

**HCPCS CODE ADDITIONS**

**Effective October 1, 2017**

**Bolded Codes**

Bolded codes indicate notation of a special billing policy.

**Chemotherapy**

**C9491, C9492, C9493, C9494**

C9491

Avelumab is indicated for the treatment of adults and pediatric patients 12 years of age and older with metastatic Merkel cell carcinoma. An approved TAR is required for reimbursement. ICD-10-CM diagnosis code C7B.1 is required on the claim. Modifiers SA, SB, UD, U7 or 99 are allowed.

HCPCS code C9491 is reimbursable for Presumptive Eligibility services.

C9492

Durvalumab is indicated for treatment of patients 18 years of age and older with locally advanced or metastatic urothelial carcinoma who have:

- disease progression during or following platinum-containing chemotherapy
- disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy

HCPCS code C9492 is only reimbursable when billed in conjunction with one of the following ICD-10-CM diagnosis codes: C66.1, C66.2, C66.9, C67.0 – C67.9, C68.0, C68.1, C68.8 and C68.9. Modifiers SA, SB, UD, U7 or 99 are allowed.

C9493

Edaravone is indicated for the treatment of amyotrophic lateral sclerosis (ALS) in patients 18 years of age and older. An approved TAR is required for reimbursement. The TAR must state that the adult patient is hospitalized with euvolemic and hypervolemic hyponatremia. ICD-10-CM diagnosis code G12.21 is required on the claim. Modifiers SA, SB, UD, U7 or 99 are allowed.

C9494

Ocrelizumab is indicated for the treatment of patients 18 years of age and older with relapsing or primary progressive forms of multiple sclerosis. HCPCS code C9494 is only reimbursable when billed in conjunction with ICD-10-CM diagnosis code G35. Modifiers SA, SB, UD, U7 or 99 are allowed.

HCPCS code C9494 is reimbursable for Presumptive Eligibility services.