

Category:
Levocarnitine, (Carnitor TM,
L-Carnitine TM)

**LOCAL MEDICAL POLICY
MARYLAND MEDICARE PART A**

LEVOCARNITINE (Carnitor TM, L-Carnitine TM) (97-15)

Description:

Levocarnitine is an essential co-factor of fatty acid metabolism.

HCPCS Codes:

J1955 Injection, levocarnitine, 1 gm

Indications and Limitations of Coverage and/or Medical Necessity:

Levocarnitine is indicated for patients who meet all of the following criteria:

- Are on hemodialysis longer than one year;
- Have exercise intolerance, and/or failure to thrive that is having a significant negative effect on their quality of life;
- Have skeletal muscle weakness, cramping, and malaise, that has not responded to diet or pharmacological intervention despite correction of anemia with EPO;
- Have cardiac dysfunction or cardiomyopathy induced by hemodialysis (a specific sign may be a large volume of hypertonic saline or dextran use to support blood pressure during dialysis);
- Exhibit high catabolic rate with anorexia and evidence of protein wasting, despite adequate caloric intake;
- Have hyperlipidemia Type IV; and,
- Have anemia not responding to standard EPO dosage, despite adequate iron stores or dialysis.

Levocarnitine is available for oral and parenteral administration. Parenteral administration is indicated for these specific ESRD patients on dialysis for a period of three months. After three months, therapeutic levels of levocarnitine can be maintained with oral administration of the drug in most patients. The medical record must indicate the medical necessity of extending parenteral administration of levocarnitine beyond three months.

ICD-9-CM Codes that Support Medical Necessity

Covered for:

- 7913 Myoglobinuria (deficiency of carnitine palmitoyl transferase)
- 585 Chronic renal failure

One of the following codes must be submitted with diagnosis code 585:

- 4258 Cardiomyopathy in other diseases classified elsewhere
- 4259 Secondary cardiomyopathy, unspecified
- 7282 Muscular wasting and disuse atrophy, not elsewhere classified
- 7830 Anorexia

Reasons for Denial:

- All other indications not listed in the “Indications and Limitations of Coverage,” section of this policy;
- The service is not medically necessary;
- The medical record does not verify that the service described by the HCPCS code was provided; and,
- The service does not follow the guidelines of this policy.

Medicare national policy excludes coverage of drugs, which can be self-administered. Medicare will not cover parenteral levocarnitine after the initial three-month treatment period unless the medical record supports the medical necessity for extending the parenteral administration.

Non-covered ICD-9-CM Code(s):

All diagnosis codes not listed in the “ICD-9-CM Codes that Support Medical Necessity” section of this policy.

Sources of Information:

Labonia, Walter Dario, M.D., 1995. “L-Carnitine Effects on Anemia in Hemodialyzed Patients Treated with Erythropoietin.” American Journal of Kidney Diseases. Vol. 26 (November): 757-764.

Ahmad, Suhail, et al. 1990. “Multicenter Trial of L-Carnitine in Maintenance Hemodialysis Patients. II Clinical and Biochemical Effects.” Kidney International . Vol. 38: 912-916.

Coding Guidelines:

- To report these services, use the appropriate HCPCS code J1955;
- All of the coverage criteria must be met before this service can be reimbursed by Medicare;
- Diagnosis (es) must be present on any claim submitted, and must be coded to the highest level of specificity; and,
- The diagnosis code (s) must be representative of the patient’s condition.

Documentation Requirements:

Documentation supporting the medical necessity of levocarnitine should be legible, maintained in the patient’s medical record, and must be made available to Medicare upon request.

Dates:

Issued Date: March 28, 1997

Effective Date: April 28, 1997

Revision Date:

Policy Name and

Category: