

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954

05101, 05201, 05301, 05401, 05102, 05202, 05392, 05302, 05402

Contractor Type

Carrier

MAC A

MAC B

LCD Database ID Number

Wisconsin

Illinois

Michigan

Minnesota

Iowa

Kansas

Missouri

Nebraska

LCD Version Number***LCD Title**

*Chemotherapy Drugs and their Adjuncts

Contractor's Determination Number

HONC-010

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CMS National Coverage Policy

CMS Pub.100-2 Chapter 15; Section 50

CMS Pub 100-20 OTN-129, CR 3631

*CMS Pub 100-04 Chapter 12; Section 30.5

*CMS Pub 100-04 Chapter 14; Section 10

* CMS Pub 100-04 Chapter 17; Section 90.2

Primary Geographic Jurisdiction

Wisconsin

Illinois

Michigan

Minnesota

Iowa

Kansas

E Missouri
W Missouri
Nebraska

Oversight Region

Region I
Region V

CMS Consortium

Midwest
Northwestern

Original Determination Effective Date

Wisconsin
Illinois
Michigan
Minnesota
Iowa Pending
Kansas Pending
Missouri Pending
Nebraska Pending

Revision Effective Date

Indications and Limitations of Coverage and/or Medical Necessity

- A. Coverage for medication is based on the patient’s condition, the appropriateness of the dose and route of administration, based on the clinical condition and the standard of medical practice regarding the effectiveness of the drug for the diagnosis and condition.
- B. The following well-established drugs will be allowed for cancer therapy and for other therapy as indicated. (ICD-9 codes 140.0-239.9)
1. Bleomycin (Blenoxane) (J9040)
Verruca - 078.10 - 078.19
 2. Carboplatin (Paraplatin) (J9045)
 3. Carmustine (BCNU, BiCNU) (J9050)
 4. Cisplatin (Cis-DDP, Platinol) (J9060-J9062)
 5. Cyclophosphamide (Cytoxan, Procytox) (J9070-J9097) See section F for non-oncological uses.
 6. Cytarabine (J9100-J9110)
 7. Dacarbazine (DTIC) (J9130-J9140)
 8. Dactinomycin (actinomycin-D, Cosmegen) (J9120)
 9. Doxorubicin (Adriamycin) (J9000) 273.3
 10. Estrogens including diethylstilbestrol and estradiol (J9165)
 11. Etoposide (VePesid) (J9181) Etoposide phosphate (Etopophos) (J9182) 273.3
 12. Floxuridine (FUDR) (J9200)
 13. Fluorouracil (5FU, Adrucil) (J9190) glaucoma (365.10-365.9) for patients at high risk for filtering surgery failure.
Verruca - 078.10 - 078.19
 14. Ifosfamide (J9208)
 15. Leucovorin (J0640)
 16. Mechlorethamine (J9230)

17. Mesna (Urothelial Protectant used in combination with cyclophosphamide or Ifosfamide) 595.9 (J9209)
18. Methotrexate (MTX, Folex) (J9250-J9260) See section F for non-oncological uses.
19. Mithramycin (J9270)
20. Mitomycin - C (Mutomycin) (J9280, J9290, J9291). (Mitomycin C used during eye surgery is considered a part of the procedure).
21. Thiotepa (J9340)
22. Vinblastine (Velban, Velbe) (J9360)
23. Vincristine (Oncovin) (J9370-J9380) (283.0, 287.4 autoimmune hemolytic anemia or thrombocytopenia)

C. The following drugs are covered for the following indications:

1. Aldesleukin (Proleukin) (Interleukin-2) (J9015)

Acute myelogenous Leukemia	205.00-205.01
Melanoma	172.0-172.9
Renal Cell	189.0, 189.1
Non-Hodgkin's lymphoma	200.00-200.88, 202.00-202.98
2. Arsenic Trioxide (Trisenox) 1mg (J9017)

Acute Promyelocytic leukemia (APL)	205.00-205.01
Chronic Myeloid Leukemia	205.10, 205.11
Multiple Myeloma	203.00-203.01
Myelodysplastic Syndromes	238.72-238.76
3. Asparaginase, (Elspar) up to 10,000 units (J9020)

Acute lymphocytic leukemia	204.00-204.01
Acute non-lymphocytic leukemia	205.00-208.01
Chronic lymphocytic leukemia	204.10, 204.11
Hodgkin's lymphoma	201.90-201.98
Soft tissue sarcoma, melanosaarcoma	172.0-172.9
Non-Hodgkin's lymphoma	200.00-200.88, 202.00-202.98
4. Azacitidine (Vidaza™) (J9025), 1 mg

Myelodysplastic Syndrome	238.72-238.76
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5. BCG (Intravesical), per installation (J9031)

Bladder	188.0-188.9, 233.7
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6. Bevacizumab (Avastin™) (J9035), 10 mg

Breast Cancer	174.0-175.9
Colorectal Cancer	153.0-154.8
Non-Small cell lung cancer	162.2-162.9

Breast Cancer:
Covered for the treatment of metastatic breast cancer, HER-2 negative disease, for first line therapy in combination with paclitaxel.
7. Bortezomib (Velcade™) (J9041), 0.1mg

Multiple Myeloma	203.00-203.01
Mantle cell lymphoma	200.40-200.48

8. Campath (Alemtuzumab) 10 mg (J9010)
Chronic lymphocytic leukemia 204.10, 204.11
9. Cetuximab (Erbix™) (J9055) 10 mg
Colorectal Cancer 153.0-154.8
Head and Neck Cancer 140.0-149.9, 160.0-161.9, 195.0
- Cetuximab is covered when:
Used in combination with irinotecan, is indicated for the treatment of metastatic colorectal carcinoma in patients who are refractory to irinotecan-based chemotherapy. Administered as a single agent for the treatment of patients with metastatic colorectal carcinoma in patients who are intolerant to irinotecan based chemotherapy.
10. Cladribine Chlorodeoxyadenoside (2-CDA) (Leustatin) per 1 mg (J9065)
Hairy Cell Leukemia 202.40-202.48
Non-Hodgkin's Lymphoma 200.00-200.88; 202.00-202.98
Waldenstrom's Macroglobulinemia 273.3
Chronic Lymphocytic Leukemia 204.10, 204.11
Cutaneous T-Cell Lymphomas 202.00-202.98
11. Cytarabine Liposome (Depocyt™) 10 mg (J9098)
Intrathecal treatment of lymphomatous meningitis-Secondary malignant neoplasm of other parts of nervous system 198.4
12. Daunorubicin, 10 mg (J9150)
Acute Lymphocytic Leukemia 204.00, 204.01
Acute Nonlymphocytic Leukemia 205.00- 208.01
Ewing's Sarcoma 170.0-170.9
Kaposi's Sarcoma 176.0-176.9
Neuroblastoma 160.0-160.9, 194.0-194.9
Non-Hodgkin's Lymphomas 200.00-200.88, 202.00-202.98
Wilms' Tumor 189.0
13. Daunorubicin citrate, liposomal formulation, (DaunoXome) 10 mg (J9151)
Kaposi's Sarcoma 176.0-176.9
14. Decitabine (Dacogen) (J0894)-effective 10/01/2006
Myelodysplastic Syndrome 238.72-238.76
15. Denileukin Diftitox (Ontak) 300 mcg (J9160)
Cutaneous T-Cell Lymphomas 202.00-202.98
16. Docetaxel (Taxotere) per 20 mg (J9170)
Breast Cancer 174.0-175.9
Bladder 188.0-188.9
Esophagus 150.0-150.9
Head and Neck 140.0-149.9, 160.0-161.9, 195.0
Lung Cancer 162.2-162.9
Ovarian Cancer 183.0-183.9
Peritoneal cancer 158.0-158.9

	Prostate	185,
	Soft Tissue Sarcomas	171.0-171.9
	Stomach	151.0-151.9
17.	<u>Doxorubicin HCL Liposome (Doxil) (10mg) (J9001)</u>	
	Breast Cancer	174.0-175.9
	Refractory ovarian cancer	183.0-183.9
	Kaposi's Sarcoma	176.0-176.9
	Multiple Myeloma	203.00-203.01
	Peritoneal cancer	158.0-158.9
18.	<u>Epirubicin Hydrochloride (Ellence) 2 mg (J9178)</u>	
	Breast Cancer	174.0-175.9
	Esophagus	150.0-150.9
	Hodgkin's Lymphoma	201.00-201.98
	Lung	162.2-162.9
	Non-Hodgkin's Lymphoma	200.00-200.88, 202.00-202.98
	Ovary	183.0-183.9
	Peritoneal cancer	158.0-158.9
	Soft tissue sarcomas	171.0-171.9
	Stomach	151.0-151.9
19.	<u>Fludarabine Phosphate (Fludara) 50 mg (J9185)</u>	
	Cutaneous T-Cell Lymphomas	202.00-202.98
	Prolymphocytic Leukemia	204.90-204.91
	Chronic Lymphocytic Leukemia	204.10, 204.11
	Non-Hodgkin's Lymphoma	200.00-200.88, 202.00-202.98
	Waldenstrom's Macroglobulinemia	273.3
	Acute non-lymphocytic Leukemia	205.00-208.01
20.	<u>Fulvestrant (Faslodex™) 25mg (J9395)</u>	
	Hormone receptor-positive metastatic breast cancer in postmenopausal women with disease progression following anti-estrogen therapy	
	Breast Cancer	174.0-175.9
21.	<u>Gemcitabine (Gemzar) 200 mg (J9201)</u>	
	Bladder	188.0-188.9
	Biliary tract	156.1, 156.9
	Breast Cancer	174.0-175.9
	Gallbladder	156.0
	Head and Neck	140.0-149.9, 160.0-161.9, 195.0
	Hodgkin's Lymphoma	201.00-201.98
	Intrahepatic bile ducts	155.1
	Mesothelioma	158.0-158.9, 163.0-163.9
	Non-Hodgkin's Lymphoma	200.00-200.88, 202.00-202.98
	Non-Small cell lung cancer	162.2-162.9
	Ovary	183.0-183.9
	Peritoneal cancer	158.0-158.9
	Pancreatic Cancer	157.0-157.9
	Soft Tissue Sarcomas	171.0-171.9
	Testes (germ cell)	186.0.0-186.9

	Kidney, Ureter	189.0-189.2
22.	<u>Gemtuzumab Ozogamicin (Mylotarg) 5mg (J9300)</u> (CD33 positive) Acute Myeloid Leukemia	205.00, 205.01
23.	<u>Idarubicin (Idamycin) (J9211)</u> Acute lymphocytic leukemia Acute non-lymphocytic leukemia Myelodysplastic Syndrome	204.00, 204.01 205.00-208.01 238.72-238.76
24.	<u>Interferon, alpha - 2a, recombinant 3 million units (Roferon A) (J9213)</u> Bladder Brain Carcinoid Syndrome Cervix Chronic Non A/B hepatitis Chronic Myelocytic Leukemia Colorectal Cutaneous T-Cell Lymphoma Essential/Idiopathic Thrombocytopenia Hairy Cell Leukemia Head and Neck Kaposi's Sarcoma Kidney Melanoma Multiple Myeloma Non-Hodgkin's Lymphomas Osteosarcoma Ovary Peritoneal cancer Pancreas Skin	188.0-188.9, 233.7 191.0-191.9 259.2 180.0-180.9 070.44, 070.54 205.10-205.11 153.0-154.8 173.0-173.9, 202.00-202.98 238.71 202.40-202.48 140.0-149.9, 160.0-161.9, 195.0 176.0-176.9 189.0, 189.1 172.0-172.9 203.00-203.01, 203.10 200.00-200.88, 202.00-202.98 170.0-170.9 183.0-183.9 158.0-158.9 157.0-157.9 173.0-173.9
25.	<u>Interferon, alpha-2B, recombinant, 1 million units (Intron A) (J9214)</u> Bladder Carcinoid Syndrome Cervix Polycythemia Vera Chronic Lymphocytic Leukemia Chronic Myelocytic Leukemia Colorectal Cutaneous T-Cell Leukemia Essential /idiopathic Thrombocytopenia Hairy Cell Leukemia Head and Neck Kaposi's Sarcoma Kidney Melanoma Multiple Myeloma Non-Hodgkin's Lymphomas	188.0-188.9, 233.7 259.2 180.0-180.9 238.4 204.10, 204.11 205.10-205.11 153.0-154.8 173.0-173.9, 202.00-202.98 238.71 202.40-202.48 140.0-149.9, 160.0-161.9, 195.0 176.0-176.9 189.0, 189.1 172.0-172.9 203.00-203.01 200.00-200.88, 202.00-202.98

	Ovary	183.0-183.9
	Peritoneal cancer	158.0-158.9
	Pancreas	157.0-157.9
	Skin	173.0-173.9
	<u>Other Indications:</u>	
	Condylomata Acuminata	078.10-078.19
	Chronic Hepatitis Non A, Non B/C;	070.44, 070.54
	Chronic Hepatitis B	070.32
26.	<u>Interferon, Alfa-n3 (Human Leukocyte Derived) 250,000 iu (Alferon N)(J9215)</u>	
	Bladder	188.0-188.9, 233.7
	Chronic Myelocytic Leukemia	205.10, 205.11
	Hairy Cell Leukemia	202.40-202.48
	Kaposi's Sarcoma	176.0-176.9
	Kidney	189.0, 189.1
	Melanoma	172.0-172.9
	Multiple Myeloma	203.00-203.01, 203.10
	Non-Hodgkin's Lymphomas	200.00-200.88, 202.00-202.98
	<u>Other Indications:</u>	
	Condylomata Acuminata	078.10-078.19
27.	<u>Irinotecan hydrochloride (Camptosar) 20mg/ml (J9206)</u>	
	Cervical Cancer	180.0-180.9
	Colorectal Cancer	153.0-154.8
	Esophageal Cancer	150.0-150.9
	Gastric Cancer	151.0-151.9
	Glioma Cancer	191.0-191.9
	Lung Cancer	162.2-162.9
	Pancreas	157.0-157.9
28.	<u>Melphalan Hydrochloride (Alkeran) (J9245) per 50 mg</u>	
	Osteosarcoma	170.0-170.9
	Soft Tissue Sarcomas	171.0-171.9
	Melanoma	172.0-172.9
	Breast	174.0-175.9
	Hodgkin's Lymphoma	201.00-201.98
	Multiple Myeloma	203.00-203.81
	Chronic Myelocytic Leukemia	205.10, 205.11
	Endometrial	182.0-182.8
	Ovarian	183.0-183.9
	Peritoneal cancer	158.0-158.9
	Prostate	185
	Testes	186.0-186.9
29.	<u>Mitoxantrone (Novantrone) (J9293)</u>	
	Acute non-lymphocytic leukemia	205.00-208.01
	Acute Lymphocytic Leukemia	204.00, 204.01
	Chronic Lymphocytic Leukemia	204.10, 204.11
	Breast	174.0-175.9

	Liver	155.0-155.2
	Multiple Myeloma	203.00, 203.01, 203.10
	Nasopharynges	147.0-147.9
	Non-Hodgkin's Lymphoma	200.00-200.88, 202.00-202.98
	Prostate	185
	Bladder	188.0-188.9
	Ureter	189.1, 189.2
	Hodgkin's Lymphoma	201.00-201.98
	Multiple Sclerosis	340
30.	<u>Nelarabine (Aarron) (J9261) 50 mg (effective FDA approval 10/28/2005)</u>	
	Acute lymphoblastic Leukemia	204.00, 204.01
	Lymphoblastic lymphoma, T-cell	200.10-200.18
31.	<u>Octreotide, Depot Form for Intramuscular Injection, 1 mg.(Sandostatin LAR Depot) (J2353)</u>	
	Acromegaly	253.0
	Carcinoid Syndrome	259.2
	Pancreas	157.0-157.9
	Vasoactive intestinal peptide tumors (VIPomas)	159.0
	(For the control of diarrhea associated with VIPomas)	
	Chemotherapy induced diarrhea	787.91
	Angiodysplasia of intestine with hemorrhage	569.85
32.	<u>Oxaliplatin (Eloxatin™) 0.5 mg (J9263)</u>	
	Colorectal Cancer	153.0-154.8
	Stomach	151.0-151.9
33.	<u>Paclitaxel (Taxol) 30mg (J9265)</u>	
	Bladder	188.0-188.9
	Ureter	189.1, 189.2
	Breast	174.0-175.9
	Cervical	180.0-180.9
	Endometrial	182.0-182.8
	Esophageal	150.0-150.9
	Gastric	151.0-151.9
	Head and neck	140.0-149.9, 160.0-161.9, 195.0
	Kaposi's Sarcoma	176.0-176.9
	Lung	162.2-162.9
	Malignant Pleural effusion	197.2
	Metastatic Melanoma	172.0-172.9
	Ovary/Fallopian tube	183.0-183.9
	Peritoneal cancer	158.0-158.9
	Prostate	185
	Carcinoma of unknown primary	199.0, 199.1
	Testes	186.0.0-186.9
34.	<u>Paclitaxel protein-bound particles, 1 mg (Abraxane™) (J9264)</u>	
	Breast	174.0-175.9

Paclitaxel protein bound particles is covered for the treatment of metastatic breast cancer.

35. Panitumumab (Vectibix) (J9303) effective 09/27/06
 Colorectal cancer 153.0-154.8
- Panitumumab (Vectibix™) is indicated for the treatment of metastatic colorectal carcinoma with disease progression on or following fluoropyrimidine-, oxaliplatin-, and irinotecan-containing chemotherapy regimens.
36. Pentostatin (Nipent) 10 mg (J9268)
 Hairy Cell Leukemia 202.40-202.48
 Acute Lymphocytic Leukemia 204.00, 204.01
 Prolymphocytic Leukemia 204.90, 204.91
 Chronic Lymphocytic Leukemia 204.10, 204.11
 Cutaneous T-Cell Lymphomas, Mycosis 202.00-202.98
 Fungoides, Sézary's Disease
37. Pegaspargase (Oncaspar) (750 iu/ml) (J9266) per single dose vial
 (When patient has developed a hypersensitivity to native forms of L-asparaginase)
 Acute lymphocytic leukemia 204.00, 204.01
38. Pemetrexed Disodium (Alimta™) (J9305) 10 mg FDA approval date 02/05/2004
 Mesothelioma 163.0-163.9
 Non-Small Cell Lung Cancer 162.2-162.9
- For the treatment of patients with malignant pleural mesothelioma whose disease is either unresectable or who are otherwise not candidates for curative surgery.
39. Porfimer sodium (Photofrin) (J9600) 75 mg
 Esophagus 150.0-150.9; 530.85
 Lung 162.2-162.9
40. Streptozocin (Zanosar) (J9320), 1 gram
 Acute Lymphocytic Leukemia 204.00, 204.01
 Carcinoid Tumors 259.2, 140.0-199.1
 Colorectal 153.0-154.8
 Hodgkin's Lymphoma 201.00-201.98
 Lung 162.2-162.9
 Melanoma 172.0-172.9
 Non-Hodgkin's Lymphoma 200.00-200.88, 202.00-202.98
 Pancreas/ Islet Cell 157.0-157.9
 Liver 155.0-155.2
41. Topotecan (Hycamtin) 4 mg (J9350)
 Cervical Cancer 180.0-180.9
 Lung cancer 162.2-162.9
 Ovarian Cancer 183.0-183.9
 Myelodysplastic Syndrome 238.72-238.76
 Chronic Myelocytic Leukemia 205.10, 205.11
 Peritoneal cancer 158.0-158.9

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| 42. | <u>Valrubicin (Valstar) 200mg (J9357)</u>
Bladder cancer | 188.0-188.9, 233.7 |
| 43. | <u>Vinorelbine tartrate (Navelbine) per 10 mg (J9390)</u>
Breast
Cervical Cancer
Lung (NSCLC)
Ovary
Peritoneal cancer
Prostate | 174.0-175.9
180.0-180.9
162.2-162.9
183.0-183.9
158.0-158.9
185 |

D. Not otherwise Classified Agents (NOC) (J9999)

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| 1. | <u>Raltitrexed (Tomudex) (J9999)</u>
Colorectal cancer | 153.0-154.8 |
| 2. | <u>Teniposide (Vumon) 50 mg (10mg/ml) (J9999)</u>
Acute Lymphocytic Leukemia
Neuroblastoma
Non-Hodgkin's Lymphoma | 204.00, 204.01
160.0-160.9, 194.0-194.9
200.00-200.88, 202.00-202.98 |

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| 3. | <u>Temsirolimus (Torisel™) J9999 / C9239</u>
Advanced Renal Cell Carcinoma (189.0, 189.1) |
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| 4. | <u>Ixabepilone (Ixempra™) J9999/C9240</u>
Breast (174.0-175.9) |
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Ixabepilone is indicated in combination with capecitabine for the treatment of patients with metastatic or locally advanced breast cancer resistant to treatment with an anthracycline and a taxane, or whose cancer is taxane resistant and for whom further anthracycline therapy is contraindicated.

Anthracycline resistance is defined as progression while on therapy or within 6 months in the adjuvant setting or 3 months in the metastatic setting. Taxane resistance is defined as progression while on therapy or within 12 months in the adjuvant setting or 4 months in the metastatic setting.

Ixabepilone is indicated as monotherapy for the treatment of metastatic or locally advanced breast cancer in patients whose tumors are resistant or refractory to anthracyclines, taxanes, and capecitabine.

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| 5. | <u>Bendamustine hydrochloride *(Treanda™) J9999 (FDA approved 03/20/08)</u>
Chronic lymphocytic leukemia (CLL) 204.10-204.11. |
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E. Monoclonal Antibodies that are useful in chemotherapeutic regimens:

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| 1. | <u>Rituximab (Rituxan) 100 mg, (J9310)</u>
Rituxan is indicated for the treatment of patients with CD20 positive, B-cell non-Hodgkin's lymphoma:
- Relapsed or refractory low-grade or follicular, |
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- first-line treatment of follicular in combination with cyclophosphamide, vincristine and prednisone (CVP),
- low grade in patients with stable disease or who receive a partial or complete response following first line treatment with CVP,
- Diffuse large cell in combination with cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP) or other anthracycline based chemotherapy.

Used in combination with methotrexate to reduce the signs and symptoms of adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more Tumor Necrosing Factor (TNF) antagonists therapies.

Effective 02/01/2008 Rituximab will be covered for retreatment of rheumatoid arthritis.

Non-Hodgkin's Lymphoma	200.00-200.88, 202.00-202.98
Chronic Lymphocytic Leukemia	204.10-204.11
Waldenstrom Macroglobulinemia	273.3
Idiopathic thrombocytopenia	287.30-287.39
Autoimmune hemolytic anemia	283.0
Rheumatoid Arthritis Effective 02/28/06- FDA approval date & retreatment effective 02/01/2008	714.0-714.2

2. Trastuzumab (Herceptin) 10 mg (J9355)
Patients must have a positive (+2 or +3) on a HER 2 test or a FISH test
Breast 174.0-175.9

F. Coverage of Cyclophosphamide (J9070-J9097) and Methotrexate (J9250, J9260) for indications other than oncologic diseases.

1. Cyclophosphamide (J9070-J9097)
 - a. Wegener's granulomatosis 446.4
 - b. Rheumatoid arthritis 714.0
 - c. Systemic Lupus Erythematosus 710.0
 - d. Vasculitis 447.6
 - e. Polyarteritis nodosa 446.0
 - f. Multiple sclerosis 340
 - g. Nephrotic syndrome in children 581.0-581.9
 - h. Immune thrombocytopenia (severe) 287.30-287.39
 - i. Autoimmune hemolytic anemia (severe) 283.0
 - j. Multifocal motor neuropathy 356.4
 - k. Cryoglobulinemia/Macroglobulinemia 273.0-273.3
2. Methotrexate (J9250, J9260)
 - a. Rheumatoid arthritis (severe) 714.0
 - b. Psoriasis (severe) 696.1
 - c. Psoriatic arthritis (severe) 696.0
 - d. Reiter's Disease 711.10-711.19
 - e. Lupus glomerulonephritis 710.0, 583.81
 - f. Temporal arteritis 446.5
 - g. Adult Still's Disease 710.9
 - h. Autoimmune bullous pemphigoid (severe) 694.5

- i. Pulmonary interstitial fibrosis 516.3
- j. Severe polymyositis 710.4
- k. Vasculitis 447.6
- l. Ectopic Pregnancy 633.00-633.81, 633.90, 633.91
- m. Unspecified Inflammatory polyarthropathy 714.9

G. Requests for Off Label use of a drug can be submitted via the Policy Reconsideration Process. Information regarding this process can be found at:
http://www.wpsmedicare.com/part_b/policy/lcd_recon.shtml

Coverage Topic

Chemotherapy (Outpatient)

Chemotherapy (Inpatient)

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

11x	Hospital-inpatient (including Part A)
12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00)
18x	Hospital-swing beds
21x	SNF-inpatient, Part A
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA-A also)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

0250 Pharmacy-general classification

0259 Pharmacy-other pharmacy

0636 Drugs requiring specific identification-detailed coding (eff 3/92)

Note: We have identified the Type of Bill (TOB) and Revenue Center (RC) codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all TOB and/or RC codes listed. CPT/HCPCS codes are required to be billed with specific TOB and RC codes. Providers are encouraged to refer to the CMS *Internet-Only Manual (IOM)* Pub. 100-04, *Claims Processing Manual*, for further guidance.

CPT/HCPCS Codes

See section "Indications and Limitations of Coverage"

Does the CPT 30% Rule Apply

No

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

See section "Indications and Limitations of Coverage"

Diagnoses that Support Medical Necessity**ICD-9 Codes that DO NOT Support Medical Necessity**

Not applicable, See billing and coding guidelines for denial reasons

Diagnoses that DO NOT Support Medical Necessity

Not applicable

Documentation Requirements

The medical record should include the disease being treated with the name and dosage of the drug being administered. Medical Records should be made available upon Carrier's request.

Utilization Guidelines

Drugs are covered for the conditions listed in this LCD and at the dosing schedule listed in the manufacture's package insert; unless otherwise noted. Administration of these drugs at a higher dosage or frequency than is recommended is considered to be given off label and is not covered.

Sources of Information and Basis for Decision

Compendia Based Drug Bulletin, CAC - Each Revision MCM 2049.2; Pharmaceutical inserts; USPDI update Vol. 1 & 2; Corr-00-06-627; PM AB-02-072, MCM 15400; Wormald R, Wilkins MR, Bunce C. Post-operative 5-Fluorouracil for glaucoma surgery (Cochrane Review). In: The Cochrane Library, Issue 3, 2004. Chichester, UK: John Wiley & Sons, LTd.

Dastur Yk., et. al The role of initial 5-Fluorouracil trabeculectomy in primary glaucoma. Journal of Postgraduate Medicine, 1994 Volume 40 issue 4, page 197-201

Hagop Kantarjian, M.D. Yasuhiro Oki, M.D. Guillermo Garcia-Manero, M.D., Xuelin Huang, Ph.D., et al. Results of a Randomized Study of Three Schedules of Low-Dose Decitabine in Higher Risk Myelodysplastic Syndrome and Chronic Myelomonocytic Leukemia. Blood First Edition Paper, prepublished online August 1, 2006; DOI 10.1182/blood-2006-05-021162

USPDI

Advisory Committee Meeting Notes**Meeting Date:**

Wisconsin

Illinois

Michigan

Minnesota

Iowa

Kansas

Missouri

Nebraska

Start Date of Notice Period**Meeting Date:**

Wisconsin

Illinois
Michigan
Minnesota
Iowa
Kansas
Missouri
Nebraska

Revision History Number/Explanation

Wisconsin
Illinois
Michigan
Minnesota
Iowa
Kansas
Missouri
Nebraska

Last Reviewed On

Notes

- - An asterisk indicates a revision to that section of the policy.

See [Billing and Coding Guideline for HONC-010 Chemotherapy Drugs and their Adjuncts](#)

Does this LCD contain a "Least Costly Alternative" Provision?

No

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from hematology, oncology, family practice and other specialties.