



Provider Notice 13-33

Correction: Effective for dates of service retroactive to February 23, 2013, the Health Care Authority no longer covers the anemia drug peginesatice (Omontys®), 0.1 mg, injectable (HCPCS code J0890).

Dear Provider,

The Medicaid Program of the Health Care Authority (agency) previously issued provider notices 13-16 and 13-24 incorrectly informing providers that effective April 1, 2013, the anemia drug peginesatice (Omontys®), 0.1 mg, injectable (HCPCS code J0890) would no longer be covered.

This provider notice rescinds and replaces PN 13-24 and corrects PN 13-16 with the effective date of February 23, 2013.

The agency is publishing a revised [Kidney Center Services Medicaid Provider Guide](#) and [Physician-Related Services/Health Care Professional Services Medicaid Provider Guide](#) to reflect this change.

Thank you.

BC/AL
Provider Publications Team
Medicaid Program
Health Care Authority

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