron deficiency with comorbid heart failure

ICD-10-CM Code(s)		
Primary Diagnosis		
D50.0	D50.1	D50.8
		D50.9
Secondary Diagnosis		
I42.0	I42.8	I50.31
I42.1	I42.9	I50.32
I42.2	I50.1	I50.33
I42.3	I50.20	I50.40
I42.4	I50.21	I50.41
I42.5	I50.22	I50.42
I42.6	I50.23	I50.43
I42.7	I50.30	I50.9

Iron deficiency due to achlorhydria or intravascular hemolysis

ICD-10-CM Code(s)		
D50.8	D51.0	D61.1

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

HCPCS Code(s)		
Q0138	J1439	J1756
Q0139	J1750	J2916

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

1. Ferumoxytol (Feraheme), ferric carboxymaltose (Injectafer), and iron sucrose (Venofer): 1 billing unit = 1 mg.
2. Iron dextran (INFeD): 1 billing unit = 50 mg.
3. Sodium ferric gluconate complex in sucrose (Ferrlecit): 1 billing unit = 12.5 mg.
4. Medicaid covers appropriate administration codes when billed with Q0138, Q0139, J1439, J1750, J1756, or J2916 on the same day of service.

F. Place of Service

Outpatient, Office.

G. Co-payments

For Medicaid refer to Medicaid State Plan:

<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

For NCHC refer to NCHC State Plan:

<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

H. Reimbursement

Provider(s) shall bill their usual and customary charges.

For a schedule of rates, refer to: <https://medicaid.ncdhhs.gov/>