




STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division  
Clinical Standards Office  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

April 9, 2010

MEMORANDUM

ACS M10-02

TO: Fee-for-Service Dialysis Providers

FROM: Kenneth S. Fink, MD, MGA, MPH   
Med-QUEST Division Administrator

SUBJECT: CLARIFICATION ON EPOGEN REIMBURSEMENT AND  
COMPOSITE/EPOGEN RATES

The Med-QUEST Division (MQD) issues this memo to provide clarification on reimbursement policies related to epogen and composite dialysis rates. This pertains to the Medicaid Fee-for-Service (FFS) program only. Questions specific to QUEST or QUEST Expanded Access should be directed to the appropriate health plans.

**Epogen Reimbursement**

The billing of epogen by dialysis facilities is made by submitting FFS claims on a UB 04 using the revenue code 0634 for <10,000 units and revenue code 0635 for >10,000 units. One of these revenue codes can be billed for an individual per dialysis session, but multiple units per session should not be billed or reimbursed. In review of past claims, multiple units for these revenue codes have been erroneously paid. MQD will be systematically reviewing Medicaid FFS claims and recouping overpayments. MQD will not adjust coordinated claims for recipients eligible for both Medicaid and Medicare when Medicaid FFS pays Medicare co-payments and deductibles.

As stated in Memorandum ACS M08-06, dated June 10, 2008, effective for claims with dates of service on or after July 1, 2008, National Drug Code (NDC) information must be included when using revenue codes 0634 and 0635 for claims whether or not Medicaid is the primary payor. MQD will review claims and recoup overpayments if NDC information was not provided for services on or after July 1, 2008.

If your facility is affected, you will be receiving a separate communication regarding these recoupments.

**Composite and Epogen Rates**

MQD has also reviewed the composite and epogen rates for dialysis facilities and find some variation in rates among facilities. This table below serves to clarify rates that will be applied uniformly to all dialysis facilities.

<b>Revenue Codes</b>	<b>Description</b>	<b>Current FFS Rate</b>
0801	Dialysis Inpatient	\$129.04
0804	Dialysis Inpatient CPPD	\$130.04
0821	Hemodialysis Composite	\$130.04
0841	CAPD Composite	\$57.00
0851	CCPD Composite	\$56.31
0634	Epogen < 10,000 units	\$38.40
0635	Epogen > 10,000 units	\$67.20

Effective June 1, 2010, the rates of all dialysis centers will be updated to these rates.

If you have any questions or concerns regarding the content of this memo, please call the Clinical Standards Office at 692-8121.