

Covis Pharma 510 mg / 17 mL single-dose vial IV infusion ≥15 min × 2 doses Reviewed: May 2, 2026 ASP: Q2 2026

HCPCS Q0138 1 mg = 1 unit (non-ESRD)	PER DOSE 510 units 510 mg × 2, 3–8 days apart	MODIFIER JZ Single-dose vial, no waste	ADMIN CPT 96365 Therapeutic IV (≥15 min)	MEDICARE ASP+6% \$0.229 /mg · \$116.79/dose · \$233.58/course
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BOXED WARNING — Hypersensitivity: Serious reactions including anaphylaxis (some fatal). Mandate (post-2015): IV infusion ≥15 min (no push) · observe ≥30 min post-infusion · trained personnel + resuscitation equipment available · do NOT re-administer to patients with prior IV iron hypersensitivity.

CODES & NDC

HCPCS Q0138	Q0138 — "Ferumoxytol, non-ESRD use, 1 mg" (permanent)
HCPCS Q0139	Q0139 — "Ferumoxytol, ESRD on dialysis, 1 mg" — same drug, ESRD code
NDC	59338-775-01 (10) / 59338-0775-01 (11) — N4 qualifier
VIAL	510 mg / 17 mL (30 mg/mL) single-dose
MANUFACTURER	Covis Pharma (acquired AMAG Pharmaceuticals)

Q0138 vs Q0139 — biller decision: Same drug, different code by indication. **Q0138 = non-ESRD** (IDA, with or without non-dialysis CKD) · **Q0139 = ESRD on dialysis** (typically dialysis facility, often ESRD bundled payment). Wrong code = top denial reason. Verify ESRD/dialysis status before coding.

DOSING

- **510 mg IV over ≥15 min**, dose 1
- **Repeat 510 mg dose 3–8 days later**
- Total course: **1,020 mg** elemental iron (1,020 units)
- Diluent: 50–200 mL of 0.9% NaCl or 5% Dextrose
- Observe **≥30 min post-infusion** (vitals, hypotension, anaphylaxis signs)
- No premedication routinely required

ADMINISTRATION & MODIFIERS

CODE	WHEN
96365	Therapeutic IV, ≥15 min (primary) — non-chemo
96374	NOT appropriate — IV push prohibited post-2015
96413	NOT appropriate — ferumoxytol is non-chemo

Modifier: JZ on virtually every claim (1 vial, no waste). JW rare with fixed dose.

MRI imaging interaction — up to 3 months: Feraheme contains SPIO nanoparticles that alter T1, T2, T2*-weighted MRI images for up to 3 months post-dose. **Document administration date + dose in chart.** Coordinate with radiology if MRI scheduled within 3 mo. Unique to Feraheme among IV irons.

ICD-10 — IRON-DEFICIENCY ANEMIA

CODE	FOR
D50.0	IDA secondary to chronic blood loss (most common)
D50.8	Other iron-deficiency anemias
D50.9	IDA, unspecified
D62	Acute posthemorrhagic anemia
D63.1	Anemia in CKD (pair with N18.x)
N18.1–N18.6	CKD stage (use Q0139 if dialysis)

IV IRON CLASS COMPARISON (Q2 2026)

DRUG	HCPCS	COURSE	ASP+6%/MG
Feraheme	Q0138/Q0139	510 mg × 2	\$0.229
Injectafer	J1439	750 mg × 2	~\$1.103
Monoferric	J1437	1,000 mg × 1	~\$1.10
Venofer	J1756	100–200 mg × 5–10	~\$0.43
INFeD	J1750	Wt-based total	~\$0.26

Feraheme = lowest per-mg cost among IV irons. Tradeoffs: Boxed Warning hypersensitivity + 3-mo MRI effect.

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	CRITERIA
UnitedHealthcare	Yes	IDA dx + ferritin/TSAT + oral iron failure (3 mo)
Aetna	Yes	IDA + lab values + oral iron failure; verify formulary tier
BCBS	Yes	Plan-specific; aligned with ACG IDA guidance
Medicare	Generally no	Standard medical necessity; ESRD use Q0139 (bundled)

Pre-PA checklist: IDA dx, ferritin (<30 ng/mL), TSAT (<20%), oral iron trial documentation.

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$0.229 / mg (Q0138 non-ESRD, eff. 4/1 – 6/30/2026)
510 mg dose	\$116.79 (510 × \$0.229)
Full course (1,020 mg)	\$233.58 (2 doses)
Sequestration adj.	~ASP + 4.3% actual paid

SITE OF CARE

SETTING	POS	NOTES
Physician office	11	Preferred (resuscitation equipment required)
Ambulatory infusion	49	Preferred
Hospital outpatient	19/22	Disfavored when AIC available
Dialysis facility	65	Use Q0139 (ESRD bundled)

PATIENT ASSISTANCE — COVIS

- **Covis Patient Assistance / Feraheme support:** verify current phone + program with manufacturer (post-AMAG transition)
- Co-pay program for commercially-insured (excludes Medicare/Medicaid/federal)
- PAP for uninsured / underinsured meeting income criteria
- Foundations (Medicare): PAN, HealthWell — verify open IDA / IV iron funds quarterly

Pending SME review. Confirm current Covis Patient Assistance Program details before patient-facing use. Otherwise sourced from FDA label, CMS Q2 2026 ASP, KDIGO + ACG IDA guidelines, UHC IV iron LCDs.