



Subject: Intravenous Iron Therapy*

Effective Date: April 27, 2004

Department(s): Utilization Management

Policy: Intravenous iron therapy is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to enumerate circumstances under which intravenous iron therapy is covered.

Procedure:

1. Requests for coverage of intravenous iron therapy (**HCPCS J1750, J1756, J2916**) must be accompanied by documentation of the presence of iron deficiency and its cause. Criteria for iron deficiency include at least hemoglobin and/or hematocrit and one of the following:
 - a. serum ferritin
 - b. serum iron
 - c. serum total iron binding capacity
 - d. stainable marrow iron
 - e. mean corpuscular volume (MCV)

2. The request must be accompanied by a statement of the reason that oral iron can't be used for this specific patient. These include but are not limited to the following:
 - a. inability to tolerate or comply with oral iron
 - b. iron (blood) loss too rapid to allow oral iron to compensate for the loss
 - c. gastrointestinal disease (*e.g.*, ulcerative colitis) in which symptoms may be aggravated by oral iron therapy
 - d. gastrointestinal disease or disruption (*e.g.*, prior surgery that bypasses the duodenum, including bariatric surgery) that interferes with the absorption of oral iron

- e. inability to maintain iron balance in patients treated with hemodialysis
 - f. donation of large amounts of blood for autotransfusion
 - g. cancer- or chemotherapy –induced anemia with functional iron deficiency in patients receiving erythropoiesis stimulating agents (i.e. Procrit)
 - h. congestive heart failure with iron deficiency, with or without anemia
3. The request must be accompanied by the planned regimen, including dose per infusion, number of infusions, and timing of infusions (*e.g.*, every two weeks).
 4. The place of service at which the iron infusions are to be administered must be included with the initial request.
 5. All intravenous iron infusions require medical review.

References

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Drafted By/Date: B.Fisher, MD 03/18/04

Approved By/Date: QM Committee 04/27/04

Reviewed without Revision By/Date: B.Fisher, MD 03/05/07

Approved By/Date: QM Committee 05/26/09

Revised By/Date: MMcNeil, MD 07/11/11

Approved By/Date: QM Committee, 07/26/11

Revised By/Date: MMcNeil, 08/19/14

Approved By/Date: QM Committee 9/9/14

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.