

OCTOBER 2018 HCPCS CODE ADDITIONS

Effective October 1, 2018

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Bolded Codes

Bolded codes indicate notation of a special billing policy.

Chemotherapy

C9033, Q5108, Q5110

C9033

Fosnetupitant-Palonosetron 235 mg/0.25 mg is indicated for patients 18 years of age in older in combination with dexamethasone to prevent acute and delayed nausea and vomiting associated with initial and repeat courses of highly-emetogenic cancer chemotherapy.

One of the following ICD-10-CM diagnosis codes is required on the claim: T45.1X5A – T45.1X5S or Z51.11.

Modifiers SA, UD, U7 and 99 are allowed.

Q5108

Pegfilgrastim-jmdb is reimbursable when used to reduce the incidence of neutropenia-related infection in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

One of the following ICD-10-CM diagnosis codes is required on the claim: D70.1 or Z51.11.

Modifiers SA, UD, U7 and 99 are allowed.

Q5110

Filgrastim-aafi is used to enhance neutrophil production for the following indications:

- Non-myeloid malignancies in patients receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.
- Acute myeloid leukemia (AML) in patients receiving induction or consolidation chemotherapy.
- Non-myeloid malignancies in patients receiving myeloablative chemotherapy prior to a bone marrow transplant.
- Mobilization of autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis in patients receiving cell therapy.
- Severe chronic neutropenia in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.

One of the following ICD-10-CM diagnosis codes is required on the claim: D70.0, D70.1, D70.4, D70.8, D70.9 or Z51.11.

Modifiers SA, UD, U7 and 99 are allowed.

Injection

C9034

C9034

One of the following modifiers is required for reimbursement: LT (Left side) or RT (Right side).

Dexamethasone 9% Intraocular is used to manage post-operative inflammation of the eye.

Modifiers SA, UD, U7 and 99 are allowed.

OCTOBER 2018 HCPCS CHANGE CODES

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DME

K0037

K0037

Modifiers NU, RR or RB are allowed.

Injection

Q5105, Q5106, Q9995

Q5105, Q5106

HCPCS codes Q5105 and Q5106 are now benefits. Epoetin alfa-epbx is indicated for treatment of anemia due to the following:

- Chronic Kidney Disease (CKD) in patients no dialysis and not on dialysis.
- The effect of zidovudine administered at $\leq 4,200$ mg/week in patients with HIV infection with endogenous serum erythropoietin levels of ≤ 500 mUnits/mL.
- The effect of concomitant myelosuppressive chemotherapy in patients with non-myeloid malignancies and upon initiation, there is a minimum of two additional months of planned chemotherapy.

Epoetin alfa-epbx is indicated to reduce the need for allogeneic red blood cell (RBC) transfusions in patients with perioperative hemoglobin levels between 10 and 13 g/dL who are at high risk for perioperative blood loss from elective, non-cardiac, nonvascular surgery.

Epoetin alfa-epbx is not indicated for use:

- In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
- In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
- In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion.
- In patients scheduled for surgery who are willing to donate autologous blood.
- In patients undergoing cardiac or vascular surgery.
- As a substitute for RBC transfusions in patients who require immediate correction of anemia.

For HCPCS code Q5105, ICD-10-CM diagnosis code D63.1 is required for reimbursement.

For HCPCS code Q5106, one of the following ICD-10-CM diagnosis codes is required for reimbursement:

B20	D61.810	D64.81
B97.35	D61.811	Y83.0 – Y83.9
D46.0 – D46.9	D63.0	
D61.1	D63.8	

OCTOBER 2018 HCPCS CHANGED CODES

Q9995

HCPCS code Q9995 is now a benefit. Emicizumab-kxwh is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in patients with hemophilia A (congenital factor VIII deficiency) with factor VIII inhibitors.

HCPCS code Q9995 requires a *Treatment Authorization Request* (TAR) with documentation of the following criteria:

- The service is medically necessary.
- The patient has a documented diagnosis of congenital factor VIII deficiency (hemophilia A).
- The patient has developed high-titer factor VIII inhibitors (≥ 5 Bethesda units [Bu]).
- The clinician's completely written prescription, order, or treatment plan for emicizumab-kxwh as a routine prophylaxis to prevent bleeding episodes associated with hemophilia A with factor inhibitors.

One of the following ICD-10-CM diagnosis codes is required on the claim: D66 or D68.311