Local Coverage Article: Chemotherapy Administration (A52953)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID
A52953

Original ICD-9 Article ID
A52549

Article Title
Chemotherapy Administration

Article Type
Article

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Article Guidance

Article Text:

This coverage article is effective for dates of service on and after 11/15/18, unless otherwise specified, for Medicare Parts A and B and replaces all prior articles on this specific subject. For a submitted chemotherapy administration code to be payable, there must be an associated drug code on the same claim. Any claim billed with only a chemotherapy administration code (no associated drug code) will be rejected. The provider will need to correct the claim (Part A) or resubmit the claim with the appropriate drug code. (For the situation where the provider has not incurred a cost for the drug, see the article "Patients Supplied, Donated or Free-of-Charge Drug").

The CPT® 2020 Professional Edition, pages 733-734 contains the following information and direction for CPT® codes to be used for the Administration of Chemotherapy:

"Chemotherapy administration codes 96401-96549 apply to parenteral administration of non-radionuclide anti-neoplastic drugs; and also to anti-neoplastic agents provided for treatment of non-cancer diagnoses (e.g., cyclophosphamide for auto-immune conditions) or to substances such as certain monoclonal antibody agents, and other biologic response modifiers. The highly complex infusion of chemotherapy or other drug or biologic agents requires physician or other qualified health care professional work and/or clinical staff monitoring well beyond that of therapeutic drug agents (96360-96379) because the incidence of severe adverse patient reactions are typically greater. These services can be provided by any physician or other qualified health care professional. Chemotherapy services are typically highly complex and require direct supervision for any or all purposes of patient assessment, provision of consent, safety oversight, and intra-service supervision of staff. Typically, such chemotherapy services require advanced practice training and competency for staff who provide these services; special considerations for preparation, dosage, or disposal; and commonly, these services entail significant patient risk and frequent monitoring. Examples are frequent changes in the infusion rate, prolonged presence of the nurse administering the solution for patient monitoring and infusion adjustments, and frequent conferring with the physician or other qualified health care professional about these issues. When performed to facilitate the infusion or injection, preparation of chemotherapy agent(s), highly complex agent(s), or other highly complex drugs is included in the administration service and is not reported separately. To report infusions that do not require this level of complexity, see 96360-96379. Codes 96401-96402, 96409-96425, 96521-96523 are not intended to be reported by the individual physician or other qualified health care professional in the facility setting.

"The term 'chemotherapy' in 96401-96549 includes other highly complex drugs or highly complex biologic agents." (End quotation from CPT®.)

Medicare has determined under Section 1861(t) that these drugs may be paid when they are administered incident to a physician's service and determined to be medically reasonable and necessary. Such determination of reasonable and necessary is determined by the Medicare Administrative Contractor. The documentation in the patient's medical record must support that the drug is medically reasonable and necessary for the specific clinical circumstances.

As stated in the Internet Only Manual, CMS Pub 100-4 *Medicare Claims Process Manual (MCPM),* Chapter 12 Physicians/Non-physician Practitioners, Section 30.5 - Payments for Codes for Chemotherapy Administration: "...A/B

MACs (B) may provide additional guidance as to which drugs may be considered to be chemotherapy drugs under Medicare.

The lists below are not all-inclusive and will continue to be revised as new information becomes available.

Intramuscular and subcutaneous injections

The administration of the following drugs in their subcutaneous or intramuscular forms should **not** be billed using a chemotherapy administration code. Instead, unless listed in Noridian's Self-Administered Drugs article, these should be billed using CPT® code 96372 [therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular]. Effective on or after July 31, 2017, if the administration of these drugs is billed using a chemotherapy administration code, both the drug and the administration will be rejected as incorrect coding.

Generic Name	Trade Name	HCPCS Code
abatacept	Orencia®	J3590
benralizumab	Fasenra™	FDA approved 11/04/2017. J3590 (OPPS: C9399 from 11/04/17 to 12/31/2018 then C9466 effective 01/01/2019)
canakinumab	Ilaris®	J0638
certolizumab pegol	Cimzia®*	J0717
denosumab	Prolia® / Xgeva®	J0897
golimumab	Simponi®	J3590 (OPPS: C9399)
guselkumab	Tremfya™	FDA approved 07/13/2017. J3590 (OPPS: C9029 from 01/01/2018 to 12/31/18) then J1628 effective 01/01/2019 for all providers and facilities.
mepolizumab	Nucala®	J2182
octreotide acetate Depot	Sandostatin LAR depot®	J2353
omalizumab	Xolair®	J2357
pegfilgrastim**	Neulasta®**	J2505*
rilonacept	Arcalyst®	J2793
tocilizumab	Actemra®	J3262
tildrakizumab-asmn	Iluilumya™	FDA approved 3/21/2018. J3590 (OPPS: C9399 from 03/21/2018 to 12/31/2018) then J3245 effective 01/01/2019 for all providers and facilities.
ustekinumab	Stelara®	J3357

*Note: The self-administration formulation of certolizumab pegol (Cimzia® prefilled syringe as a 200 mg/1 ml unit dose) is not a Medicare benefit. Providers and facilities must bill this formulation with the GY modifier as a statutorily excluded service.

**Note: Effective 01/01/2018 providers are instructed to use 96377 for the on-body application injector for Neulasta ® Onpro Kit.

The intralesional administration of talimogene laherparepvec (Imlygic™) should be billed using HCPCS code J9325 with 96405 or 96406, as appropriate.

When gonadotropin releasing hormone (GnRH) and analogs (including but not limited to J9217 or J3490 [OPPS C9016] for Triptodur™) are used in the *treatment of cancer*, the drugs may be billed only with 96402.

When non-hormonal anti-neoplastic agents [including but not limited to rituximab and hyaluronidase (Rituxan Hycela™) J9999 [OPPS: C9467 from 04/01/2018 to 12/31/2018 and then J9311 effective 01/01/2019 for all providers and facilities] or sargramostim (Leukine®) J2820 are used as a subcutaneous or intramuscular injection in the *treatment of cancer*, the drugs may be billed only with 96401.

To avoid unnecessary rejections, claims for these types of drugs and their non-chemotherapy administration should be billed as a pair on a separated claim from any chemotherapy.

Infusions Non-Chemotherapy

Noridian has been questioned about the use of a chemotherapy administration code for an infusion (or push) of the following drugs. Approved chemotherapy drugs are listed under Infusions Chemotherapy. Effective on or after July 31, 2017, if the administration of *any* drug that is not approved as a chemotherapy including the following drugs, is billed using a chemotherapy administration code, both the drug and the administration code will be rejected as incorrect coding. The below should **not** be billed using a chemotherapy administration code. Instead, these should be billed with CPT® codes in the series 96365-96368 or 96373-96375 (Therapeutic Prophylactic, and Diagnostic Injections and Infusions).

To avoid unnecessary rejections; claims for chemotherapy drugs and their chemotherapy administration should be billed as a pair on a separate claim. In this circumstance, the Medicare Claims Processing System will still allow the add-on codes 96367 and 96368 if billed appropriately on a separate claim from the initial claim for the chemotherapy drug and administration codes with the same date of service.

Generic Name	Trade Name	HCPCS Code
abatacept	Orencia®	J0129
bezlotoxumab	Zinplava™	J0565 effective 01/01/2018 for all providers and facilities.
decitabine	Dacogen®	J0894
eculizumab	Soliris®	J1300
edaravone	Radicava™	J3490 (OPPS: C9493 from 10/01/2017 to 12/31/2018) then J1301 effective 01/01/2019 for all providers and facilities.
golimumab	Simponi Aria®	J1602
natalizumab	Tysabri®	J2323
patisiran	Onpattro™	FDA approved 08/10/2018. J3590 (OPPS: C9399 from 08/10/2018 to 12/31/2018 then C9036 effective 01/01/2019-09/28/2019) then J0222 effective 10/01/2019 for all providers and facilities.
reslizumab	Cinqair®	J2786

Generic Name	Trade Name	HCPCS Code
tocilizumab	Actemra®	J3262
vedolizumab	Entyvio®	J3380
ustekinumab*	Stelara®*	(OPPS: Q9989) J3358 effective 01/01/2018

*Effective September 23, 2016, IV ustekinumab (Stelara®) should be billed with HCPCS J3590 (OPPS: C9399 for dates of service (DOS) *before* 04/01/2017 and C9487 for DOS from 04/01/2017 to 06/30/2017. Q9989 should be used for DOS 07/01/2017-12/31/2017. Effective 01/01/2018, IV ustekinumab (Stelara®) must be billed with HCPCS J3358. The initial IV dose of Stelara® is only FDA approved for Crohn's disease and must be billed using a therapeutic or diagnostic IV administration code. Each subsequent subcutaneous dose **must** be billed with 96372 as noted in the Intramuscular and subcutaneous injections section above. On and after July 31, 2017, both the drug and administration should be billed on the same claim with no other drugs or administration to prevent inappropriate claim rejection.

Infusions Chemotherapy

The HCPCS Level II establishes "Chemotherapy Drugs" as those in the range of codes J9000-J9999. Infusions of drugs with assigned HCPCS codes in this range are accepted as appropriately billed using the chemotherapy administration codes. Additionally, because of the documented increased infusion reactions and/or other reasons necessitating increased administration practice expense as indicated in the quotation from CPT at the beginning of this article or because of unmistakable use just as a chemotherapy drug, Noridian agrees with the use of an **appropriate** chemotherapy administration code for an infusion (or IV push) of the following drugs as described in the drug FDA label.

Note: if an Intravenous (IV) code is used, and it is infused for less than 15 minutes as per the FDA label, providers must bill the IV push infusion codes 96409 or 96411 as appropriate per CPT®.

Generic Name	Trade Name	HCPCS Code
alemtuzumab 1 mg	Lemtrada™	J0202
atezolizumab	Tecentriq™	J9022
avelumab	Bavencio®	FDA approved 03/23/2017. J9023
axicabtagene ciloleucel	Yescarta™	Q2041
bevacizumab-awwb, 10 mg	MVASI™	FDA approved 04/01/2019. J9999 (OPPS: C9399 effective from 04/01/2019-07/17/2019) then Q5107 effective 07/18/2019 for all providers and facilities.
bevacizumab-bvzr, 10 mg	Zirabev™	FDA approved 06/27/2019. J9999 (OPPS: C9399 effective from 06/27/2019-09/30/2019) then Q5118 effective 10/01/2019 for all providers and facilities.
cemiplimab-rwlc	Libtayo®	FDA approved 09/28/2018. J9999 (OPPS:

Generic Name	Trade Name	HCPCS Code
		C9044 effective 04/01/2019-09/30/2019) then J9119 effective 10/01/2019 for all providers and facilities.
copanlisib	Aliqopa™	FDA approved 09/14/2017. J9057
gemcitabine hydrochloride	Infugem™	FDA approved 7/16/2018. J9999 (OPPS: C9399 until 12/31/19) then J9199 effective 01/01/2020 for all providers and facilities.
durvalumab	Imfinzi™	FDA approved 05/01/2017. J9173
inotuzumab ozogamicin	Besponsa™	J9229
leucovorin calcium**		J0640
levoleucovorin	Khapzory™	FDA approved 10/19/2018. J3490 (OPPS: C9043 effective 04/01/2019-09/30/2019)then J0642 effective 10/01/2019 for all providers and facilities.
moxetumomab pasudotox-tdfk	Lumoxiti™	FDA approved 09/13/2018. J9999 (OPPS: C9045 effective 04/01/2019-09/30/2019) then J9313 effective 10/01/2019 for all providers and facilities.
mogamulizumab-kpkc	Poteligeo®	FDA approved 08/08/2018. J3590 (J9999) (OPPS: C9038 effective 01/01/2019-09/30/2019) then J9204 effective 10/01/2019 for all providers and facilities.
ocrelizumab	Ocrevus™	FDA approved 03/28/2017. J2350
olaratumab	Lartruvo™**	J9285
rasburicase	Elitek®	J2783
infliximab-dyyb, biosimilar 10 mg	Inflectra®*	Q5103
infliximab-abda, biosimilar 10 mg	Renflexis™*	Q5104
infliximab-qbtx	Ixifi™	FDA approved 12/13/17. Q5109
infliximab, 10mg	Remicade®	J1745
sargramostim	Leukine®	J2820
tagraxofusp-erzs)	Elzonris™	FDA approved 12/21/2018. J9999 (OPPS: C9049 effective 07/01/2019-09/30/2019) then J9269 effective 10/01/2019 for all providers and facilities.
teniposide, 50mg	Vumon®	Q2017
tisagenlecleucel	Kymriah®	Q2042 (OPPS **only** under a Risk Evaluation and

Generic Name	Trade Name	HCPCS Code
		Mitigation Strategy (REMS) called the KYMRIAH REMS)
doxorubicin hydrochloride, liposomal, imported Lipodox, 10mg	Lipodox®Lipodox 50 ®	Q2049
doxorubicin hydrochloride, liposomal, NOS	Doxil®	Q2050
daunorubicin and cytarabine	Vyxeos™	J9153
polatuzumab vedotin-piiq	Polivy™	FDA approved 6/01/2019. J9999 (OPPS: C9399 until 12/31/19) then J9309 effective 01/01/2020 for all providers and facilities.
trastuzumab-anns, 10 mg	Kanjinti™	FDA approved 06/13/2019. J9999 (OPPS: C9399 effective from 06/13/2019-09/30/2019) then Q5117 effective 10/01/2019 for all providers and facilities.
trastuzumab-dttb, biosimilar	Ontruzant®	FDA approved 01/18/2019. J9999 (OPPS: C9399 from 01/18/2019 to 06/30/2019) then Q5112 effective 07/01/2019 for all providers and facilities.
trastuzumab-pkrb, biosimilar	Herzuma®	FDA approved 12/14/2018. J9999 (OPPS: C9399 from 12/14/2018 to 06/30/2019) then Q5113 effective 07/01/2019 for all providers and facilities.
trastuzumab-dkst, biosimilar	Ogivri™	FDA approved 12/01/2017. J9999 (OPPS: C9399 from 12/01/2017 to 06/30/2019) then Q5114 effective 07/01/2019 for all providers and facilities.

*Note: Per CR 10454 and CR 10515, CMS has instructed Medicare contractors to discontinue HCPCS code Q5102 and modifiers ZB and ZC beginning April 1, 2018. Q5102 with ZB modifier and Q5102 with ZC modifier should be used to bill injections for infliximab biosimilar for Inflectra® or Renflexis™ respectively only through March 31, 2018. Effective April 1, 2018, Q5103 should be billed for injection, infliximab-dyyb, biosimilar, (Inflectra®), 10mg or Q5104 injection, infliximab-abda, biosimilar, (Renflexis™), 10mg.

**Note: On April 16, 2019, the FDA pulled olaratumab (Lartruvo™) from the market for new patients. Patients already receiving this drug must be notified of the risks of this drug and must consent to continued treatment after this date.

When chemotherapy is given as part of embolization procedure (37243), such as TACE, additional chemotherapy administration intra-arterial push or infusion codes (96420, 96422, 96423 or 96425) may separately be billed.

Noridian also reminds providers that when a patient has to return for a significant, separately identifiable infusion or injection on the same day or requires two IV lines per protocol, these circumstances are to be billed using the -59 modifier per Internet Only Manual (IOM) instruction.

Prolonged Drug and Biological Infusions Using an External Pump

Medicare pays for drugs and biologicals, which are not usually self-administered by the patient and are furnished "incident to" physicians' services rendered to patients while in the physician's office or the hospital outpatient department. In some situations, a hospital outpatient department or physician office may:

- purchase a drug for a medically reasonable and necessary prolonged drug infusion,
- begin the drug infusion in the care setting using an external pump,
- send the patient home for a portion of the infusion, and
- have the patient return at the end of the infusion period.

In this case, bill your A/B MAC for the drug or biological, the administration, and the external infusion pump. Additional information is available in MLN Matters® Special Edition Article # 1609, in the "Downloads" section of the Medicare Part B Drug Average Sales Price webpage (ASP).

One CPT® code that is intended for this purpose is:

- 96416 Initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump.

However, the practice expense for 96416, though inclusive of all other expenses for provision of a prolonged chemotherapy infusion (other than the drug itself), does not include the expense specific for the pump (since 96416 was prepared for the situation where the pump has previously been implanted or is otherwise provided). Therefore, for billing the service to include the expense of the provision of the pump, providers **SHOULD NOT SUBMIT THE CODE 96416, 96379 OR ANOTHER PUMP CODE**, but, per CR9749, should instead submit this service using the code:

- G0498 - Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/other outpatient setting using office/other outpatient setting pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/other outpatient setting, includes follow up office/other outpatient visit at the conclusion of the infusion.

G0498 **must only be billed for** the use of an external **pump** where the chemotherapy infusion was initiated in the office/other outpatient setting using office/other outpatient setting pump and supplies, with continuation of the infusion in the community setting. G0498 may be used whether the pump is an item of durable medical equipment (DME) provided by the office, or an equivalent functioning disposable pump. This code is **not** to be billed to the DME contractor. Billing this code once also includes the follow up office/other outpatient visit at the conclusion of the infusion and the pump and infusion discontinuation. G0498 may be applicable for the prolonged infusions by an external pump of the following drugs:

- J9000 Injection, doxorubicin hydrochloride, 10 mg (Adriamycin®, Doxil®, Caelyx®, Myocet® and others)
- J9065 Injection of cladribine, 10mg
- J9100 Injection, cytarabine, 100mg effective 01/01/17
- J9181 Injection, etoposide, 10 mg (Toposar®, Etopophos)
- J9190 Injection, fluorouracil, 500 mg (Efudex, Carac, Fluoroplex)
- J9267 Injection of Paclitaxel, 6mg (Taxol®)
- J9352 Injection, trabectedin Yondelis®

CPT® 96416 should not be billed with G0498 as it is included in the fee for the pump. If a separate service is performed for procedure code 96416 (or other appropriate chemotherapy administration), this service **and** the drug to which it relates should be billed as a pair on a separate claim, and not on a claim for G0498.

Patients supplying their own drugs
The Medicare Program provides limited benefits for outpatient drugs. The program covers drugs that are furnished under the "incident to" benefit (section 1861(s)(2)(A) or (B) of the Social Security Act), for an FDA approved drug or biological which is furnished by a physician's practice or hospital (respectively), provided that the drug is not usually self-administered by the patient, and is reasonable and necessary for the diagnosis or treatment of the illness or injury according to accepted standards of medical practice. The physician practice or hospital **must** incur a cost for the drug or biological which is then administered by the physician or by auxiliary personnel employed by the practice or hospital and under the physician's personal supervision.

Per the "incident to" guidelines explained above and in the Medicare Benefit Policy Manual, CMS Internet-Only Manual (IOM) Publication 100-02, Chapter 15, Sections 50 and 50.3 MBPM, providers are **not** allowed to instruct patients to purchase a drug themselves and bring it to the provider's office for administration. Claims for a chemotherapy administration (codes 96401-96549) require an associated drug. Correspondingly a chemotherapy drug (listed above) requires a chemotherapy administration code to be billed. When the administration claim is processing, an allowed claim for the drug must be present, either on a prior claim or on the same claim as the administration. For further information on the rare circumstances where it may be appropriate to submit a claim for a drug administration where the provider has **not** incurred the expense for the drug, see the separate Noridian article "Patients Supplied Donated or Free-of-Charge Drug" link under the Related Local Coverage Document below.

For other regulations related to the billing of chemotherapy administration, refer to the IOM *Medicare Claims Processing Manual* Publication 100-04, Chapter 12, Section 30.5 at MCPM.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

Effective September 23, 2016, IV ustekinumab (Stelara®) should only be billed for the initial IV dose of Stelara® when used for Crohn's disease per the FDA label.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
013x	Hospital Outpatient
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
99999	Not Applicable

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R22	Effective 01/01/2020 added J9199 and J9309 in the Infusions Chemotherapy table per annual 2020 CPT/HCPCS updates. Deleted code information dated effective in 2018 and 01/01/19 in the Infusions Chemotherapy table. Effective 4/16/19, added instructions from the FDA recall for olaratumab (Lartruvo™) to the Infusions Chemotherapy section below the table. Effective for claims processed on or after 01/01/2020, removed J9041 as payable with G0498 since FDA label indicates this drug is administered IVP only. Added the current year and page numbers in CPT® that describes the appropriate use of chemotherapy administration codes.

<table>
<tr><th>REVISION HISTORY DATE</th><th>REVISION HISTORY NUMBER</th><th>REVISION HISTORY EXPLANATION</th></tr>
<tr><td>10/01/2019</td><td>R21</td><td>Added the current year and page number in CPT that describes the appropriate use of chemotherapy administration codes. Updated article text in the Infusions Non-Chemotherapy Infusions section to clarify the correct admin codes to use with these drugs and the wording for the subsequent doses of Stelara and in Infusions Chemotherapy section. Added information regarding using the appropriate chemotherapy administration code, when IV push administration codes should be used and clarified the administration codes to use when chemotherapy is given as part of an embolization procedure. In the Intramuscular and subcutaneous injections table, changed J0129 to J3590 because J0129 is for IV version of Orencia not the subcutaneous version and corrected J3590 to J3262 for Actemra®.

Added billing instruction for Kanjinti™, MVASI™ and Zirabev™ with multiple effective dates.

Effective 10/01/19:

Added the following J codes to the Infusions Non-Chemotherapy section:

• J0222- Onpattro™

Added the following J and Q codes to Infusions Chemotherapy section

• J0642-Khapzory™
• J9119-Libtayo®
• J9204-Lumoxiti™
• J9269-Elzonris™
• J9313-Lumoxiti™
• Q5107-MVASI™
• Q5117-Kanjinti™
• Q5118- Zirabev™</td></tr>
<tr><td>07/01/2019</td><td>R20</td><td>Effective 04/01/2019, changed FUSILEV® (J0641) to Khapzory™ (J3490) for non-OPPS in the Infusions Chemotherapy section and asterisked section below it because FUSILEV® (J0641) is for levoleucovorin calcium instead of levoleucovorin.

Effective 07/01/2019, added C9049, Q5112, Q5113 and Q5114 to the Infusions Chemotherapy section.</td></tr>
<tr><td>04/01/2019</td><td>R19</td><td>Added J0641 (C9043 for OPPS) - levoleucovorin (Fusilev®) as payable when administered with 5-fluorouracil, C9044 - cemiplimab-rwlc (Libtayo®) and C9045 - moxetumomab pasudotox-tdfk (Lumoxiti™) to the Infusions Chemotherapy section, corrected the spelling of fluorouracil and clarified the double ** explanation under the Infusions Chemotherapy table.</td></tr>
</table>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2019	R18	Added Q5109-infliximab-qbtx (Ixifi™) to the Infusions Chemotherapy Section effective 01/01/2019.
01/01/2019	R17	Added J0640- leucovorin calcium to have IV chemo admin codes payable when given with 5-Fluoracil, J2783 rasburicase (Elitek®), J2820 sargramostim (Leukine®) and J9999 (OPPS:C9399) for Elzonris™ to the Infusion Chemotherapy section. J2820 sargramostim (Leukine®) is also payable with 96401 if given for the treatment of cancer. Added J9065- cladribine, J9041- bortezomib and J9267- Paclitaxel to be payable with G0498 per the Product Information sheet. Deleted vincristine sulfate liposome (Oncovin, Vincasar PFS) from the list of codes payable with G0498 per the Product Information sheet and Adrucil since it had been discontinued.
01/01/2019	R16	Removed coding information for 2017 dates of service, as applicable, from all tables and in information for talimogene laherparepvec (Imlygic™) and rituximab and hyaluronidase (Rituxan Hycela™). In the Non Chemotherapy Infusions section, removed C9026 as the code to use for OPPS for vedolizumab (Entyvio®) and for copanlisib (Aliqopa™) changed C9030 from 7/1/1**8** to 7/1/1**7** in the Infusion Chemotherapy section.
01/01/2019	R15	Added J9100 to the list of approved drugs for administration code G0498 effective 01/01/2017. Updated the language in all three tables. Added J3590 and C9399 for OPPS for tildrakizumab-asmn (Iluilumya™) effective 3/21/18-12/31/2018 and benralizumab (Fasenra™) effective 11/04/2017-12/31/2018 to the Intramuscular and subcutaneous injections section, patisiran (Onpattro) to the Infusions Non-Chemotherapy section effective 08/10/2018 and J9999/C9399 for cemiplimab-rwlc (Libtayo®) effective 09/28/18 in the Infusions Chemotherapy section. The following codes were added effective 01/01/2019: **Intramuscular and subcutaneous injections section:** C9466-benralizumab (Fasenra™) for OPPS only J3245- tildrakizumab-asmn (Iluilumya™) for all providers and facilities J1628- guselkumab (Tremfya™) and J9311- rituximab and hyaluronidase (Rituxan Hycela™) for all providers and facilities. **Infusions Non-Chemotherapy section:**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		C9026 - vedolizumab (Entyvio®) for OPPS only C9036 - patisiran (Onpattro™) for OPPS only J1301 - edaravone (Radicava™) for all providers and facilities. **Infusions Chemotherapy section:** J9057-copanlisib (Aliqopa™) for all providers and facilities J9173-durvalumab (Imfinzi™) for all providers and facilities J9229-inotuzumab ozogamicin (Besponsa™) for all providers and facilities C9038-mogamulizumab-kpkc (Poteligeo®) for OPPS only J9153-daunorubicin and cytarabine (Vyxeos™) for all providers and facilities and Q2042 - tisagenlecleucel (Kymriah®) for OPPS only Deleted codes effective 01/01/2019 include C9024, C9028, C9029, C9030, C9467, C9492, C9493 and Q2040.
11/15/2018	R14	The following revisions were made to the Chemotherapy Article with an effective date of 11/15/2018: The first paragraph in the Article Text is revised and the article, "Patients Supplied, Donated or Free-of-Charge Drug" moved to the top of the Chemotherapy Article. Under "Infusions Chemotherapy", 2 Generic drugs added: moxetumomab pasudotox-tdfk and mogamulizumab-kpkc and the FDA approval dates. The paragraph is revised to add "as indicated in the quotation from CPT at the beginning of this article". Under "Intramuscular and subcutaneous injections", a second "*" added to the Generic drug "pegfilgrastim**".

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Under "Patients supplying their own drugs", in the second paragraph, the article linked to the Chemotherapy Article title is changed to "Patients Supplied Donated or Free-of-Charge Drug" from "Patients Supplying Their Own Drugs".
04/01/2018	R13	Added foot note for the prefilled syringe packaging for Cimzia® and added C9467 and Q2040 and made editorial updates. Updated and retitled the Patient's Supplying Their Own Drugs article attached to Patients Supplied Donated or Free-of-Charge Drug.
04/01/2018	R12	Clarified, effective 01/01/2018, providers are instructed to use 96377 for the on body application injector for Neulasta® Onpro Kit. Added Q2041, Q5103 and Q5104 effective 04/01/2018 and discontinued Q5102-ZB and Q5102-ZC after 03/31/2018.
01/01/2018	R11	Effective 7/13/17, added guselkumab (Tremfya™) using HCPCS code J3590 (OPPS: C9399-Effective 07/13/2017-12/31/2017; (C9029-Effective 01/01/2018)) to the Intramuscular and Subcutaneous Injections section. Effective 08/17/2017, added inotuzumab ozogamicin (Besponsa™) J9999 (OPPS: C9399-effective 08/17/2017-12/31/17) Effective 01/01/2018, unlisted codes for Nucala® and Cinqair® have been removed from the Intramuscular and Subcutaneous Injections and Non Chemotherapy Infusions tables above because they had an active J code since 01/01/2017, Triptodur™ (J3490 (OPPS: C9016) has been added to the Intramuscular and Subcutaneous Injections narrative section for the use in the treatment of cancer and only billed with the administration code 96402, removed atezolizumab (Tecentriq™) from the Non Chemotherapy Infusion table and added it to the Infusions Chemotherapy table because J9022 (effective 01/01/2018) is within the CPT® chemotherapy administration code range of J9000-J9999, removed all the drugs with active J9XXX codes effective 01/01/2017 from the Infusions Chemotherapy table and made editorial changes to the Intramuscular and Subcutaneous Injections narrative sections, the ICD-10 Paragraph 1 section, the Prolonged Drug and Biological Infusions Using an External Pump section and both the narrative and table sections of the Non Chemotherapy Infusion and Infusions Chemotherapy. The added and deleted codes effective 01/01/2018 include: J0565 (Zinplava™) and J3358 (Stelara®) to the Non Chemotherapy Infusions tables and J9023 (Bavencio®),

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		J9999 (OPPS: C9028) (Besponsa™), J9285 (Lartruvo™), J2350 (Ocrevus™) and (Vyxeos™) and deleted C9483 (Tecentriq™), C9485 (Lartruvo™), C9487 and Q9989 (Stelara®), C9490 (Zinplava™), C9491 (Bavencio®), C9494 (Ocrevus™) and injection, gemtuzumab ozogamicin, **5 mg** this code was replaced with J9203 Injection, gemtuzumab ozogamicin, **0.1 mg**. Please note the dose change.
10/01/2017	R10	R10 Article updated to correct the HCPCS code for durvalumab. It is C9492 instead of C9242. Added J9999 & C9399 in the OPPS setting for copanlisib (Aliqopa™), updated the language in the first Paragraph in the Infusion Chemotherapy Section. Removed out-dated information and spelling.
10/01/2017	R9	R9-Article updated to add newly approved drugs and update the codes for edaravone (C9493) in the Infusions Non-Chemotherapy section, add newly approved drugs and update the codes for avelumab (C9491), durvalumab (J9999 and C9492 for OPPS), crelizumab (C9494) and daunorubicin and cytarabine (J9999 and C9399 for OPPS) and add information regarding the use of the ZC modifier with HCPCS code Q5102 in the Chemotherapy Administration section. Also update the language in the Intramuscular and subcutaneous injections, Infusiond Non-Chemotherapy, Chemotherapy Infusion and Prolonged Drug and Biological Infusions Using an External Pump sections.
07/01/2017	R8	R8 - Revised this Local Coverage article to correct the spelling of Practitioners in the article text and pegfilgrastim in the table under "Intramuscular and subcutaneous injections". Added Q9989 and deleted C9487 for IV ustekinumab (Stelara®) to and from the Group 1 CPT/HCPCS codes effective 7/01/2017.
07/01/2017	R7	Editorial updates to add “unless otherwise specified” for effective date in the very first sentence of the article and to correct the spelling of Stelara in the Intramuscular and subcutaneous injection section. Clarified the use 96377 and 96372 when billing for Neulasta® Onpro Kit and how to bill for IV Stelara® for Crohn’s disease only and effective dates in the Infusions Non-Chemotherapy section. Identified J codes to bill with G0498. Added billing information to avoid inappropriate claim rejections when billing the wrong administration code effective July 31, 2017 in both the Intramuscular and subcutaneous injection and Infusions Non-Chemotherapy sections. Added J2505 to the Intramuscular and subcutaneous injection section, C9483 for Tecentriq™ effective 10/01/2016 and J3590 and appropriate OPPS HCPCS codes with appropriate effective dates for IV Stelara® to the Infusions Non-Chemotherapy section and J3590 (OPPS C9399) for Bavencio® and Ocrevus® and C9485 for Lartruvo™ and their effective dates to the Infusions Chemotherapy section. Corrected the HCPCS code for subcutaneous tocilizumab (Actemra®) from J3262 to J3590 as J3262 is the IV version per the manufacturer.
01/01/2017	R6	Article revised to move atezolizumab Tecentriq™ from under the Intramuscular and subcutaneous injections section to the Infusions Non-Chemotherapy section of this article per labeled indications.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2017	R5	LCD revised to correct typographical error in the Revision History #4 to say Per CR9749 and for DOS on or after 01/01/16, G0498 replaces CPT® 96549 for the use of the non-disposable external infusion pump for continuation of chemotherapy in the community setting and that TOB 13X and 85X were added in Revision #4.
01/01/2017	R4	Article revised for editorial changes. Also, Tecentriq™ was added and has been processed as an Intramuscular and subcutaneous injections using J3590 (C9399 for OPPS) since 07/01/2016 per labeled indications. Cinqair® was added and has been processed as a Non-Chemotherapy Infusion using J3590 (C9399 for OPPS) since 07/01/2016 per labeled indications. Per CR9749 and for claims processed on or after 10/03/16 G0498 replaces CPT® 96549 for the use of the non-disposable external infusion pump for continuation of chemotherapy in the community setting. Effective 01/01/2017: J2182 replaced J3590 (OPPS:C9399) for Nucala®, J9325 replaces J9999 (OPPS: C9472) for Imlygic™, J2786 replaced J3590 (OPPS: C9399) for Cinqair® J9145 replaces J3590 (OPPS: C9477) for Darzalex™, J9176 replaces J3590 (OPPS: C9477) for Empliciti™, J9205 replaces J3590 (OPPS: C9474) for Onivyde™, J9295 replaces J9999 (OPPS: C9475) for Portrazza™, J9352 replaces J3490 (OPPS:C9480) Yondelis®, J9034 for Bendeka™, and J3490 (OPPS: C9399) for Lartruvo™ were added.
07/01/2016	R3	R3 editorial change to "When performed to facilitate the infusion or injection, preparation of chemotherapy agent(s), highly complex agent(s), or other highly complex drugs is included in the administration service and is not reported separately" and corrected abbreviation MCMP to MCPM in the article text.
07/01/2016	R2	R2 Revised to add editorial changes to daratumumab, elotuzumab, trabectedin and infliximab, biosimilar. Also corrected CPT code 95659 to 96549.
07/01/2016	R1	R1 Article number A52952 for JEA will be retired on 6/30/16. This article will be the same as Article number A52953 for JEB and combines both contract numbers for both JEA & JEB.

Associated Documents

Related Local Coverage Document(s)

Article(s)
A55044 - Patients Supplied Donated or Free-of-Charge Drug

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

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Keywords

- Chemotherapy
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- C9038
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- C9466
- C9494
- G0498
- J0640

- J1301
- J1628
- J1745
- J2350
- J2783
- J2820
- J3245
- J3490
- J3590
- J9000-J9999
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- Q2041
- Q2042
- Q2049
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- Q5104
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- Q5113
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