

# ARANESP / EPO / NEUPOGEN / NEULASTA

ADDRESSOGRAPH STAMP

DATE OF SERVICE: \_\_\_\_\_ ORDERING DR.: \_\_\_\_\_ ORDERING DR. #: \_\_\_\_\_

## ARANESP / DARBEPOETIN ALPHA

Aranesp 100 mcg (J0881) HCT _____ Cr _____ Kg _____ HGB _____	Aranesp 200 mcg (J0881) HCT _____ Cr _____ Kg _____ HGB _____	Aranesp 300 mcg (J0881) HCT _____ Cr _____ Kg _____ HGB _____
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## PROCRIT / EPOETIN ALPHA

PROCRIT 1000 units (J0885) x _____ HCT _____ Kg _____ HGB _____ Date _____ Chemotherapy drug _____
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## DIAGNOSIS

**Always choose the appropriate primary anemia code and secondary code with which it is associated.**

ICD-9	PRIMARY DIAGNOSIS		SECONDARY DIAGNOSIS
		285.29	Anemia of other chronic disease
280.9	Iron deficiency anemia, unspecified	285.9	Anemia, unspecified
281.0	Pernicious anemia		
281.2	Folate-deficiency anemia	V58.11	Encounter for antineoplastic chemotherapy
281.8	Anemia associated with other specified nutritional deficiency	V58.12	Encounter for immunotherapy for neoplastic condition
281.9	Unspecified deficiency anemia	V67.2	Follow-up examination following chemotherapy
282.60	Sickle-cell disease, unspecified	E930.7	Antineoplastic antibiotics
282.7	Other hemoglobinopathies	E933.1	Antineoplastic and immunosuppressive drug
283.0	Autoimmune hemolytic anemia	203.00	Multiple Myeloma
283.1	Non-autoimmune hemolytic anemias	238.75	Myelodysplastic Syndrom
284.8	Other specified aplastic anemias	282.60	Sickle-cell disease, unspecified
284.9	Aplastic anemia, unspecified	585.9	Chronic Renal Failure (not on dialysis)
285.22	Anemia in neoplastic disease		

## NEUPOGEN / NEULASTA

Neupogen 300 mcg (J1440) Kg _____	Neupogen 480 mcg (J1440) Kg _____	Neulasta 6 mg (J2505) Kg _____
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## DIAGNOSIS

288.0	Agranulocytosis	238.7	Myelodysplastic anemia
205.00	AML	288.0	Neutropenia
205.01	AML, in remission	V42.82	Peripheral stem cell transplant
V42.81	Bone marrow transplant	____.__( )	*Other, Specify _____ Add GA modifier & obtain waiver for Medicare only
V58.11	Encounter for chemotherapy Chemo drug _____	V58.69	Long term or hi-risk current med use
202.4	Hairy cell leukemia		