


GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 19-19

TO: District of Columbia Medicaid Providers

FROM: Melisa Byrd 
Senior Deputy Director and State Medicaid Director

DATE: **SEP 12 2019**

SUBJECT: **Removal of Prior Authorization (PA) Requirement for HCPCS code J0887 and J0888**

The purpose of this transmittal is to notify all District of Columbia (DC) Medicaid Fee-for-Service (FFS) medical providers regarding a fee schedule update for J0887 (Injection, Epoetin Beta, 1 Microgram for End-Stage Renal Disease (ESRD) On Dialysis) and J0888 (Injection, Epoetin Beta, 1 Microgram for non-ESRD use). Effective immediately, HCPCS codes J0887 and J0888 no longer require prior authorization by the Department of Health Care Finance (DHCF). Providers are not required to submit prior authorization requests to DHCF for the above-referenced HCPCS codes.

DHCF made the decision to remove the PA requirement is based on several reasons:

- 1) DHCF staff and providers encountered difficulty in calculating and prior authorizing the correct dosage(s) based on future lab values;
- 2) Most of the affected ESRD patients will have both Medicare and Medicaid benefits. The proportion of Medicaid's reimbursement amount as a cross-over payment is not financially impactful to the District; and
- 3) The PA removal will increase timely access to therapy.

For any questions regarding this transmittal, please contact the Division of Clinician, Pharmacy, and Acute Provider Services:

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cc: Medical Society of the District of Columbia
DC Hospital Association

DC Primary Care Association
DC Health Care Association
DC Home Care Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers