



Drug Name	CPT Code	Dosage	Covered Diagnosis
Aldesleukin; Proleukin, Interleukin II (IL-2)	J9015	per single use vial	172.0 - 172.9; 189.0; 189.1; 205.00 - 205.92
Bendamustine hydrochloride; Treanda	J9033		200.10 - 200.18; 200.30 - 200.38; 200.40 - 200.48; 202.00 - 202.08; 202.80 - 202.88; 203.00; 203.02; 203.10; 203.80; 204.10; 204.11; 204.12; 238.6; 273.3
Bevacizumab; Avastin	J9035	10mg	153.0 - 153.9; 154.0 - 154.1; 154.8; 158.0 - 158.9; 162.2 - 162.9; 174.0 - 174.9; 175.0 - 175.9; 183.0; 183.2 - 183.5; 183.8- 183.9; 189.0 - 189.1; 191.0 - 191.9; 197.0; 197.7; 198.0
Cabazitaxel; Jevtana	J3490 or J9999		185



Carboplatin	J9045	50mg	140.4; 140.5; 140.6; 140.8; 140.9; 141.0 - 141.6; 141.8 - 141.9; 142.0 - 142.2; 142.8 - 142.9; 143.0; 143.1; 143.8; 143.9; 144.0; 144.1; 144.8; 144.9; 145.0 - 145.6; 145.8; 145.9; 146.0 - 146.9; 147.0 - 147.3; 147.8; 147.9; 148.0 - 148.3; 148.8; 148.9; 149.0; 149.1; 149.8; 149.9; 150.0 - 150.5; 150.8; 150.9; 151.0 - 151.6; 151.8; 151.9; 158.8; 158.9; 160.0 - 160.5; 160.8; 160.9; 161.0 - 161.3; 161.8; 161.9; 162.0; 162.2 - 162.5; 162.8; 162.9; 163.0; 163.1; 163.8; 163.9; 164.0; 170.0 - 170.9; 172.0 - 172.9; 173.00 - 173.99; 174.0 - 174.6; 174.8; 174.9; 175.0; 175.9; 180.0; 180.1; 180.8; 180.9; 182.0; 183.0; 183.2 - 183.5; 183.8; 183.9; 185; 186.0; 186.9; 188.0 - 188.9; 189.0 - 189.2; 190.5; 190.6; 191.0 - 191.9; 192.8; 192.9; 194.0; 194.1; 194.3 - 194.6; 194.8; 194.9; 195.0; 199.1; 200.00- 200.08; 200.10 - 200.18; 200.20 - 200.28; 200.30 - 200.38; 200.40 - 200.48; 200.50 - 200.58; 200.60 - 200.68; 200.70 - 200.78; 200.80 - 200.88; 201.00 - 201.08; 201.10 - 201.18; 201.20 - 201.28; 201.40 - 201.48; 201.50 - 201.58; 201.60 - 201.68; 201.70 - 201.78; 201.90 - 201.98; 202.00 - 202.08; 202.10 - 202.18; 202.20 - 202.28; 202.30 - 202.38; 202.40 - 202.48; 202.50 - 202.58; 202.60 - 202.68; 202.70 - 202.78; 202.80 - 202.88; 202.90 - 202.98; 204.00 - 204.12; 204.20 - 204.22; 204.80 - 204.82; 204.90 - 204.92; 205.00 - 205.02; 205.10 - 205.12; 205.20 - 205.22; 205.30 - 205.32; 205.80 - 205.82; 205.90 - 205.92; 206.00 - 206.02; 206.10 - 206.12; 206.20 - 206.22; 206.80 - 206.82; 206.90 - 206.92; 207.00 - 207.02; 207.10 - 207.12; 207.20 - 207.22;
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			207.80 - 207.82; 208.00 - 208.02; 208.10 - 208.12; 208.20 - 208.22; 208.80 - 208.82; 208.90 - 208.92; 209.30 - 209.36; 209.75; 212.6; 233.7; 235.1; 235.5; 235.6; 237.5; 239.0 - 239.2; 239.6; 239.89; 239.9; V10.11; V10.29;b V10.3; V10.46; V10.51; V10.88; V10.91
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<p>Capsaicin 8% patch (Qutenza®)</p> <p>Effective for dates of service on or after 01/01/2011, HCPCS code J7335 should be used to report capsaicin 8% patch (e.g., Qutenza®).</p> <p>For services billed to the Part A MAC, HCPCS code C9268 should be used to report capsaicin 8% patch (e.g., Qutenza®) effective for dates of service on or after 07/01/2010 through 12/31/2010.</p>	<p>J7335</p>		<p>053.19</p>
<p>Cetuximab; Erbitux</p>	<p>J9055</p>	<p>10mg</p>	<p>140.0 - 149.9; 153.0 - 153.9; 154.0; 154.1; 154.8; 160.0 - 161.9; 162.0; 162.2 - 162.5; 162.8; 162.9; 170.0; 171.0; 173.00-173.02; 173.09; 173.4; 195.0; 230.0; 232.0; 232.3; 232.4 235.1; 235.6</p>
<p>Decitabine; DACOGEN</p>	<p>J0894</p>	<p>1mg</p>	<p>205.00 - 205.02; 205.10 - 205.12; 205.80 - 205.82; 205.90 - 205.92; 238.72 - 238.77</p>
<p>Denileukin Diftitox; Ontak</p> <p>Limitations: Prior to the administration of denileukin difitox, the patient's malignant cells should be tested for CD25</p>	<p>J9160</p>	<p>300mcg</p>	<p>200.60 - 200.68; 202.10 - 202.18; 202.20 - 202.28; 202.70 - 202.78; 202.80 - 202.81; 202.84; 202.85; 202.88; 204.00- 204.92</p>



expression			
Denosumab (Prolia, Xgeva)	<p>For dates of service 01/01/2012 and forward : 96372 J0897</p> <p>Part A only C9399</p> <p>For dates of service 12/31/2011 and prior: 96372 C9272 C9399 J3590</p>		<p>For the treatment of patients with bone metastases from solid tumors correct coding requires that a bone metastasis diagnosis be present on the claim as the primary diagnosis and the original cancer or history of cancer be included as the secondary diagnosis. The claim must include ICD.9 code 198.5 plus the ICD.9 code for the patient's original cancer or history of cancer.</p> <p>For treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. The clinical documentation must clearly support this use and the claim must include both ICD-9 code 733.09 plus an ICD-9 code from one of the following ranges: 174.0-174.9, 175.0-175.9</p> <p>For treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer The clinical documentation must clearly support this use and the claim must include both ICD-9 codes 733.09 plus 185</p> <p>For the treatment of postmenopausal women with osteoporosis at high risk for fracture and women with osteoporosis who have failed or are intolerant to other available osteoporosis therapy both a primary and secondary diagnosis must be reported: 733.01</p>



			<p><u>Secondary Diagnosis</u></p> <p>For Intolerance to Other Available Osteoporosis Therapy: 585.3, 585.4, 585.5, 909.5, V14.8, V87.49</p> <p>For High Risk of Fracture: 345.10 - 345.11, 438.20 - 438.22, 438.40 - 438.42, 438.50 - 438.53, 438.84 - 438.85, 438.9, 733.10 -733.16, 733.19, 780.31 - 780.32, 780.39, 781.2, 781.3, V49.89</p>
Docetaxel; Taxotere	J9171	1mg	<p>140.0 - 149.9; 150.0 - 150.9; 151.0 - 151.9; 157.0 - 157.9; 158.0; 158.8; 158.9; 160.0 - 160.9; 161.0 - 161.9; 162.0; 162.2 - 162.5; 162.8; 162.9; 170.0 - 170.9; 171.0 - 171.3; 171.5; 171.8; 171.9; 172.0 - 172.9; 173.00-173.02; 173.09; 173.20-173.22; 173.29; 173.30- 173.32; 173.39; 173.40 -173.42; 173.49; 174.0 - 174.9; 175.0 - 175.9; 176.0 - 176.9; 179; 180.0 - 180.9; 182.0; 182.1; 182.8; 183.0; 183.2; 183.3 - 183.5; 183.8; 183.9; 185; 188.0 - 188.9; 189.1 - 189.3; 189.8; 189.9; 190.0 - 190.9; 191.0 - 191.9; 192.0 - 192.1; 193; 194.1 194.5; 195.0; 199.0; 199.1; 209.70 - 209.79; 233.7; 235.1; 235.2; 235.5; 235.6; 238.1; 239.0 - 239.2; 239.6; 239.81 239.89; 239.9</p>
Doxorubicin Doxorubician Hydrochloride	J9000	10mg	<p>140.0 - 140.1; 140.3 - 140.6; 140.8; 140.9; 141.0 - 141.6 141.8; 141.9; 142.0 - 142.2; 142.8; 142.9; 143.0; 143.1; 143.8; 143.9; 144.0; 144.1; 144.8; 144.9; 145.0 - 145.6; 145.8; 145.9; 146.0 - 146.9; 147.0 - 147.3; 147.8; 147.9;</p>



			148.0 - 148.3; 148.8; 148.9; 149.0 - 149.1; 149.8; 149.9; 150.0 - 150.5; 150.8 - 150.9; 151.0 - 151.6; 151.8; 151.9; 152.0 - 152.3; 152.8; 152.9; 153.0 - 153.9; 155.0 - 155.2; 156.0 - 156.2; 156.8; 156.9; 157.0 - 157.4; 157.8; 157.9; 158.0; 158.8 - 158.9; 160.0 - 160.5; 160.8; 160.9; 161.0 - 161.3; 161.8; 161.9; 162.0; 162.2 - 162.5; 162.8 - 162.9; 164.0; 164.8; 170.0 - 170.9; 171.0; 171.2 - 171.9; 173.00 - 173.99; 174.0 - 174.6; 174.8; 174.9; 175.0; 175.9; 176.0 - 176.5; 176.8; 176.9; 179; 180.0; 180.1; 180.8; 180.9; 181; 182.0; 183.0; 183.2; 183.9; 184.0; 185; 186.0; 186.9; 188.0 - 188.9; 189.0 - 189.2; 190.5; 193; 194.0; 194.1; 194.3 - 194.6; 194.8; 194.9; 195.0; 197.6; 198.5; 200.00 - 200.08; 200.10 - 200.18; 200.20 - 200.28; 200.30 - 200.38; 200.40 - 200.48; 200.50 - 200.58; 200.60 - 200.68; 200.70 - 200.78; 200.80 - 200.88; 201.00 - 201.08; 201.10 - 201.18; 201.20 - 201.28; 201.40 - 201.48 - 201.58; 201.60 - 201.68; 201.70 - 201.78 ; 201.90 - 201.98; 202.00 - 202.08; 202.10 - 202.18; 202.20 - 202.28; 202.30 - 202.38; 202.40 - 202.48; 202.50 - 202.58; 202.60 - 202.68; 202.70 - 202.78; 202.80 - 202.88; 202.90 - 202.98; 203.00 - 203.02; 204.00 - 204.02; 204.10 - 204.12; 205.00 - 205.02; 205.10 - 205.12; 205.20 - 205.22; 205.30 - 205.32; 205.80 - 205.82; 205.90 - 205.92; 206.00 - 206.02; 207.00 - 207.02; 209.00 - 209.02; 209.03; 209.10 - 209.17; 209.20 - 209.27; 209.29; 209.30; 209.36; 209.40 - 209.43; 209.50 - 209.57; 209.60 - 209.67; 209.69; 209.79; 211.7; 212.6; 233.7; 236.1; 238.1; 238.6; 239.2; 259.2; 998.9; V10.90; V10.91; V23.89
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Doxorubicin, Liposomal; Doxil, Caelyx Doxorubicin hydrochloride, all lipid formulations	J9001	10mg	158.0; 158.8; 158.9; 170.0 - 170.9; 171.0; 171.2; 171.3; 171.5; 171.8; 171.9; 174.0 - 174.9; 175.0 - 175.9; 176.0 - 176.9; 182.0 - 182.8; 183.0; 183.2 - 183.5; 183.8; 183.9; 197.6; 201.40 - 201.48; 201.50 - 201.58; 201.60 - 201.68; 201.70 201.78; 201.90 - 201.98; 202.10 - 202.18; 202.20 - 202.28; 203.00 - 203.02; 203.10; 203.80 209.00 - 209.36; 209.70 - 209.79; 238.1; 238.6
Eculizumab; Soliris	J1300	300mg	283.2; 283.11
Epirubicin; Epirubicin HCl	J9178	2mg	147.0 - 147.3; 147.8; 147.9; 150.0 - 150.5; 150.8; 150.9; 151.0 - 151.6; 151.8 - 151.9; 158.0; 158.8; 158.9; 162.2 - 162.5; 162.8; 162.91 170.0 - 170.9; 171.0; 171.2 - 171.9; 174.0 - 174.6; 174.8; 174.9; 175.0; 175.9; 183.0; 183.2 - 183.5; 183.8; 183.9; 188.0 - 188.9; 200.00 - 200.08; 200.10 - 200.18; 200.20 - 200.28; 200.30 - 200.38; 200.40 - 200.48; 200.50 - 200.58; 200.60 - 200.68; 200.70 - 200.78; 200.80 - 200.88; 201.00 - 201.08; 201.10 - 201.18; 201.20 - 201.28; 201.40 - 201.48; 201.50 - 201.58; 201.60 - 201.68; 201.70 - 201.78; 201.90 - 201.98; 202.00 - 202.08; 202.10 - 202.18; 202.20 - 202.28; 202.30 - 202.38; 202.40 - 202.48; 202.50 - 202.58; 202.60 - 202.68; 202.70 - 202.78; 202.80 - 202.88; 202.90 - 202.98; 209.31 - 209.36; 209.75; 235.2; 235.5; 238.1
Eribulin Mesylate; Halaven Halaven Injection	For dates of service		174.0-175.9



	<p>01/01/2012 and forward :</p> <p>J3490 J3590 J9179</p> <p>For dates of service 12/31/2011 and prior:</p> <p>J3490, J3590, J9999</p>		
<p>Etoposide</p> <p>Limitations: for AIDS related B-cell lymphoma, ICD-9-CM code 042 should be reported in addition to ICD-9-CM codes 200.20-200.28, 200.70-200.78, 200.80-200.88, and 202.80-202.88.</p>	<p>J9181</p>	<p>10mg</p>	<p>151.0 - 151.6; 151.8; 151.9; 155.0; 155.2; 158.8; 158.9; 160.0 - 160.5; 160.8; 160.9; 162.0; 162.2 - 162.5; 162.8; 162.9; 164.0; 164.8; 170.0 - 170.9; 171.0 - 171.9; 173.00 - 173.99; 174.0 - 174.6; 174.8; 174.9; 175.0; 175.9; 176.0 - 176.5; 176.8; 176.9; 181; 182.0; 182.1; 182.8; 183.0; 183.2 - 183.5; 183.8; 183.9; 185; 186.0; 186.9; 188.0 - 188.9; 189.0; 190.5; 191.0 - 191.9; 192.8; 194.0; 194.1; 194.3 - 194.6; 194.8; 194.9; 199.1; 200.00 - 200.08; 200.10 - 200.18; 200.20 - 200.28; 200.30 - 200.38; 200.40 - 200.48; 200.50 - 200.58; 200.60 - 200.68; 200.70 - 200.78; 200.80 - 200.88; 201.00 - 201.08; 201.10 - 201.18; 201.20 - 201.28; 201.40 - 201.48; 201.50 - 201.58; 201.60 - 201.68; 201.70 - 201.78; 201.90 - 201.98; 202.00 - 202.08; 202.10 - 202.18; 202.20 - 202.28; 202.30 - 202.38; 202.40 - 202.48; 202.50 - 202.58; 202.60 - 202.68; 202.70 - 202.78; 202.80 - 202.88; 202.90 - 202.98; 203.00 - 203.02; 203.10; 203.12; 203.80; 203.82; 204.00 - 204.02; 204.10; 204.12; 204.90; 204.92;</p>



			205.00 - 205.02; 205.10 - 205.12; 206.00 - 206.02; 207.00 - 207.02; 209.21; 209.30 - 209.36; 212.6; 212.8; 236.1; 237.5; 238.1; 238.6; 238.71 - 238.77; 238.79; 239.0 - 239.2; 239.6; 239.89; 239.9; V10.11; V10.29; V10.3; V10.46; V10.81; V10.85; V10.88; V10.91; V49.83
Floxuridine	J9200	500mg	151.0 - 151.6; 151.8; 151.9; 153.0 - 153.9; 154.0 - 154.3; 154.8; 155.0 - 155.2; 183.0; 183.2; 183.8; 183.9; 189.0; 189.1
Fluocinolone acetone intravitreal implant * Code ICD-9-CM code 363.13 first with any underlying disease	J7311		360.11; 360.12; 362.18; 363.00; 363.10; 363.12; 363.13; 363.20; 363.21
Gemcitabine Gemzar, Gemcitabine hydrochloride	J9201	200mg	147.0 - 147.3; 147.8; 147.9; 149.0; 149.1; 149.9; 155.1; 156.0 - 156.2; 156.8; 156.9; 157.0 - 157.4; 157.8; 157.9; 158.0; 158.8; 158.9; 162.0; 162.2 - 162.5; 162.8; 162.9; 163.0; 163.1; 163.8; 163.9; 164.0; 164.2; 164.3; 164.8; 164.9; 170.0 - 170.9; 171.0; 171.2 - 171.9; 174.0 - 174.6; 174.8; 174.9; 175.0; 175.9; 176.0 - 176.5; 176.8; 176.9; 179; 180.0; 180.1; 180.8; 180.9; 181; 182.0; 182.1; 182.8; 183.0; 183.2 - 183.5; 183.8; 183.9; 185; 186.0; 186.9; 188.0 - 188.9; 189.0 - 189.2; 194.4; 195.0 - 195.5; 195.8; 199.0; 199.1; 200.00 - 200.08; 200.10 - 200.18; 200.20 - 200.28; 200.30 - 200.38; 200.40 - 200.48; 200.50 - 200.58; 200.60 - 200.68; 200.70 - 200.78; 200.80 - 200.88; 201.00 - 201.08; 201.10 - 201.18; 201.20 - 201.28; 201.40 - 201.48;



			201.50 - 201.58; 201.60 - 201.68; 201.70 - 201.78; 201.90 - 201.98; 202.00 - 202.08; 202.10- 202.18; 202.20 - 202.28; 202.30 - 202.38; 202.40 - 202.48; 202.50 - 202.58; 202.60 - 202.68; 202.70 - 202.78; 202.80 - 202.88; 202.90 - 202.98; 209.30; 212.6; 233.7; 235.1; 238.1; 239.0 - 239.2; 239.6; 239.89; 239.9; V10.02; V10.07; V10.09; V10.11; V10.12; V10.20; V10.29; V10.3; V10.42 - V10.44; V10.47; V10.51 - V10.53; V10.59; V10.71; V10.72; V10.79; V10.81; V10.83; V10.88; V10.89
Gemtuzumab Ozogamicin; Mylotarg	J9300	5mg	205.00 - 205.02
Goserelin Acetate Implant Limitations: The ICD-9-CM codes listed with an asterisk (*) are considered secondary codes. When these codes are reported for J9202, the claim must also include a diagnosis from the primary diagnosis list.	J9202	per 3.6 mg	174.0 - 174.6; 174.8; 174.9; 175.0; 175.9; 185; 196.2*; 196.5*; 196.8*; 196.9*; 197.0*; 197.6*; 197.7*; 198.2*; 198.3*; 198.5*; 218.0 - 218.2; 218.9; 233.4; 617.0 - 617.6; 617.8; 617.9; 626.8; V10.3; V10.46
Ifosfamide NOTE: for AIDS related B-cell lymphoma, ICD-9-CM code 042 should be reported in addition to ICD-9-CM codes 200.20-200.28 and 200.80-200.88	J9208	1 gram	140.0; 140.1; 140.3 - 140.6; 140.8; 140.9; 141.0 - 141.6; 141.8; 141.9; 142.0 - 142.2; 142.8; 142.9; 143.0; 143.1; 143.8; 143.9; 144.0; 144.1; 144.8; 144.9; 145.0 - 145.6; 145.8; 145.9; 146.0 - 146.9; 147.0 - 147.3; 147.8; 147.9; 148.0 - 148.3; 148.8; 148.9; 149.0; 149.1; 149.8; 149.9; 155.0 - 155.2; 157.0 - 157.4; 157.8; 157.9; 158.0; 158.8; 158.9; 160.0 - 160.5; 160.8; 160.9; 161.0 -



			<p>161.3; 161.8; 161.9; 162.0; 162.2 - 162.5; 162.8; 162.9; 164.0; 164.8; 170.0 - 170.9; 171.0; 171.2 - 171.9; 173.00-173.99; 174.0 - 174.6; 174.8; 174.9; 175.0; 175.9; 179; 180.0 ; 180.1; 180.8; 180.9; 182.0; 182.1; 182.8; 183.0; 183.2 - 183.5; 183.8; 183.9; 186.0; 186.9; 188.0 - 188.9; 189.0 - 189.2; 195.0; 200.00 - 200.08; 200.10 - 200.18; 200.20 - 200.28; 200.30 - 200.38; 200.40 - 200.48; 200.50 - 200.58; 200.60 - 200.68; 200.70 - 200.78; 200.80 - 200.88; 201.00 - 201.08; 201.10 - 201.18; 201.20 - 201.28; 201.40 - 201.48; 201.50 - 201.58; 201.60 - 201.68; 201.70 - 201.78; 201.90 - 201.98; 202.00 - 202.08; 202.10 - 202.18; 202.20 - 202.28; 202.30 - 202.38; 202.40 -202.48; 202.50 - 202.58; 202.60 - 202.68; 202.70 - 202.78; 202.80 - 202.88; 202.90 - 202.98; 203.00; 203.02; 204.00; 204.02; 209.30; 212.6; 219.8; 233.7; 235.1; 235.6; 238.1</p>
<p>Iron Sucrose, Iron Dextran and Ferumoxytol, (Intravenous Iron Therapy)</p>	<p>J1750 J1756 J3490 Q0138 Q0139</p> <p>Part A</p> <p>For dates of service 01/01/2 012 and forward use J1756</p> <p>For dates of service 12/31/2 011 and</p>		<p>One of the primary diagnoses AND one of the secondary diagnoses listed with an asterisk (*) are required for payment of iron sucrose or iron dextran or ferumoxytol.</p>



	prior use C9399		
			<p>For patients with iron deficiency anemia who do not respond to oral iron supplementation due to malabsorption disorders or patients who have documented intolerance to oral iron supplementation.</p> <p>280.0; 280.8; 280.9; 579.3*; 579.9*; 648.23; 995.29*; V12.79*</p>
			<p>For anemia related to chronic kidney disease:</p> <p>280.0*; 280.1*; 280.8* 280.9*; 285.21*: 585.3 - 585.6</p>
			<p>Initial treatment of absolute iron deficiency in patients receiving myelosuppressive chemotherapy who have asymptomatic anemia and risk factors for the development of symptomatic anemia requiring transfusion:</p> <p>285.22; V58.11*: V66.2*</p>



			<p>For patients with anemia related to chemotherapy, claims must be reported with ICD-9-CM code 285.3 (antineoplastic chemotherapy induced anemia) related to chemotherapy plus the non-myeloid malignancy for which the chemotherapy was administered. (Note: 205.00-205.91, 206.00-206.91, 207.00-208.91 are myeloid malignancies and are excluded from coverage.)</p> <p>140.0; 140.1; 140.3 - 140.6; 140.8; 140.9; 141.0 - 141.6; 141.8; 141.9; 142.0 - 142.2; 142.8; 142.9; 143.0; 143.1; 143.8; 143.9; 144.0; 144.1; 144.8; 144.9; 145.0; 145.1 - 145.6; 145.8; 145.9; 146.0 - 146.9; 147.0 - 147.3; 147.8; 147.9; 148.0 - 148.3; 148.8; 148.9; 149.0; 149.1; 149.8; 149.9; 150.0 - 150.5; 150.8; 150.9; 151.0 - 151.6; 151.8; 151.9; 152.0 - 152.3; 152.8; 152.9; 153.0 - 153.9; 154.0 - 154.3; 154.8; 155.0 - 155.2; 156.0 - 156.2; 156.8; 156.9; 157.0 - 157.4; 157.8; 157.9; 158.0; 158.8; 158.9; 159.0; 159.1; 159.8; 159.9; 160.0 - 160.5; 160.8; 160.9; 161.0 - 161.3; 161.8; 161.9; 162.0; 162.2 - 162.5; 162.8; 162.9; 163.0; 163.1; 163.8; 163.9; 164.0 - 164.3; 164.8; 164.9; 165.0; 165.8; 165.9; 170.0 - 170.9; 171.0; 171.2 - 171.9; 172.0 - 172.9; 173.00 - 173.99; 174.0 - 174.9; 175.0; 175.9; 176.0 - 176.5; 176.8; 176.9; 179; 180.0; 180.1; 180.8; 180.9; 181; 182.0; 182.1; 182.8; 183.0; 183.2 - 183.5; 183.8; 183.9; 184.0 - 184.4; 184.8; 184.9; 185; 186.0; 186.9; 187.1; 187.2; 187.3 - 187.9; 188.0 - 188.9; 189.0 - 189.4; 189.8 - 189.9; 190.0 - 190.9; 191.0 - 191.9; 192.0 -</p>
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			192.3; 192.8; 192.9; 193; 194.0; 194.1; 194.3 - 194.6; 194.8; 194.9; 195.0 - 195.5; 195.8; 196.0 - 196.6; 196.8; 196.9; 197.0 - 197.8; 198.0 - 198.7; 198.81; 198.82; 198.89; 199.0; 199.1; 200.00 - 200.08; 200.10 - 200.18; 200.20 - 200.28; 200.30 - 200.38; 200.40 - 200.48; 200.50 - 200.58; 200.60 - 200.68; 200.70 - 200.78; 200.80 - 200.88; 201.00 - 201.08; 201.10 - 201.18; 201.20 - 201.28; 201.40 - 201.48; 201.50 - 201.58; 201.60 - 201.68; 201.70 - 201.78; 201.90 - 201.98; 202.00 - 202.08; 202.10 - 202.18; 202.20 - 202.28; 202.30 - 202.38; 202.40 - 202.48; 202.50 - 202.58; 202.60 - 202.68; 202.70 - 202.78; 202.80 - 202.88; 202.90 - 202.98; 203.00 - 203.02; 203.10 - 203.12; 203.80 - 203.82; 204.00 - 204.02; 204.10 - 204.12; 204.20 - 204.22; 204.80 - 204.82; 204.90 - 204.92; 233.30 - 233.32; 233.39; 235.0 - 235.9 236.0 - 236.7; 236.90; 236.91; 236.99; 237.0 - 237.6; 237.70 - 237.72; 237.9; 238.0 - 238.3; 238.5; 238.6; 238.71 - 238.79; 238.8; 238.9; 239.0 - 239.7; 239.81; 239.89; 239.9; 273.3
Infliximab; Remicade	J1745	10mg	135; 446.4; 555.0 - 555.9; 556.0 - 556.9; 565.1; 569.81; 696.0 - 696.1; 710.3 - 710.4; 714.0 - 714.2; 720.0; 733.99
Irinotecan NOTE: Irinotecan is approved for the treatment of metastatic malignancy. Correct Coding requires the use	J9206	20mg	150.0 - 150.5; 150.8; 150.9; 151.0 - 151.6; 151.8; 151.9; 152.0 - 152.3; 152.8; 152.9; 153.0 - 153.9; 154.0 - 154.3; 154.8; 157.0 - 157.4; 157.8; 157.9; 158.8; 162.0; 162.2 - 162.5; 162.8; 162.9; 170.0 - 170.9; 174.0 - 174.6; 174.8; 174.9; 175.0; 175.9; 180.0; 180.1; 180.8; 180.9; 183.0; 183.2



of the secondary cancer code (196, 197, 198 and 199 series of ICD-9-CM codes) as the primary diagnosis and the original cancer site as the secondary diagnosis.			- 183.5; 183.8; 183.9; 191.0 - 191.9; 192.8; 202.80 - 202.88; 204.00; 205.00; 209.30
Ixabepilone; Ixempra Injection	J9207		174.0-174.9; 175.0-175.9
Leuprolide Acetate (for depot suspension),	J1950	per 3.75mg	174.0 - 174.6; 174.8; 174.9; 175.0; 175.9; 218.0 - 218.2; 218.9; 617.0 - 617.6; 617.8; 617.9; V10.3
Leuprolide Acetate (for depot suspension) Primary ICD-9-CM codes (these diagnoses can be billed as a single diagnosis or in conjunction with the secondary ICD-9-CM codes listed with an asterisk (*)) The ICD-9-CM codes listed with an asterisk (*) are considered secondary codes. When these codes are reported for J9217, the claim must also include a primary diagnosis	J9217	Per 7.5mg	183.0; 185; 196.2*; 196.5*; 196.8*; 196.9*; 197.0*; 197.6*; 197.7*; 198.2*; 198.3*; 198.5*; 233.4; V10.3; V10.46
Leuprolide acetate implant; Lupron implant	J9219	65mg	185; 196.2*; 196.5*; 196.8*; 196.9*; 197.0*; 197.6*; 197.7*; 198.2*; 198.3*; 198.5*; 233.4;



<p>The ICD-9-CM codes listed with an asterisk(*) are considered secondary codes. When these codes are reported for J9219, the claim must also include a diagnosis from the primary diagnosis list.</p>			V10.46
Mitomycin	J9280	5mg	140.0; 140.1; 140.3 - 140.6; 140.8; 140.9; 141.0 - 141.6; 141.8; 141.9; 142.0 - 142.2; 142.8; 142.9; 143.0 - 143.1; 143.8; 143.9; 144.0; 144.1; 144.8; 144.9; 145.0 - 145.6; 145.8; 145.9; 146.0 - 146.9; 147.0 - 147.3; 147.8; 147.9; 148.0 - 148.9; 149.0; 149.1; 149.8; 149.9; 150.0 - 150.5; 150.8; 150.9; 151.0 - 151.6; 151.8; 151.9; 153.0 - 153.9; 154.0 - 154.3; 154.8; 155.0 - 155.2; 156.0 - 156.2; 156.8 - 156.9; 157.0 - 157.4; 157.8 - 157.9; 158.0; 158.8; 158.9; 160.0 - 160.5; 160.8; 160.9; 161.0 - 161.3; 161.8; 161.9; 162.0; 162.2 - 162.5; 162.8; 162.9; 163.0; 163.1; 163.8; 163.9; 164.0 - 164.3; 164.8; 164.9; 171.0; 171.2 - 171.9; 174.0 - 174.6; 174.8; 174.9; 175.0; 175.9; 180.0 - 180.1; 180.8; 180.9; 185; 188.0 - 188.9; 189.1; 189.2; 195.0; 205.10; 205.11; 205.12; 233.7; V10.05; V10.3; V49.83
Ofatumumab; Arzerra	J9302		200.10 - 200.18; 204.10-204.12
Oxaliplatin;	J9263	0.5mg	150.0 - 150.9; 151.0 - 151.9;



Eloxatin			152.0 - 152.9; 153.0 - 153.9; 154.0; 154.1; 154.8; 155.1; 156.0 - 156.9; 157.0 - 157.3; 157.8; 157.9; 158.8; 162.0 162.9; 174.2 - 174.9; 175.0; 175.9; 183.0 - 183.9; 186.0; 186.9; 200.11 - 200.18; 200.30 - 200.38; 200.40 - 200.48; 200.60 - 200.68; 200.70 - 200.78; 202.01 - 202.08; 202.80 - 202.88; 202.90- 202.98; 204.10; 204.12; 235.2; 235.5
Paclitaxel; Taxol	J9265	30mg	140.0 - 149.9; 150.0 - 151.9; 154.2; 154.3; 158.0; 158.8; 158.9; 160.0 - 162.9; 164.0; 171.0 - 174.9; 175.0; 175.9; 176.0 - 176.9; 179; 180.0 - 183.9; 185; 186.0; 186.9; 188.0 - 188.9; 189.1; 189.2; 191.0 - 191.9; 195.0; 199.1; 200.80 - 200.88; 202.70 - 202.98; 203.00; 203.01; 203.02; 209.30; 212.6; 233.7; 235.1; 235.6; 239.0 - 239.9; V10.11; V10.12; V10.29; V10.3; V10.51
Paclitaxel protein-bound particles; Abraxane J9264 may be used when the patient has demonstrated significant intolerance to standard paclitaxel (J9265)	J9264	1mg	140.0 - 149.9; 154.2; 154.3; 157.0 - 157.9; 158.0; 158.8; 158.9; 162.0 - 162.9; 172.0- 172.9; 174.0 - 174.9; 175.0 - 175.9; 183.0 - 183.9; 195.0; 209.70 - 209.79
Pamidronate Disodium; Aredia	J2430	30mg	<u>Paget's Disease, Osteogenesis</u> <u>Imperfecta, Senile Osteoporosis,</u> <u>Complex regional pain syndrome,</u> <u>type 1:</u> 337.20-337.22; 337.29; 731.0; 733.01; 756.51 <u>Osteolytic lesions of multiple</u>



			<p><u>myeloma:</u> 203.00-203.02</p> <p><u>Glucocorticoid-induced osteoporosis:</u> Primary: 733.09 Secondary: V58.65;V58.69</p> <p><u>Osteopenia - Quadriplegic cerebral palsy:</u> Primary: 733.90 Secondary: 343.2</p> <p><u>Osteolytic bone metastasis of breast cancer:</u> Primary: 198.5 Secondary: 162.0;162.2-162.5;162.8-162.9;174.0-174.6;174.8-174.9;175.0;175.9;185;209.21;V10.11-V10.12;V10.3;V10.46</p> <p><u>Moderate or severe hypercalcemia associated with malignancy, including Tamoxifen induced tumor flare:</u> Primary: 275.42 Secondary: 140.0-140.1;140.3-140.6;140.8-140.9;141.0-141.6;141.8-141.9;142.0-142.2;142.8-142.9;143.0-143.1;143.8-143.9;144.0-144.1;144.8-144.9;145.0-145.6;145.8-145.9;146.0-146.9;147.0-147.3;147.8-147.9;148.0-148.3;148.8-148.9;149.0-149.1;149.8-149.9;150.0-150.5;150.8-150.9;151.0-151.6;151.8-151.9;152.0-152.3;152.8-152.9;153.0-153.9;154.0-154.3;154.8;155.0-155.2;156.0-156.2;156.8-156.9;157.0-157.4;157.8-157.9;158.0;158.8-158.9;159.0-159.1;159.8-159.9;160.0-160.5;160.8-160.9;161.0-161.3;161.8-161.9;162.0;162.2-162.5;162.8-162.9;163.0-163.1;163.8-163.9;164.0-164.3;164.8-</p>
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			164.9;165.0;165.8-165.9;170.0- 170.9;171.0;171.2-171.9;172.0- 172.9;173.0-173.9;174.0- 174.6;174.8- 174.9;175.0;175.9;176.0- 176.5;176.8-176.9;179;180.0- 180.1;180.8-180.9;181;182.0- 182.1;182.8;183.0;183.2- 183.5;183.8-183.9;184.0- 184.4;184.8- 184.9;185;186.0;186.9;187.1- 187.9;188.0-188.9;189.0- 189.4;189.8-189.9;190.0;190.1- 190.9;191.0-191.9;192.0- 192.3;192.8-192.9;193;194.0- 194.1;194.3-194.6;194.8- 194.9;195.0-195.5;195.8;196.0- 196.3;196.5-196.6;196.8- 196.9;197.0-197.8;198.0- 198.7;198.81-198.82;198.89;199.0- 199.1;200.00-200.08;200.10- 200.18;200.20-200.28;200.30- 200.38;200.40-200.48;200.50- 200.58;200.60-200.68;200.70- 200.78;200.80-200.88;201.00- 201.08;201.10-201.18;201.20- 201.28;201.40-201.48;201.50- 201.58;201.60-201.68;201.70- 201.78;201.90-201.98,202.00- 202.08;202.10-202.18;202.20- 202.28;202.30-202.38;202.40- 202.48;202.50-202.58;202.60- 202.68;202.70-202.78;202.80- 202.88;202.90-202.98;203.00- 203.02;203.10-203.12;203.80- 203.82;204.00-204.02;204.10- 204.12;204.20-204.22;204.80- 204.82;204.90-204.92;205.00- 205.02;205.10-205.12;205.20- 205.22;205.30-205.32;205.80- 208.82;205.90-205.92;206.00- 206.02;206.10-206.12;206.20- 206.22;206.80-206.82;206.90- 206.92;207.00-207.02;207.10- 207.12;207.20-207.22;207.80- 207.82;208.11-208.12;208.20- 208.82;208.90-208.92;209.00- 209.03;209.10-209.17;209.20- 209.27;209.29-209.36;209.71- 209.75;209.79;211.7;238.6;259.2;
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			V10.00-V10.07;V10.09;V10.90-V10.91
Panitumumab; Vectibix	J9303		153.0 - 153.9; 154.0; 154.1; 154.8
Pemetrexed; Alimta	J9305	10mg	158.8; 162.0; 162.2 - 162.9; 163.0 - 163.9; 164.0; 183.0 - 183.9; 188.0 - 188.9; 189.1; 189.2; 198.6, 212.6
Porfimer Sodium; Photofrin	J9600	75mg	150.0 - 150.9; 162.2; 162.3; 162.4; 162.5; 162.8; 162.9
Pralatrexate; Folotyn; Injection	J9307	1mg	200.60 - 200.68; 202.70 - 202.78; 202.80 - 202.88
Rituximab; Rituxan	J9310	100mg	200.00 - 200.88; 201.00 - 201.98; 202.00 - 202.08; 202.40 - 202.48; 202.70 - 202.78; 202.80 - 202.88; 202.90 - 202.98; 204.10 - 204.12; 273.3; 283.0; 286.52; 286.53; 286.59; 287.30; 287.31 - 287.33; 287.39; 446.0; 446.4; 446.6; 585.6 714.0; 714.1; 714.2; 996.81; 996.88
Sodium Ferric Gluconate, (Intravenous Iron Therapy)	J2916		One of the primary diagnoses AND one of the secondary diagnoses listed with an asterisk (*) are required for payment of sodium ferric gluconate .
			<ul style="list-style-type: none"> • For patients with iron deficiency anemia who do not respond to oral iron supplementation due to malabsorption disorders or patients who have documented intolerance to oral iron supplementation. 280.0; 280.8; 280.9; 579.3*; 579.9*; 648.23; 995.29*; V12.79*



			<ul style="list-style-type: none"> • For anemia related to chronic kidney disease: <p>280.0*; 280.1*; 280.8*; 280.9*; 285.21* 585.3 - 585.6</p>
			<ul style="list-style-type: none"> • Initial treatment of absolute iron deficiency in patients receiving myelosuppressive chemotherapy who have asymptomatic anemia and risk factors for the development of symptomatic anemia requiring transfusion. <p>285.22; V58.11*; V66.2*</p>
			<ul style="list-style-type: none"> • For patients with anemia related to chemotherapy, claims must be reported with ICD-9-CM code 285.3 (antineoplastic chemotherapy induced anemia) related to chemotherapy plus the non-myeloid malignancy for which the chemotherapy was administered. (Note: 205.00-205.91, 206.00-206.91, 207.00-208.91 are myeloid malignancies and are excluded from coverage.) <p>285.3</p> <p>140.0* - 140.6*; 140.8*; 140.9*; 141.0* = 141.6*; 141.8*; 141.9*; 142.0* - 142.2*; 142.8*; 124.9*; 143.0*; 143.1*: 143.8*; 143.9*; 144.0*; 144.1*; 144.8*; 144.9 145.0* - 145.6*; 145.8*; 145.9*;</p>



			146.0* - 146.9*; 147.0* - 147.3*; 147.8*; 147.9*; 148.0* - 148.3*; 148.8*; 148.9*; 149.0*; 149.1*; 149.8*; 149.9*; 150.0* - 150.5*; 150.8*; 150.9*; 151.0* - 151.6*; 151.8*; 151.9*; 152.0* - 152.3*; 152.8*; 152.9*; 153.0* - 153.9*; 154.0* - 154.3*; 154.8*; 155.0* - 155.2*; 156.0* - 156.2*; 156.8*; 156.9*; 157.0* - 157.4*; 157.8*; 157.9*; 158.0*; 158.8*; 158.9*; 159.0*; 159.1*; 159.8*; 159.9*; 160.0* - 160.5*; 160.8*; 160.9*; 161.0* - 161.3*; 161.8* - 161.9*; 162.0*; 162.2* - 162.5*; 162.8*; 162.9*; 163.0*; 163.1*; 163.8*; 163.9*; 164.0* -164.3*; 164.8*; 164.9*; 165.0*; 165.8*; 165.9*; 170.0* - 170.9*; 171.0*; 171.2* - 171.9*; 172.0* - 172.9*; 173.0* - 173.9*; 174.0* - 174.6*; 174.8*; 174.9*; 175.0*; 175.9*; 176.0* - 176.5*; 176.8*; 176.9*; 179*; 180.0*; 180.1*; 180.8*; 180.9*; 181*; 182.0*; 182.1*; 182.8*; 183.0*; 183.2* - 183.5*; 183.8*; 183.9*; 184.0* - 184.4*; 184.8*; 184.9*; 185*; 186.0*; 186.9*; 187.1* - 187.9*; 188.0* - 188.9*; 189.0* - 189.4*; 189.8*; 189.9*; 190.0* - 190.9*; 191.0* - 191.9*; 192.0* - 192.3*; 192.8*; 192.9*; 193*; 194.0*; 194.1*; 194.3* - 194.6*; 194.8*; 194.9*; 195.0* - 195.5*; 195.8*; 196.0* - 196.3*; 196.5*; 196.6*; 196.8*; 196.9*; 197.0* - 197.8*; 198.0* - 198.7*; 198.81*; 198.82*; 198.89*; 199.0*; 199.1*; 200.00* - 200.08*; 200.10* - 200.18*; 200.20* - 200.28*; 200.30* - 200.38*; 200.40* - 200.48*; 200.50* - 200.58*; 200.60* - 200.68*; 200.70* - 200.78*; 200.80* - 200.88*; 201.00* - 201.08* - 201.18*; 201.20* - 201.28*; 201.40* - 201.48*; 201.50* - 201.58*; 201.60* - 201.68*; 201.70* - 201.78*; 201.90* - 201.98*; 202.00* -
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			202.01; 202.02 - 202.08*; 202.10* - 202.18*; 202.20* - 202.28*; 202.30* - 202.38* ; 202.40* - 202.48*; 202.50* - 202.58*; 202.60* - 202.68*; 202.70* - 202.78*; 202.80* - 202.88*; 202.90* - 202.98*; 203.00* - 203.02*; 203.10* - 203.12*; 203.80* - 203.82*; 204.00* - 204.02*; 204.10* - 204.12*; 204.20* - 204.22*; 204.80* - 204.82*; 204.90* - 204.92*; 233.30* - 233.32*; 233.39*; 235.0* - 235.9*; 236.0* - 236.7*; 236.90*; 236.91*; 236.99*; 237.0* - 237.6*; 237.70* - 237.72*; 237.9*; 238.0* - 238.3*; 238.5*; 238.6*; 238.71- 238.79*; 238.8*; 238.9*; 239.0* - 239.7*; 239.81*; 239.89*; 239.9*; 273.3*; 280.0*; 280.1*; 280.8*; 280.9*; 585.3-585.6
Sipuleucel-T	J3490		Please refer to Article A51280 on the CMS MCD for complete coverage guidelines.
Sipuleucel-	J3590		
T;Provence;	J9999		
Injection	Q2043		
Supply of radiopharmaceutical diagnostic imaging agent, Indium-111; Ibritumomab	A9542 A9543		200.00 - 200.88; 202.00 - 202.08; 202.70 - 202.78; 202.80 - 202.88; 202.90 - 202.98
A9543 Supply of radiopharmaceutical therapeutic imaging agent, Yttrium 90 Ibritumomab			
NOTE: Zevalin use is approved as part of a therapeutic regimen with Rituximab. Rituximab must be administered on the same date of			



service as either Indium-111 Ibritumomab or Yttrium 90 Ibritumomab			
Thyrotropin Alfa (Thyrogen®)	J3240		193; 241.1; 244.0; V10.87
Topotecan; Hycamtin	J9351	0.1mg	158.8; 158.9; 162.0; 162.2 - 162.5; 162.8; 162.9; 170.0 - 170.9; 173.00 - 173.99; 180.0 - 180.9; 182.0 - 182.8; 183.0; 183.2; 183.4; 183.5; 183.8; 183.9; 197.0; 197.3; 197.7; 198.3; 198.5; 198.7; 200.50 - 200.58; 205.10 - 205.12; 205.80 - 205.82; 209.00 - 209.36; 209.70 - 209.79; 219.0; 233.1; 236.0; 238.71 - 238.79; 239.2; 239.5
Trastuzumab; Herceptin	J9355	10mg	150.0 - 150.9; 151.0 - 151.9; 174.0 - 174.9; 175.0 - 175.9; 235.2; 235.5; 238.3; 239.3; V10.3
Triptorelin Pamoate The ICD-9-CM codes listed with an asterisk(*) are considered secondary codes. When these codes are reported for J3315, the claim must also include a primary diagnosis from the list.	J3315	3.75mg	185; 196.2*; 196.5*; 196.8*; 196.9*; 197.0*; 197.6*; 197.7*; 198.2*; 198.3*; 198.5*; 233.4; V10.46
Vantas Implant Histrelin implant Limitations: Use ICD-9-CM code 259.1 for children	J9225	50mg	185; 196.2*; 196.5*; 196.8*; 196.9*; 197.0*; 197.6*; 197.7*; 198.2*; 198.3*; 198.5*; 233.4; V10.46



<p>with disability who are covered under Medicare.</p> <p>Primary ICD-9-CM codes (these diagnoses can be billed as a single diagnosis or in conjunction with the secondary ICD-9-CM codes listed with an asterisk (*))</p> <p>The ICD-9-CM codes listed with an asterisk (*) are considered secondary codes. When these codes are reported J9225, the claim must also include a diagnosis from the primary diagnosis list.</p>			
<p>Vantas Implant; Supprelin LA</p>	<p>J9225</p>	<p>50mg</p>	<p>259.1</p>
<p>Vinorelbine Tartrate</p>	<p>J9390</p>	<p>10mg</p>	<p>140.0; 140.1; 140.3 - 140.6; 140.8; 140.9; 141.0 - 141.6; 141.8; 141.9; 142.0 - 142.2; 142.8; 142.9; 143.0 - 143.1; 143.8; 143.9; 144.0 - 144.1; 144.8; 144.9; 145.0 - 145.6; 145.8; 145.9; 146.0 - 146.9; 147.0 - 147.3; 147.8 - 147.9; 148.0 - 148.3; 148.8; 148.9; 149.0 - 149.1; 149.8; 149.9; 150.0 - 150.5; 150.8; 150.9; 158.0; 158.8; 158.9; 162.0; 162.2 - 162.5; 162.8; 162.9; 171.0; 171.2 -171.9; 174.0 - 174.6; 174.8; 174.9; 175.0; 175.9; 176.0 - 176.5; 176.8; 176.9; 180.0; 180.1; 180.8; 180.9; 183.0; 183.2 -183.5;</p>



			183.8; 183.9; 185; 200.80 - 200.88; 201.00 - 201.08; 201.10 - 201.18; 201.20 - 201.28; 201.40 - 201.48; 201.50 - 201.58; 201.60 - 201.68; 201.70 - 201.78; 201.90 - 201.98; 202.70 - 202.78; 202.80 - 202.88; 202.90 - 202.98; V10.03; V10.11; V10.3; V10.41; V10.43; V10.44; V10.46