

Phosphate Binders

Origination Date: 10/06/2025

Last Review: 10/06/2025

Update Notification: 11/01/2025

Effective Date: 02/01/2026

Description

This policy establishes Oscar Health's position and reimbursement requirements for oral phosphate binders and other select orally administered medications dispensed or administered in outpatient facility settings, including dialysis centers. While Medicare has incorporated oral phosphate binders into the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) bundle effective January 1, 2025, Oscar Health maintains these medications under the pharmacy benefit to ensure coordinated care management and consistent member experience.

Policy

Oscar Health requires that oral phosphate binders and other designated self-administered medications continue to be obtained through the member's pharmacy benefit, regardless of the site of care or administration.

- A. Oral phosphate binders are covered under the pharmacy benefit when prescribed for an FDA-approved or compendia supported indication.
 - a. The ingredient cost for all orally administered medications listed in Appendix A is a covered service only when processed and dispensed through a participating pharmacy under the member's pharmacy benefit.
 - b. Claims for the ingredient cost of these specified oral medications (*see Coding > Denied HCPCS Codes (Medical Benefit) > Table 1: Phosphate Binder Agents*) submitted on a medical claim form (e.g., CMS-1500 or UB-04) using a Healthcare Common Procedure Coding System (HCPCS) code or other CPT code will be denied reimbursement.
 - c. Members must obtain these medications through Oscar Health's network pharmacies or designated specialty pharmacy partners.
- B. Facilities may not bill Oscar Health directly for the ingredient cost of oral phosphate binders under the medical benefit.
 - a. The Plan will provide reimbursement for the medically necessary administration of these medications by a clinical provider in an outpatient facility setting, subject to the terms of the provider's contract and applicable medical policies. However, this administrative payment explicitly excludes reimbursement for the drug ingredient cost itself.

Reimbursement Guidelines

- A. Medication Procurement:
 - a. Facilities should not purchase oral phosphate binders for Oscar Health members through buy-and-bill arrangements. Members will obtain medications through their pharmacy benefit.
- B. Claims Submission:
 - a. Submit claims for dialysis services using standard procedure codes without including HCPCS codes for oral phosphate binders (i.e., Table 1: Phosphate Binder Agents).
 - b. Claims submitted with oral phosphate binder HCPCS codes will be denied. It is the provider's responsibility to have the members obtain these medications through the pharmacy benefit.
- C. For Members (*Informational*):
 - a. Members must fill prescriptions for oral phosphate binders at network pharmacies based on a valid prescription from an authorized prescriber.
 - i. The prescribing provider must issue a prescription for the applicable oral medication to a participating pharmacy in the member's network.
 - ii. The pharmacy will adjudicate the claim through the pharmacy benefit.

- iii. The claim is subject to all pharmacy benefit rules, including formulary status, prior authorization, step therapy, quantity limits, and member cost-sharing (copayment/coinsurance).

Rationale

1. Maintains consistent medication therapy management through established pharmacy channels.
2. Preserves member access to preferred network pharmacies and mail-order options.
3. Ensures proper medication storage, handling, and dispensing through licensed pharmacy channels.

Coding

- A. Denied HCPCS Codes (Medical Benefit):

Table 1: Phosphate Binder Agents

HCPCS Code	Drug Name	Code Description
J0601	Renvela	Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)
J0602	Renvela	Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for ESRD on dialysis)
J0603	Renagel	Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)
J0605	Velphoro	Sucroferric oxyhydroxide, oral, 5 mg (for ESRD on dialysis)
J0607	Fosrenol	Lanthanum carbonate, oral, 5 mg (for ESRD on dialysis)
J0608	Fosrenol	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to J0607 (for ESRD on dialysis)
J0609	Auryxia	Ferric citrate, oral, 3 mg ferric iron, (for ESRD on dialysis)
J0615	N/A	Calcium acetate, oral, 23 mg (for ESRD on dialysis)
<ul style="list-style-type: none"> • Additional codes as CMS assigns for oral phosphate binders 		

Appendix A: Applicable Drugs and Drug Classes

This policy applies to the following orally administered medications. This list is not all-inclusive and is subject to change.

- A. Oral Phosphate Binders
 1. Calcium Acetate (PhosLo and generics)
 2. Ferric Citrate (Auryxia)
 3. Lanthanum Carbonate (Fosrenol and generics)
 4. Sevelamer Carbonate (Renvela and generics)
 5. Sevelamer Hydrochloride (Renagel and generics)
 6. Sucroferric Oxyhydroxide (Velphoro)

References

1. Centers for Medicare & Medicaid Services. Calendar Year 2025 End-Stage Renal Disease (ESRD) Prospective Payment System Final Rule (CMS-1805-F)
2. 45 CFR 156.122 - Essential Health Benefits - Prescription Drug Benefits
3. Oscar Member Evidence of Coverage (EOC)
4. Oscar Provider Manual
5. Healthcare Common Procedure Coding System (HCPCS)

Publication History

Date	Action/Description
10/06/2025	Original Documentation; Governance Approved