



Date: 06/29/2020

Medi-Cal

Important Provider Notice: #398

Subject: Pharmacy Changes to Codes J9035, Q5107, Q5118, J1750, J1439, Q0138 and J2916 - Effective 8/1/20

For dates of service on or after August 1, 2020, Partnership HealthPlan of California (PHC) will apply the following changes to the procedure codes listed above as follows:

J9035 – Bevacizumab, 10 mgs – TAR required.

Q5107 - Bevacizumab, Biosimilar 10 mgs – TAR requirement removed. If related to chemo, one of the following diagnosis codes must be on the claim: C18.0 – C18.9, C19, C20, C21.8, C33, C34.00 – C34.02, C34.10 – C34.12, C34.2, C34.30 – C34.32, C34.80 – C34.82, C34.90 – C34.92, C45.0, C48.0, C48.1, C48.8, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C53.0, C53.1, C53.8, C53.9, C56.1, C56.2, C56.9, C57.00 – C57.02, C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, C71.0 – C71.9, C79.81, D05.00 – D05.02, D05.10 – D05.12, D05.80 – D05.82, D05.90 – D05.92. There are no diagnosis restrictions for ophthalmic use. If related to cancer treatment, the daily maximum dose is 228 units (2280 mgs.). If for an eye diagnosis, the limit is 1 unit per date of service.

Q5118 - Bevacizumab BVZR – Existing diagnosis codes that must be on the claim are: C18.0-C20, C21.2, C21.8, C34.00-C34.92, C48.1-C48.2, C50.011-C50.929, C53.0-C53.9, C56.1-C57.4, C64.1-C64.9, C71.0-C71.9, E08.311, E08.3211-E08.3213, E08.3219, E08.3311-E08.3313, E08.3319, E08.3411-E08.3413, E08.3419, E08.3511-E08.3513, E08.3519, E09.311, E09.3211-E09.3213, E09.3219, E09.3311-E09.3313, E09.3319, E09.3411-E09.3413, E09.3419, E09.3511-E09.3513, E09.3519, E10.311, E10.3211-E10.3213, E10.3219, E10.3311-E10.3313, E10.3319, E10.3411-E10.3413, E10.3419, E10.3511-E10.3513, E10.3519, E11.311, E11.3211-E11.3213, E11.3219, E11.3311-E11.3313, E11.3319, E11.3411-E11.3413, E11.3419, E11.3511-E11.3513, E11.3519, E13.311, E13.3211-E13.3213, E13.3219, E13.3311-E13.3313, E13.3319, E13.3411-E13.3413, E13.3419, E13.3511-E13.3513, E13.3519, H34.8110-H34.8112, H34.8120-H34.8122, H34.8130-H34.8132, H34.8190-H34.8192, H34.8310-H34.8312, H34.8320-H34.8322, H34.8330-H34.8332, H34.8390-H34.8392, H35.3210-H35.3213, H35.3220-H35.3223, H35.3230-H35.3233, H35.3290-H35.3293, H35.351-H35.353, H35.359, H35.81. Additional diagnoses added effective 8/1/20 are: C33, C45.0, C48.0, C48.8, C65.1-C65.9, D05.00-D05.92. If related to cancer treatment, the daily maximum dose is 228 units (2280 mgs.). The code is limited to being billed every two weeks and the member must be 18 years of age or older. If for an eye diagnosis, the limit is 1 unit (10 mgs) per date of service when used as an intravitreal injection.

J1750 – Iron Dextran, 50 mgs – Procedure code must be billed with both CKD, N18.1 – N18.6 and Iron Deficiency Anemia, D50.9. Code is limited to 20 units (1000 mgs) per day.

J1439 – Ferric Carboxymaltos, 1 mg – Tar required.

Q0138 – Ferumoxytol, Non-ESRD, 1 mg – TAR required.

J2916 – Ferric Gluconate Complex, 12.5 mgs - Procedure code must be billed with both CKD, N18.1 – N18.6 and Iron Deficiency Anemia, D50.9.

If more than the limitations listed above are needed, providers may submit a Treatment Authorization Request (TAR) to the PHC Health Services Department for consideration.

Additional information regarding these codes, please see the Medi-Cal website at www.medi-cal.ca.gov.