

PROVIDER Update



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Injectable Medication HCPCS/DOFR Crosswalk Reference Table Updated – 4th Quarter 2018

Approved updates are effective February 1, 2019

On October 16, 2018, the Pharmacy and Therapeutics (P&T) Committee approved updates to the Injectable Medication Healthcare Common Procedure Coding System (HCPCS)/Division of Financial Responsibility (DOFR) Crosswalk. The approved updates are effective February 1, 2019, and are listed on pages 2 through 3. The DOFR categories into which injectable medications are placed mirror the DOFR matrix categories located in the Health Net and CalViva Health *Provider Participation Agreement (PPA)*. Please reference your *PPA* to determine appropriate financial risk/responsibility or contact your Provider Network Management Team if you have questions. The update includes:

- The addition of 10 new medications and their DOFR categories.
- Updates and changes to four injectable medication procedure codes.
- Five updates to the primary DOFR category.

ADDITIONAL INFORMATION

Relevant sections of the provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on the provider website at provider.healthnet.com.

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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ADDITIONS TO INJECTABLE MEDICATION HCPCS/DOFR CROSSWALK

The following medications have been approved by the P&T Committee as additions to the Injectable Medication HCPCS/DOFR Crosswalk Reference Table. P&T Committee members include physicians and representatives from participating physician groups (PPGs).

HCPCS* Codes	Brand Name	Generic Name	Primary Category	Secondary Category
J3590	Ajovy™	Fremanezumab-vfrm	Self-injectable	
C9399, J3490	Aristada initio™	Aripiprazole lauroxil extended-release injectable suspension	Therapeutic inj	
J1726	Makena® 275mg/1.1ml	Hydroxyprogesterone caproate 275 mg/1.1ml	Therapeutic inj	
Q5110	Nivestym™	Filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	Self-injectable	Chemo adjunct*
C9399, J3490	Onpattro™	Patisiran lipid complex injection, for intravenous use	Therapeutic inj	
C9399, J3490	Perseris™	Risperidone for extended-release injectable suspension	Therapeutic inj	
C9399, J9999	Poteligeo®	Mogamulizumab-kpkc injection, for intravenous use	Therapeutic inj	Chemo adjunct*
J3590	Takhzyro™	Landelumab-flyo	Self-injectable	
J2185	Vabomere™	Meropenem-vaborbactam for iv soln	Therapeutic inj	
C9399, J3490	Zemdri™	Plazomicin injection, for intravenous use	Therapeutic inj	

UPDATES/CHANGES TO INJECTABLE MEDICATION PROCEDURE CODES OR MEDICATIONS

Updates to the Injectable Medication HCPCS/DOFR Crosswalk Reference Table are based on changes or updates to HCPCS codes or changes in medication descriptions or availability. The following are changes to injectable medications currently listed in the crosswalk.

HCPCS Codes	Brand Name	Generic Name	Comment
C9033	Akynzeo®	Fosnetupitant and palonsetron for injection, for intravenous use	Replaces J3490
C9030	Aliqopa™	Copanlisib for injection, for intravenous use	Replaces J3490, J9999
C9034	Dexycu™	Dexamethasone intraocular suspension	Replaces J3490
Q5108	Fulphila™	Pegfilgrastim-jmdb	Replaces J3590

CATEGORY UPDATES/CHANGE

Correction to the primary category.

HCPCS Codes	Brand Name	Generic Name	Primary Category	Secondary Category
C9399, J3490	Admelog®	Insulin lispro for Subcutaneous injection	To be removed from HCPCS crosswalk as it is an insulin	
Q5103	Inflectra®	Infliximab, biosimilar, 10 mg	Therapeutic inj	Home health/infusion
J3262	Actemra® injection (50242-0136-01, 50242-0137-01)	Tocilizumab 200 mg, 400 mg	Therapeutic inj	Home health/infusion
Q2044	Benlysta®	Belimumab 10 mg	Therapeutic inj	Home health/infusion
J0221	Lumizyme®	Alglucosidase alfa	Therapeutic inj	Home health/infusion

*HCPCS codes were taken from the Centers for Medicare & Medicaid Services (CMS) HCPCS website at www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html.