

Internal Medicine Coding Alert

READER QUESTIONS: Stick With Insurer's Procrit Coding Guidelines

Question: How should we report Procrit injections?

Virginia Subscriber

Answer: Coding requirements for Procrit (or epoetin alpha) injections vary widely by state and insurer. Generally for Medicare payers, you should report Q0136 (Injection, epoetin alpha [for non-ESRD use], per 1,000 units) when the internist administers Procrit to treat chronic anemia (281.9). Many commercial carriers accept this code, while others may accept 90782 (Therapeutic, prophylactic or diagnostic injection [specify material injected]; subcutaneous or intramuscular), so be sure to get your carrier's policy in writing.

In addition, Medicare requires physicians to document the following before submitting Q0136:

1. the patient's diagnosis
2. the time, date, route of administration and dosage given (number of units)
3. frequency of treatment
4. the patient's response to therapy
5. date and result of the patient's most recent hematocrit or hemoglobin level prior to Procrit therapy initiation
6. subsequent hematocrit or hemoglobin values
7. prior to initiation of therapy, the date and result of the patient's most recent serum creatinine within the last month (for renal disease)
8. the patient's weight in kilograms.