

EPO Pre-assessment 12-12-06 AM Session

Please complete and return via fax (608-301-2625) *before* the iLinc

1. For patients with End Stage Renal Disease (ESRD), the HCT level should be maintained at no less than 33%.
True False

2. EPO is covered for which of the following conditions? (select all that apply)
 - a. Anemia related to therapy with Zidovudine
 - b. Anemia associated with non-myeloid malignancy
 - c. Anemia related to multiple myeloma
 - d. Anemia for myeloid malignancies
 - e. All of the above

3. What modifier identifies subsequent EPO injection for diagnosis code 285.29?
 - a. 59
 - b. EJ
 - c. E1
 - d. 76

4. Claims billed with diagnosis 285.8 or 285.9 do not need a subsequent diagnosis.
True False

5. Claims billed for ESRD conditions will be payable for which of the following diagnosis codes.
 - a. 285.21
 - b. 285.29
 - c. 285.22

6. When diagnosis 285.29 is listed on an initial service/procedure, which of the following information must be documented and submitted for the service to be covered. (select all that apply)
 - a. Progress notes
 - b. Hgb and/or HCT
 - c. Red blood cell indices
 - d. Iron-binding capacity
 - e. All of the above

7. How many times per week is EPO typically covered when given intravenously?
 - a. once weekly
 - b. 1-5 times per week
 - c. 1-3 times per week

8. Dosage is based on body weight and can vary among different disease entities.
True False