



**Date: 05/19/20**

**Medi-Cal**

**Important Provider Notice: #394**

**Subject: New Diagnosis Restrictions on Procedure Codes Q5112 – Q5114 - Effective 8/1/20**

For dates of service on and after August 1, 2020, Partnership HealthPlan of California (PHC) will have diagnosis restrictions for procedure codes Q5112 – Q5114. The restrictions are as follows:

HCPCS	Drug	Limits/Restrictions	Other Configuration/Notes
Q5112	Trastuzumab-dttb, biosimilar, (Ontruzant), 10mg	Age: 18 years and older.	Required ICD-10-CM diagnosis code: C50.111 – C50.929 (Malignant neoplasm of breast) C16.0 – C16.9 (Malignant neoplasm of stomach)
Q5113	Trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Age: 18 years and older.	Required ICD-10-CM diagnosis code: C50.111 – C50.929 (Malignant neoplasm of breast)
Q5114	Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Age: 18 years and older.	Required ICD-10-CM diagnosis code: C50.111 – C50.929 (Malignant neoplasm of breast) C16.0 – C16.9 (Malignant neoplasm of stomach)

Additional information regarding this authorization requirement, please contact the PHC Health Services Department at (707) 863-4100.