

### Injection List

The following drugs will be covered for the indications listed on this document. Only those drugs that are expensive or have been used inappropriately in the past are listed. Omission of a drug from this list does not imply the drug is noncovered.

These drugs are only paid when they are administered "incident to" a physician's service.

Drug Name	Covered Conditions & ICD-9 Codes	Dosage	HCPC's Code
Abatacept (Orencia™)	Rheumatoid Arthritis 714.0 Felty's Syndrome 714.1 Other rheumatoid arthritis with visceral or systemic involvement 714.2	10 mg	J0129
Agalsidase Beta (Fabrazyme™)	Fabry's disease (Lipidoses) 272.7	1mg	J0180
Alpha 1 Proteinase Inhibitor-Human	Alpha 1-antitrypsin deficiency 273.4	10 mg	J0256
Apomorphine hydrochloride (Apokyn™)	Acute, intermittent treatment of hypomobility associated with advanced Parkinson's disease 332.0	1mg	J0364
Bevacizumab (Avastin™)	"wet" macular degeneration 362.52 362.07 Diabetic macular edema 362.35 central retinal vein occlusion 362.36 Venous tributary (branch) occlusion 364.42 Rubeosis iridis 365.63 Glaucoma associated vascular disorders	1-3 mg	J3590
Infliximab (Remicade™)	Behcet' s Syndrome 136.1 Colitis 556.0-556.9 Crohn's disease 555.0-555.9 Chronic severe plaque psoriasis 696.1 Psoriatic arthropathy 696.0 Rheumatoid Arthritis 714.0 Felty's Syndrome 714.1 Other rheumatoid arthritis with visceral or systemic involvement 714.2 Juvenile Chronic polyarthritis 714.30-714.33 Ankylosing spondylitis 720.0  Sarcoidosis: 135, 425.8; and 517.8 will be considered for treating patients with persistent symptomatic sarcoidosis despite corticosteroid and immunosuppressive treatment. Claims with one of these diagnoses will be developed for medical records.	10 mg	J1745
Lidocaine HCL	Paroxysmal Ventricular Tachycardia 427.1 Ventricular fibrillation 427.41 Ventricular flutter 427.42	10 mg	J2001

	Cardiac Arrest 427.5 Other-Ventricular premature beats 427.69 Cardiac Dysrhythmia 427.9		
Natalizumab (Tysabri™)	Multiple Sclerosis 340 Crohn's disease (555.0-555.9) will be covered for moderate to severely active Crohn's disease (CD) with evidence of inflammation who have had an inadequate response to, or are unable to tolerate, conventional CD therapies and inhibitors of TNF- $\alpha$ .	1 mg	J2323
Omalizumab (Xolair™)	Extrinsic Asthma, unspecified 493.00.	5 mg	J2357
Pegaptanib sodium (Macugen™)	"wet" macular degeneration 362.52	.3mg	J2503
Ranibizumab (Lucentis™)	"wet" macular degeneration 362.52	.1 mg	J2778
Romiplostim (Nplate™)	For the treatment of thrombocytopenia in patients with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who have had an insufficient response to corticosteroids, immunoglobulins or splenectomy. (287.31)	*10 micrograms	*J2796

**Coding Guidelines:**

1. When using the NOC code J3490 or J3590, indicate the **name of the drug, the total dosage, and the method of administration** in the electronic narrative that is equivalent to item 19 of the CMS 1500 form. List the units of service as **one** in 2400/SV1-04 data element of the ANSI X12 4010A1 or in item 24G of the CMS 1500 form.
2. Romiplostim (Nplate™) should be billed with the therapeutic administration code (90772).

**\*Start Date of Notice Period:**

(Published)

\*01/01/10 Article; 10/01/09; 04/01/2009 Article; 10/01/2008-Article, 09/01/08-Article; 08/01/08-Article; 04/01/2008 Article; 01/01/2008 Article; Article 01/01/2007; Article 11/01/2006; Article 08/01/2006; Article 06/01/2006; Article 04/01/02006; Article 01/01/2006; 09/01/2005 Article; 06/01/2005 Article; 03/01/2005 Article; 2005 new code Article 01/01/2005; 01/01/2005 New Codes published Article 10/01/2004; Article 09/01/2004; Article 08/01/2004; Article 06/01/2004; 04/01/2004

**\*Revision History:**

\*12/01/09- added new code J2796 for Romiplostim & removed deleted code Q2024 -effective 01/01/2010, added J3590 for bevacizumab/Avastin; Added new code Q2024-effective 10/01/09 for bevacizumab based on Change Request 6594 and added ICD-9 code 362.35 to bevacizumab/Avastin -effective 09/01/09; 04/01/09 added 362.07, 362.36, 364.42, 365.63 to our coverage of Bevacizumab (J3590); 10/01/2008- Added J3490- Romiplostim for treatment of ITP effective 08/22/2008 FDA approval Date; 09/01/08-changed J3490 to J3590 when billing Avastin for wet macular degeneration-effective 10/15/08; 08/01/2008 Added ICD-9 codes 135, 425.8; and 517.8 for J1745 and that it will be considered for treating patients with persistent symptomatic sarcoidosis despite corticosteroid and immunosuppressive treatment. Claims with one of these diagnoses will be developed for medical records; 03/01/08- J2323 received FDA approval on 01/14/08 for moderate to severely active Crohn's disease (CD) with evidence of inflammation

who have had an inadequate response to, or are unable to tolerate, conventional CD therapies and inhibitors of TNF- $\alpha$ . Added ICD-9 codes-555.0-555.9 & changed Ranibizumab amount to .1 mg; 01/01/08-08 code update: Added J2323, J2778; Discontinued Q4079 & J3490 for Ranibizumab; 01/01/2007-07 update add J0129, J0364 removed J3590 and removed for ambulance use (J2001) since they can not be paid separately for it as of 1/01/06 and changed dosage for Ranibizumab to .5 mg to match ASP file; 11/01/2006-Added 696.1 to J1745 -effective 09/26/06 FDA approval date; 08/01/06-Added Lucentis effective FDA approval date 06/30/06; Effective 05/01/2006- Added Avastin (J3490) for "wet" macular degeneration (362.52); 04/01/2006-Added Abatacept for RA 714.0, 714.1, 714.2 (effective FDA approval date 12/23/05)& J9202, J9217, J9219 and J1950 removed –codes in INJ-039 (LCD); 01/01/2006-06 code update added J2503 & Q4079; 09/01/05 added 556.0-556.9 to J1745 Remicade; 06/01/2005- added 273.4 to J0256 (2005 code update)(effective 10/01/04 & removed code 277.6 to indicate Alpha 1 antitrypsin deficiency-effective 07/01/05; 03/01/2005 added J3590 for Natalizumab (FDA approval 11/23/2004 ) & Macugen (J3490) (FDA approval 12/17/2004) and Behcet's syndrome added to Infliximab effective 02/01/2005; 01/01/2005 Added 05 codes: J2357 & J0180; 10/01/2004 added Xolair and Fabrazyme coverage and removed Alefacept (Amevive™)(J0215) as INJ-037 Alefacept Therapy (LCD) is in effect; 09/01/2004 added J3490 Apokyn™; 08/01/2004 J3520 removed from list per MPFSD; 06/01/04 Added 714.30-714.33, 720.0 to J1745;

**Revision Effective Date:**

\*01/01/2010; 09/01/09 ICD-9 code 362.35 and 10/01/09 new code Q2024

**Reference:**

JSM/TDL-10049, 11-12-09