Medical Policy Bulletin

Title:
Medicare Part B vs. Part D Crossover Drugs
Policy #:
MA08.007as

The Company makes decisions on coverage based on the Centers for Medicare and Medicaid Services (CMS) regulations and guidance, benefit plan documents and contracts, and the member's medical history and condition. If CMS does not have a position addressing a service, the Company makes decisions based on Company Policy Bulletins. Benefits may vary based on contract, and individual member benefits must be verified. The Company determines medical necessity only if the benefit exists and no contract exclusions are applicable. Although the Medicare Advantage Policy Bulletin is consistent with Medicare's regulations and guidance, the Company's payment methodology may differ from Medicare.

When services can be administered in various settings, the Company reserves the right to reimburse only those services that are furnished in the most appropriate and cost-effective setting that is appropriate to the member's medical needs and condition. This decision is based on the member's current medical condition and any required monitoring or additional services that may coincide with the delivery of this service.

This Policy Bulletin document describes the status of CMS coverage, medical terminology, and/or benefit plan documents and contracts at the time the document was developed. This Policy Bulletin will be reviewed regularly and be updated as Medicare changes their regulations and guidance, scientific and medical literature becomes available, and/or the benefit plan documents and/or contracts are changed.

Policy

Coverage is subject to the terms, conditions, and limitations of the member's Evidence of Coverage.

This policy uses coverage criteria developed solely based on applicable Medicare statutes, regulations, NCDs, LCDs, CMS manuals and other applicable Medicare coverage documents.

The Company's Medicare Advantage Prescription Drug (MA-PD) and Prescription Drug Plans (PDP) for drugs covered under either the medical benefit (Part B) or the pharmacy benefit (Part D) are identified in the chart below.

PLEASE REFER TO THE FOLLOWING ATTACHMENTS FOR ADDITIONAL INFORMATION

Attachment A: Medicare medical benefit (Part B) drugs that can be accessed at a retail or long-term care pharmacy setting. Claims from a retail or long-term care pharmacy process at a medical benefit (Part B) cost share with no pharmacy benefit (Part D) True-Out Of-Pocket (TrOOP) expenses applied

Attachment B: Drugs that are usually self-administered (defined as a drug that is self-administered more than 50% of the time) and excluded from Medicare medical benefit (Part B) coverage

Attachment C: Vaccination and inoculation coverage

Attachment D: Hepatitis B vaccine indications and diagnosis codes that are covered under the Medicare medical benefit (Part B)

Attachment E: Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit (Part B)

Attachment F: Diagnosis codes that represent primary immunodeficiencies that are covered under the Medicare medical benefit (Part B) for intravenous immune globulin when given in the home setting

MEDICARE PART B VS. PART D CHART

DRUG CATEGORIES	RULE
Parenteral Nutrition (TPN)	Part B coverage – If the individual has a permanent dysfunction of the digestive tract Part D coverage – All other indications, including dialysis
Preexposure Prophylaxis (PrEP) (using oral or injectable antiretroviral drugs) for Human Immunodeficiency Virus (HIV) Prevention in individuals at high risk	Always covered under Part B
Intravenous Immune Globulin (IVIG)	Part B coverage – If administered at home for primary immunodeficiency (please refer to Attachment F for a list of those diagnosis codes that represent primary immunodeficiencies that may be covered under Part B) Part D coverage – If provided in the home for all other indications Note: Primary immunodeficiencies not included in Attachment F may be reviewed for coverage through applicable Part D benefits.
Subcutaneous Immune Globulin (SCIG)	Part B coverage – If administered at home on an external infusion pump that is an item of durable medical equipment for primary immunodeficiency OR chronic inflammatory demyelinating polyneuropathy that has responded to IVIg treatment (please refer to Attachment E: Indications for when selected drugs that are being administered on an external infusion pump are covered under the medical benefit (Part B)) Part D coverage – If it does not meet Part B rules above, may be reviewed for coverage through applicable Part D benefits.
Inhaled Nebulized Solutions: acetylcysteine (Mucomyst), albuterol, albuterol and ipratropium (DuoNeb), albuterol sulfate (AccuNeb, Proventil), arformoterol (Brovana), budesonide inhalation suspension (Pulmicort Respules), cromolyn (Intal), dornase alfa (Pulmozyme), formoterol fumarate (Performist), iloprost (Ventavis), ipratropium bromide, levalbuterol hydrochloride (Xopenex), metaproterenol sulfate (Alupent), pentamidine isethionate (NebuPent), revefenacin (Yupelri), treprostinil (Tyvaso), tobramycin inhalation solution (TOBI, Bethkis)	Part B coverage – If used with a nebulizer in the home setting (please refer to the specific policy on Nebulizers and Inhalation Solutions for inhalation drugs that may be covered under Part B.) Part D coverage – If used with a metered dose inhaler or other non-nebulized administration or when used in a long-term care facility

Immunosuppressant: mycophenolate mofetil (CellCept), azathioprine (Imuran, Azasan), Cyclosporine (Systemic) (Neoral, Gengraf), sirolimus (Rapamune), tacrolimus (Prograf), Mycophenolic Acid (Myfortic) and cyclosporine (Sandimmune); methotrexate, (Trexall); basiliximab (Simulect), belatacept (Nulojix); Orthoclone OKT3 (muromomab-CD3); Atgam (lymphocyte Immune globulin)	Part B coverage – For beneficiaries who received a transplant from a Medicare-approved facility and were entitled or qualified for Medicare Part A at the time of the transplant Part D coverage – All other scenarios
Separately billable ESRD Drugs furnished by the dialysis center: (e.g., Erythropoietin (EPO) [Aranesp, Epogen, Procrit], Lidocaine, Vancomycin, Levocarnitine, Calcitriol)	Part B coverage – Treatment of anemia for individuals with chronic renal failure (CRF) who are on dialysis Part D coverage – All other indications
Oral Chemotherapy (Chemo) Drugs with Intravenous (IV) Equivalent: e.g., melphalan (Alkeran); methotrexate (Trexall); etoposide (VePesid); and capecitabine (Xeloda); topotecan (Hycamtin); temozolomide (Temodar); Busulfan (Myleran); Cyclophosphamide (Cytoxan)	Part B coverage – Oral chemotherapy agents used in cancer treatment that contain the same active ingredient (or pro-drug) as injectable dosage form that would be covered as: 1) not usually self-administered and 2) provided incident to* a physician's service Part D coverage – All other oral agents covered
Oral /Rectal Anti-Emetic Drugs: Included but not limited to: dolasetron mesylate (Anzemet), granisetron hydrochloride (Kytril), ondansetron hydrochloride (Zofran), oral NK-1 Antagonists** (e.g., aprepitant [Emend], rolapitant [Varubi], netupitant and palonosetron [Akynzeo])	Part B coverage – If oral anti-emetic is related to IV cancer treatment and is full replacement for IV administration within 2 hours of cancer treatment and continued for up to 48 hours OR If oral or rectal anti-emetic is related to oral cancer treatment administered within 2 hours before oral anticancer drug Part D coverage – If IV cancer treatment is administered in the home setting, the oral anti-emetic is covered under Part D, since type/dosage of chemotherapy does not require IV antiemetic drugs. OR If it doesn't meet Part B rules above, covered under Part D
Osteoporosis drugs: (Forteo, Calcitonin)	Part B coverage – For osteoporosis drugs under the following scenario: for women, homebound, with osteoporosis with a bone fracture related to post-menopausal osteoporosis and unable to self-administer the injections and the family is unable or unwilling to administer the injections) and when administered by a home health agency Part D coverage – for all other indications
Products Generally Administered in a Physician's Office/Clinic (non-self-injectables) (e.g., intramuscular [IM] injections, infusible drugs, or subcutaneous	Part B coverage – If medically necessary and supplied by any of the following: physician, health center/clinic, hospital, critical access hospital (CAH) outpatient

[SQ] injections not usually self-administered)	department, ambulance, end-stage renal disease (ESRD) facilities, comprehensive outpatient rehabilitation facility (CORF), hospital outpatient department (HOPD), Hospital Outpatient Prospective Payment System (OPPS)
Drugs that are Considered Supplies (e.g., radiopharmaceuticals, contrast media)	Always covered under Part B
Antigens Note: This does not include antibodies (i.e., Xolair)	Always covered under Part B
Blood/Hemophilia Clotting Factors	Always covered under Part B
Drugs Provided with an External Infusion Pump in the Home Setting Note: Only available for individuals residing in their home***	Part B coverage – For selected drugs in the home setting furnished through a covered external infusion pump (See Attachment E). This does not apply to those drug categories listed in this policy with special rules. Part D coverage – When administered in the home setting with or without an external infusion pump (e.g., including Intravenous drip, intramuscular injections, infusion) and does not meet the special rules in Attachment E or when used in a long-term care facility.
Prophylactic Vaccines Covered Only under Part B (Influenza, Pneumococcal, and Covid-19 Vaccines) Note: The incident-to provision* does not apply to vaccines.	Part B coverage – Influenza, pneumococcal, and Covid-19 vaccines are always covered under Part B Part D coverage – Never covered under Part D
Prophylactic Vaccines Covered under Both Benefits (Hepatitis B, Tetanus, Rabies, Botulin antitoxin, Antivenin Sera, and Immune Globulin) Note: The incident-to provision* does not apply to vaccines.	Part B coverage – Tetanus, botulin antitoxin, antivenin sera, immune globulin and rabies vaccines are covered under Part B to treat an injury or as a result of direct exposure to a disease or condition. Hepatitis B vaccines are covered for individuals at intermediate to high risk for contracting hepatitis B, which includes individuals who have not previously received a completed hepatitis B vaccine series or whose vaccine history is unknown. (See attachment D for definitions and appropriate diagnosis codes.) Part D coverage – If it does not meet the rule above, covered under Part D
All Other Prophylactic Vaccines Note: The incident-to provision* does not apply to vaccines.	Part B coverage – Vaccines other than influenza, pneumococcal, Covid-19, hepatitis B, tetanus or rabies are never covered under Part B Part D coverage – All other prophylactic vaccines for the prevention of illness

* THE INCIDENT-TO PROVISION
In order to meet all of the general requirements for coverage under the incident-to provision, an FDA-approved drug or biologic must be all of the following:

- A formulation that is not usually self-administered
- Furnished by a physician
- Administered by the physician or by auxiliary personnel employed by the physician and under the physician's personal supervision

The charge, if any, for the drug or biologic must be included in the physician's bill, and the cost of the drug or biologic must represent an expense to the physician. If the MA organization supplies the drug to the provider, the MA organization will account for the drug under its A/B benefits. If a network pharmacy supplies the drug directly to the beneficiary, the drug will be accounted for under its Part D benefits.

**ORAL NK-1 ANTAGONISTS (e.g., aprepitant [Emend], rolapitant [Varubi], netupitant and palonosetron [Akynzeo])

Oral anti-emetic drugs aprepitant (Emend) and rolapitant (Varubi) are approved under Part B when used in combination with a 5-HT3 antagonist and dexamethasone, as a replacement for IV antiemetic administration. Netupitant and palonosetron (Akynzeo) is approved under Part B when used in combination with dexamethasone, as a replacement for IV antiemetic administration; a separate 5-HT3 antagonist is not needed.

*** CLARIFICATION ON THE HOME SETTING
In addition to a hospital, a Skilled Nursing Facility (SNF), or a distinct part of a SNF, the following facility or distinct parts of facilities cannot be considered a home for purposes of receiving the Medicare Part B DME benefit:

- A nursing home that is dually certified as both a Medicare SNF and a Medicaid Nursing Facility (NF)
- A Medicaid-only NF that primarily furnishes skilled care
- A nonparticipating nursing home (i.e., neither Medicare nor Medicaid) that provides primarily skilled care
- A distinct part of a facility that primarily furnishes skilled care

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Guidelines

At the time of this update, this policy is consistent with Medicare's coverage criteria. The Company's payment methodology may differ from Medicare.

For members enrolled in a Medicare Advantage medical plan who do not have a Part D prescription benefit with the Company, benefits are covered only for drugs eligible under the Part B benefit.

This policy provides an overview of drugs covered under either the Medicare medical benefit (Part B) or the Medicare pharmacy benefit (Part D) and does not address member cost-share (i.e., copayment, deductible, coinsurance).

Description

Outpatient prescription drugs are covered for Medicare Advantage members who enroll in a Part D plan. Certain drugs are covered under the medical benefit (Part B) for Medicare Advantage members in accordance with Centers for Medicare & Medicaid Services (CMS) regulations. However, there are prescription drugs that could potentially be covered under either the Part B or the Part D benefit. CMS has provided guidance to resolve potential crossover drug coverage scenarios. This policy provides an overview of the crossover drug scenarios and the procedures for outpatient prescription drug coverage under the Company's Medicare Advantage and stand-alone prescription drug plan (PDP).

MEDICARE MEDICAL BENEFIT (PART B)

Medicare regulations require coverage for outpatient drugs under Part B. Medicare law specifically authorizes coverage for the following Part B drugs when administered on an outpatient basis (see the Medicare Part B vs. Part D Coverage Chart in the Policy section):

- Antigens (serum)
- Certain drugs for dialysis, including heparin, erythropoietin (Epogen), epoetin alfa, darboetin alfa (Aranesp)
- Drugs usually not self-administered by the individual (such as intravenous [IV] drugs)
- Hemophilia clotting factor

- Immunosuppressive drugs, for individuals who received a transplant from a Medicare-approved facility and were entitled or qualified for Medicare Part A at the time of the transplant
- Injectable osteoporosis drugs when administered by a home health agency, for women who are homebound, with a bone fracture related to postmenopausal osteoporosis, who are unable to self-administer the injections, and the family is unable or unwilling to administer the injections
- Intravenous immune globulin when given in the home setting for the indication of primary immunodeficiency (PID) (please refer to Attachment F for a list of those diagnosis codes that represent primary immunodeficiencies that may be covered under Part B)
- Oral anti-cancer drugs for which there is an IV equivalent (provided the IV equivalent is not a self-administered drug and could be administered incident to a physician's professional service)
- Oral antiemetic drugs used as part of IV anti-cancer chemotherapeutic regimen as a full therapeutic replacement for an IV antiemetic drug administered within 2 hours of chemotherapy administration and may be continued for up to 48 hours
- Oral or rectal antiemetic drugs used as part of an oral anti-cancer chemotherapeutic regimen administered within 2 hours before oral chemotherapy administration
- Select drugs taken using durable medical equipment (DME) (such as nebulizers)
- Select drugs provided in the home setting with an external infusion pump (excludes drugs that do not require an external infusion pump, such as antibiotics) (see Attachment E)
- The following prophylactic vaccines:
    - Pneumococcal vaccine
    - Influenza vaccine
    - Coronavirus disease (Covid-19) vaccine
    - Hepatitis B vaccine for intermediate- to high-risk individuals, which includes individuals who have not previously completed a hepatitis B vaccine series or whose vaccine history is unknown. (see Attachment D for a definition of high risk)

MEDICARE PHARMACY BENEFIT (PART D)

In general, the definition of a Part D–covered drug is contingent upon the following:

- The drug being available only by prescription
- The drug being approved by the US Food and Drug Administration (FDA) (unless granted special approval)
- The drug being used and sold in the United States
- The drug being used for a medically accepted indication

A drug that is covered under the Medicare hospital benefit (Part A) or medical benefit (Part B), as it is being prescribed and dispensed or administered to an individual, is excluded from the definition of a Part D drug and, therefore, cannot be included in Part D basic coverage.

Examples of drugs that are covered under the Part D benefit include:

- Biological products not covered under Part B
- Drugs that are not usually self-administered and provided in the home setting without DME (e.g., intramuscular injection)
- Self-injected insulin and the supplies necessary for the injection, for those individuals with diabetes at home. This includes syringes, needles, alcohol swabs, and gauze.
- Prescription drugs not covered under Part B
- Prescription smoking cessation agents
- Vaccines not covered under Part B
- Barbiturates (used in the treatment of epilepsy, cancer, or a chronic mental health disorder)
- Benzodiazepines

Examples of drugs excluded from the Part D benefit include:

- Agents used for anorexia, weight loss/gain, fertility, cosmetic/hair growth, prescription cough, and cold products for symptomatic relief
- Agents used for the treatment of sexual or erectile dysfunction (ED)
- Less Than Effective (LTE) Drug Efficacy Study Implementation (DESI) drugs
- Nonprescription/over-the-counter (OTC) drugs
- Prescription vitamins and minerals (except prenatal, fluoride, and vitamin D analogues)

Benefits may vary based on product line, group, or contract. Individual member benefits must be verified.

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Coding

Inclusion of a code in this table does not imply reimbursement. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

The codes listed below are updated on a regular basis, in accordance with nationally accepted coding guidelines. Therefore, this policy applies to any and all future applicable coding changes, revisions, or updates.

In order to ensure optimal reimbursement, all health care services, devices, and pharmaceuticals should be reported using the billing codes and modifiers that most accurately represent the services rendered, unless otherwise directed by the Company.

The Coding Table lists any CPT, ICD-10, and HCPCS billing codes related only to the specific policy in which they appear.

CPT Procedure Code Number(s)
See Attachments.

ICD - 10 Procedure Code Number(s)
N/A

ICD - 10 Diagnosis Code Number(s)
See Attachments.

HCPCS Level II Code Number(s)
See Attachments.

Revenue Code Number(s)
N/A

TO REPORT SUBCUTANEOUS ROUTE OF ADMINISTRATION, APPEND THE FOLLOWING MODIFIER:

JB Administered Subcutaneously

Cross Reference

Attachment A
Medicare Part B vs Pa

Attachment A:
Description: Part B drugs that can be accessed through the Part D pharmacy benefit: pharmacy claims process at Medicare Part B cost share with no true out-of-pocket (TrOOP) expenses applied

Attachment B
Medicare Part B vs Pa

Attachment B:
Description: Drugs that are usually self-administered: considered Part D only – excluded from Part B coverage

Attachment C
Medicare Part B vs Pa

Attachment C:
Description: Vaccination and inoculation coverage.

Attachment D:
Description: Hepatitis B vaccine indications and diagnosis codes that are covered under the Medicare medical benefit (Part B).

Attachment E
Medicare Part B vs Pa

Attachment E:
Description: Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit Part B

Attachment F
Medicare Part B vs Pa

Attachment F:
Description: Diagnosis codes that represent primary immunodeficiencies that are covered under the Medicare medical benefit (Part B) for intravenous immune globulin when given in the home setting

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Policy History

Revisions From MA08.007as:

12/15/2025	This version of the policy will become effective 12/15/2025. The following HCPCS code was added to Attachment B (DRUGS THAT ARE USUALLY SELF-ADMINISTERED: CONSIDERED PART D ONLY – EXCLUDED FROM PART B COVERAGE) with a retro-effective date of 07/01/2025: • Q5099 Injection, Ustekinumab-stba (Steqeyma), biosimilar, 1mg The following HCPCS codes were added to Attachment B (DRUGS THAT ARE USUALLY SELF-ADMINISTERED: CONSIDERED PART D ONLY – EXCLUDED FROM PART B COVERAGE) with a retro-effective date of 08/31/2025: • Q5098 Injection, Ustekinumab-srlf (Imuldosa), biosimilar, 1mg • Q5100 Injection, Ustekinumab-kfce (Yesintek), biosimilar, 1 mg The following HCPCS codes were deleted for Steqeyma (ustekinumab-stba) from Attachment B (DRUGS THAT ARE USUALLY SELF-ADMINISTERED: CONSIDERED PART D ONLY – EXCLUDED FROM PART B COVERAGE) of this policy: • C9399 Unclassified drugs or biologics

	• J3490 Unclassified drugs • J3590 Unclassified biologics The intent of this policy has not changed; however, Attachment C (Vaccine Coverage) has been revised to include vaccines that are controlled by the United States government through the Strategic National Stockpile (SNS). The following CPT code was added to Attachment C (Vaccine Coverage) with a retro-effective date of 07/01/2025: 90635

Revisions From MA08.007ar:

07/01/2025	Inlcusion of a policy in a Code Update memo does not imply that a full review of the policy was completed at this time. This policy has been identified for a code update effective 07/01/2025. The following CPT Codes have been added to attachment C of this policy: 90612*, 90613*, 91323*. An asterisk was added to the codes to denote that at the time of this policy being published, there is no US Food and Drug Administration (FDA) approval for these vaccines, therefore, these vaccines are considered experimental/investigational, and are not covered under any benefit. The following CPT Code in attachment C of this policy was revised: 90620 The following HCPS code in attachment B of the policy was revised: • Q9998 Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg The following HCPCS codes were added to attachment B of this policy with a retro-effective date of 06/01/2025: • Q9999 Injection, ustekinumab-aauz (otulfi*), biosimilar, 1 mg • C9399 Unclassified drugs or biologicals, ustekinumab-stba (stegeyma*) • J3490 Unclassified drugs, ustekinumab-stba (stegeyma*) • J3590 Unclassified biologics, ustekinumab-stba (stegeyma*) An asterisk was added to the above codes to denote that a JB modifier must be used.

Revisions From MA08.007aq:

01/01/2025	This version of the policy will be issued on 06/16/2025 with a retroactively effective date of 01/01/2025. The intent of this policy has not changed; however, the Medicare Part B vs. Part D Chart and Attachment D were revised to expand the hepatitis B criteria to include individuals who have not previously received a completed hepatitis B vaccine series or whose vaccine history is unknown. The following HCPS codes were added to this policy with a retroactive effective date of 01/01/2025: • Q5140 Injection, adalimumab-fkjp, biosimilar, 1 mg • Q5141 Injection, Adalimumab-aaty, Biosimilar, 1mg • Q5142 Injection, adalimumab-ryvk, biosimilar, 1 mg • Q5143 Injection, adalimumab-adbm, biosimilar, 1 mg • Q9996 Injection, Ustekinumab-ttwe (Pychiva), subcutaneous, 1mg • Q9998 Injection, Ustekinumab-aekn (Selarsdi), 1 mg

Revisions From MA08.007ap:

03/28/2025	This version of the policy will become effective on 03/28/2025. The intent of this policy has not changed; however, the Medicare Part B VS. Part D Chart was revised to include a section for HIV PrEP as always covered under Part B. • Preexposure Prophylaxis (PrEP) (using oral or injectable antiretroviral drugs) for Human Immunodeficiency Virus (HIV) Prevention in individuals at high risk In addition, the Adjudication columns were removed from the Medicare Part B VS. Part D Chart. An asterisk has been added to J1628 Tremfya® (guselkumab)* in attachment B (Drugs that are usually self-administered: considered Part D only – excluded from Part B coverage) to indicate use of the modifier JB when the subcutaneous form of the drug is administered. The following HCPCS codes were termed and removed from attachment B (Drugs that are usually self-administered: considered Part D only – excluded from Part B coverage): • J0135 Injection, adalimumab, 20 mg • Q5131 Injection, adalimumab-aacf (idacio), biosimilar, 20 mg • Q5132 Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg The following HCPCS codes were added to attachment B (Drugs that are usually self-administered: considered Part D only – excluded from Part B coverage): • J0139 Injection, adalimumab, 1 mg • Q5144 Injection, adalimumab-aacf (idacio), biosimilar, 1 mg • Q5145 Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg The experimental/investigational designation was removed from the following CPT code in Attachment C (Vaccination and inoculation coverage) of this policy since there is US Food and Drug Administration (FDA) approval for this vaccine at this time: • 90683 The following CPT codes were termed and removed from Attachment C (Vaccination and inoculation coverage): • 90630 • 90654 The following CPT code was added to Attachment C (Vaccination and inoculation coverage) as experimental/investigational since there is no US Food and Drug Administration (FDA) approval for the vaccine at this time: • 90593 The following CPT code narrative was revised in Attachment C Vaccination and inoculation coverage): • 90661

Revisions From MA08.007ao:

12/16/2024	**Inclusion of a policy in a Code Update memo does not imply that a full review of the policy was completed at this time.** This policy has been identified for the HCPCS code update, effective 12/16/2024. The following HCPCS code has been **termed** and removed from Attachment E (Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit Part B): J1170 Injection, hydromorphone, up to 4 mg The following HCPCS Code has been **added** to attachment E (Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit Part B) :

	J1171 Injection, hydromorphone, 0.1 mg On 10/7/2024, the following CPT code was added to Att C (Vaccination and inoculation coverage) as Experimental/Investigational because there is no US Food and Drug Administration (FDA) approval for this vaccine at this time: • 90624

Revisions From MA08.007am:

09/16/2024	This version of the policy will be effective on 09/16/2024. The following drugs were added to Attachment B of this policy (Drugs that are usually self-administered: considered Part D only---excluded from Part B coverage): • Semaglutide (Wegovy) ***effective 06/30/2024*** • Tirzepatide (Zepbound) ***effective 06/30/2024***

Revisions From MA08.007al:

07/01/2024	**Inclusion of a policy in a Code Update memo does not imply that a full review of the policy was completed at this time.** This policy has been identified for the CPT & HCPCS code update, effective 07/01/2024. The following HCPCS code narrative has been **revised** in Attachment E (Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit Part B): **Changed from:** J1574 Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg **Changed to:** J1574 Injection, ganciclovir sodium (exela), not therapeutically equivalent to j1570, 500 mg The following HCPCS code has been **termed** and removed from attachment B (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage):: C9168 Injection, mirikizumab-mrkz, 1 mg The following HCPCS Codes have been **added** to attachment B (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage): J2267 Injection, mirikizumab-mrkz, 1 mg Q5137 Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg The following CPT code has been **added** to attachment C of this policy (Vaccination and inoculation coverage) as eligible. 90684 Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use The following CPT codes have been **added** to attachment C of this policy (Vaccination and inoculation coverage) as experimental/investigational because there is no US Food and Drug Administration (FDA) approval for this vaccine at this time: 90637 Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use

	90638 Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use

Revisions From MA08.007ak:

05/07/2024	This version of the policy was published on 04/08/2024 and is retroactively effective to 05/07/2024. The following drug was added to Attachment B of this policy (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage): Wezlana (ustekinumab) (C9399, J3490, J3590) subcutaneous route The following HCPCS code was added to Attachment E (Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit Part B) for the treatment of documented chronic inflammatory demyelinating polyneuropathy (CIDP): • J1575 Injection, immune globulin/hyaluronidase, 100 mg immuneglobulin In addition, this policy has been identified for the 04/01/2024 HCPCS code update. The HCPCS coding changes listed below became effective 04/01/2024. The following HCPCS code has been added to Attachment B of this policy: • C9168 Injection, mirikizumab-mrkz, 1 mg The following HCPCS code has been deleted from Attachment B of this policy: • J3380 Injection, vedolizumab, intravenous, 1 mg

Revisions From MA08.007aj:

01/14/2024	This version of the policy published on 02/26/2024 with a retro-effective date of 01/14/2024. The following drugs were added to Attachment B of this policy (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage): • YUFLYMA (adalimumab-aaty) (C9399, J3490, J3590) • Omvoh (mirikizumab-mrkz) subcutaneous route (C9399, J3490, J3590) • Entyvio (vedolizumab) subcutaneous route (C9399, J3490, J3590) and J3380 • Haegarda (injection, C-1 esterase inhibitor (human), (Haegarda), 10 units (J0599) The following HCPCS code was added to Attachment B: Q3028 Injection, interferon beta-1a, 1 mcg for subcutaneous use. An * was added to Cosentyx® (secukinumab) and Entyvio (vedolizumab) to indicate use of the modifier JB when the subcutaneous form of the drug is administered. The following HCPCS codes were removed from Attachement B for Haegarda since a specific code exists: C9399, J3490, J3590 The following CPT codes were added to Attachment C (Vaccination and inoculation coverage):

	91304, 91318, 91319, 91320, 91321, 91322 In addition, the Covid-19 vaccine was added to the Medicare Part B Vs. Part D Chart for Prophylactic Vaccines Covered Only under Part B.

Revisions From MA08.007ai:

01/02/2024	**Inclusion of a policy in a Code Update memo does not imply that a full review of the policy was completed at this time.** This policy has been identified for the CPT & HCPCS code update, effective 01/02/2024. The following HCPCS Code has been **added** to attachment B (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage): Q5132 Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg The following CPT codes have been **added** to attachment C of this policy (Vaccination and inoculation coverage): • 90589 • 90623 The following CPT code has been **added** to attachment C of this policy (Vaccination and inoculation coverage) as experimental/investigational because there is no US Food and Drug Administration (FDA) approval for this vaccine at this time: • 90683

Revisions From MA08.007ah:

10/01/2023	**Inclusion of a policy in a Code Update memo does not imply that a full review of the policy was completed at this time.** This policy has been identified for the HCPCS code update, effective 10/01/2023. The following HCPCS code has been **termed** and removed from attachment B (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage): J0800 Injection, corticotropin, up to 40 units On 10/19/2023, the following HCPCS Code has been **added** to attachment B (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage) retro-effective to 10/1/2023 in accordance with Novitas Solutions, Inc. Local Coverage Article A53127 Self-Administered Drug Exclusion List: J0801 Injection, corticotropin (acthar gel), up to 40 units

Revisions From MA08.007ag:

09/03/2023	This version of the policy will be published on 09/25/2023 with a retro-effective date of 09/03/2023. The following drugs were added to **Attachment B** of this policy (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage): J1812 INSULIN (FIASP), PER 5 UNITS J1814 INSULIN (LYUMJEV), PER 5 UNITS J1941 INJECTION, FUROSEMIDE (FUROSCIX), 20 MG In addition, the following drugs were added to Attachment E: Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit (Part B):

	J1811 Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units J1813 Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units

Revisions From MA08.007af:

06/25/2023	This version of the policy will be effective on 06/25/2023. The following drugs were added to Attachment B of this policy (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage): • IDACIO® (adalimumab-aacf) (C9399, J3490, J3590) • IDACIO® (adalimumab-aacf) (Q5131) **effective 07/01/2023** • ABRILADA (adalimumab-afzb) (C9399, J3490, J3590) • HADLIMA (adalimumab-bwwd) (C9399, J3490, J3590) • HULIO® (adalimumab-fkjp) (C9399, J3490, J3590) • HYRIMOZ (adalimumab-adaz) (C9399, J3490, J3590) • YUSIMRY (adalimumab-aqvh) (C9399, J3490, J3590) The following CPT codes were added to Attachment C of this policy (Vaccination and inoculation coverage) for the Respiratory syncytial virus vaccine: • 90678 • 90679

Revisions From MA08.007ae:

03/27/2023	This version of the policy will be effective on 03/27/2023. The following drug was added to Attachment B of this policy (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage): • Mounjaro™ (terzepatide) (C9399, J3490, J3590) The following HCPCS code was added to Attachment E (Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit Part B): • J1574 INJECTION, GANCICLOVIR SODIUM (EXELA) NOT THERAPEUTICALLY EQUIVALENT TO J1570, 500 MG

Revisions From MA08.007ad:

11/14/2022	This version of the policy will be issued on 12/05/2022 with a retro-effective date of 11/14/2022. The following revisions have been made to the MEDICARE PART B VS. PART D CHART: • Subcutaneous Immune Globulin (SCIG) to communicate when Part B vs Part D Coverage applies: **Part B coverage** – If administered at home on an external infusion pump that is an item of durable medical equipment for primary immunodeficiency OR chronic inflammatory demyelinating polyneuropathy that has responded to IVIg treatment (please refer to Attachment E: Indications for when selected drugs that are being administered on an external infusion pump are covered under the medical benefit (Part B)) **Part D coverage** – If it doesn't meet Part B rules above, may be reviewed for coverage through applicable Part D benefits. Attachment B The following drug was added to Attachment B of this policy (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage): • Adbry™ (tralokinumab-ldrm) (C9399, J3490, J3590) subcutaneous route

	In addition, an * was added to Skyrizi to indicate use of the modifier JB when the subcutaneous form of the drug is administered. Attachment E The following HCPCS codes were added to the language of Attachment E for the administration of pooled plasma derivative, subcutaneous immune globulin: • J1555 injection, immune globulin (Cuvitru), 100mg • J1558 Injection, immune globulin (xembify), 100 mg Attachment F The following ICD-10 code was added to Attachment F of this policy (Diagnosis codes that represent primary immunodeficiencies that are covered under the Medicare medical benefit (Part B) for intravenous immune globulin when given in the home setting): • D80.1 Nonfamilial hypogammaglobulinemia The following header was added to Attachment F for the following ICD-10 codes: **The following diagnosis codes when used to represent primary immunodeficiencies are covered under the Medicare medical benefit (Part B) for intravenous immune globulin when given in the home setting:** D80.1 Nonfamilial hypogammaglobulinemia D80.7 Transient hypogammaglobulinemia of infancy **NOTE:** On 01/04/2023 this policy was amended to add the following ICD-10 code to Attachment F (Diagnosis codes that represent primary immunodeficiencies that are covered under the Medicare medical benefit (Part B) for intravenous immune globulin when given in the home setting) which became effective 10/01/2022 : • D81.82 Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]

Revisions From MA08.007ac:

09/19/2022	This version of the policy will be issued on 10/07/2022 with a retro-effective date of 09/19/2022. The following drug was added to Attachment B of this policy (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage): • ofatumumab (Kesimpta) ((C9399, J3490, J3590) subcutaneous route Effective 10/01/2022, the following ICD-10 code has been **termed** and removed from Attachment D this policy: D68.0 Von Willebrand's disease In addition, the following ICD-10 codes have been **added** to Attachment D of this policy: D68.00 Von Willebrand disease, unspecified D68.01 Von Willebrand disease, type 1 D68.020 Von Willebrand disease, type 2A D68.021 Von Willebrand disease, type 2B D68.022 Von Willebrand disease, type 2M D68.023 Von Willebrand disease, type 2N D68.029 Von Willebrand disease, type 2, unspecified D68.03 Von Willebrand disease, type 3 D68.04 Acquired von Willebrand disease D68.09 Other von Willebrand disease

Revisions From MA08.007ab:

07/01/2022	This version of the policy will become effective 07/01/2022. The following drugs were added to Attachment B of this policy (Drugs that are usually self-administered: considered Part D only-excluded from Part B coverage): • guselkumab (Tremfya®) (J1628) • interferon beta-1a (Avonex®) (J1826) • ustekinumab subcutaneous (Stelara®) (J3357) • ropeginterferon alfa-2b (Besremi®) (C9399, J3490, J3590) • risankizumab-rzaa (Skyrizi®) (C9399, J3490, J3590) • Somapacitan-beco (Sogroya®) (C9399, J3490, J3590) The following CPT code was added to Attachment C of this policy (Vaccination and inoculation coverage) as experimental/investigational because there is no US Food and Drug Administration (FDA) approval for this vaccine at this time: • 90584 The following CPT code narrative has been revised in Attachment C of this policy: • 90739 The policy criteria for Blinatumomab was revised in Attachment E of this policy (Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit Part B): • Blinatumomab (J9039) for the treatment of pediatric and adult individuals with acute lymphoblastic leukemia (ALL). (please refer to the specific policies, Implantable and External Infusion Pumps and Blinatumomab [Blincyto®]) The following HCPCS code was added to Attachment E of this policy: • J1551 Injection, immune globulin (cutaquig), 100 mg The following HCPCS code was deleted from Attachment E for the administration of pooled plasma derivative, subcutaneous immune globulin for the treatment of documented primary immune deficiency disease: • J7799 NOC drugs, other than inhalation drugs, administered through DME [Cutaquig®]

Revisions From MA08.007aa:

05/23/2022	This version of the policy will become effective 05/23/2022. The policy was updated to communicate the coverage criteria for oral and rectal anti-emetics, consistent with Noridian Medicare Local Coverage Determinations and Articles. The coverage criteria for Oral and Rectal Anti-Emetic Drugs was added/revised: • Part B: NK-1 Antagonist anti-emetics was revised. • Part B: Oral anti-emetics administered with IV cancer treatments was revised. • Part B: Oral/rectal anti-emetics administered with oral cancer treatments was added. • Part D: Home setting for IV cancer treatments and IV anti-emetics drugs was added. Attachment A: "Part B drugs that can be accessed through the Part D pharmacy benefit: pharmacy claims process at Medicare Part B cost share with no true out-of-pocket (TrOOP) expenses applied" was updated with four oral anti-emetics: Dolisetron, Rolapitant, Nabilone, Netupitant-palonosetron.

Revisions From MA08.007z:

01/01/2022	**Inclusion of a policy in a Code Update memo does not imply that a full review of the policy was completed at this time.** This policy has been identified for the CPT code update, effective 01/01/2022. The following CPT codes have been **added** to the policy in attachment C: 90759

Revisions From MA08.007y:

07/18/2021	This version of the policy will be issued on 08/13/2021 with a retro-effective date of 07/18/2021. The following CPT code has been changed from experimental/investigational to eligible under Medicare Part B in attachment C of this policy: • 90671 The following policy criteria were revised in attachment E (Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit Part B) of this policy to expand Subcutaneous immune globulin (SCIg) (Hizentra) for the treatment of chronic inflammatory demyelinating polyneuropathy (CIDP) that has responded to IVIg treatment in accordance with Noridian local coverage determation L33794 External Infusion Pumps.

Revisions From MA08.007x:

07/01/2021	This policy has been identified for the CPT code update, effective 07/01/2021. **Inclusion of a policy in a Code Update memo does not imply that a full review of the policy was completed at this time.** The following CPT codes have been **added** to Attachment C (Vaccination and inoculation coverage) of this policy as experimental/investigational because there is no US Food and Drug Administration (FDA) approval for these vaccines: • 90626 • 90627 • 90671 The following CPT codes have been **added** to Attachment C (Vaccination and inoculation coverage) of this policy: • 90677 • 90758

Revisions From MA08.007w:

06/07/2021	The version of this policy will become effective 06/07/2021. The following policy criteria was revised in attachment E (Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit Part B) of this policy to expand Blinatumomab to pediatric individuals: Blinatumomab (J9039) for the treatment of pediatric and adult individuals with the following: • Relapsed or refractory CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL), or • Minimal residual disease positive CD19-positive (MRD+) B-cell precursor acute lymphoblastic leukemia (B-ALL) (please refer to the specific policies, Implantable and External Infusion Pumps and Blinatumomab [Blincyto®])

Revisions From MA08.007v:

01/02/2021	The version of this policy was published on 04/26/2021 with a retroactive effective date of 01/02/2021. The following HCPCS codes have been removed from Attachement B (Drugs that are usually self-

	administered: considered Part D only – excluded from Part B coverage) of this policy: Actemra J3262 Zinbryta (C9399, J3490, J3590) The following statement was added to the Guidelines section of the policy: This policy provides an overview of drugs covered under either the Medicare medical benefit (Part B) or the Medicare pharmacy benefit (Part D) and does not address member cost-share (i.e., copayment, deductible, coinsurance).

Revisions From MA08.007u:

01/01/2021	This policy has been identified for the CPT code update, effective 01/01/2021. **Inclusion of a policy in a Code Update memo does not imply that a full review of the policy was completed at this time.** The following CPT code has been **added** to Attachment C (Vaccination and inoculation coverage) of this policy as eligible under Part B when given to an individual who is at high risk for rabies following an encounter with an animal: 90377

Revisions From MA08.007t:

10/01/2020	The version of this policy will become effective 10/01/2020. The following HCPCS code was added to Attachment E for the administration of pooled plasma derivative, subcutaneous immune globulin for the treatment of documented primary immune deficiency disease (Please refer to the specific policy on Immune Globulin: Intravenous (IVIG).): • J7799 NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME [Cutaquig®] The following ICD-10 codes has been **added** to this policy to Attachment D: F13.130 Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated F13.131 Sedative, hypnotic or anxiolytic abuse with withdrawal delirium F13.132 Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance F13.139 Sedative, hypnotic or anxiolytic abuse with withdrawal, unspecified F14.13 Cocaine abuse, unspecified with withdrawal F14.93 Cocaine use, unspecified with withdrawal F15.13 Other stimulant abuse with withdrawal F19.130 Other psychoactive substance abuse with withdrawal, uncomplicated F19.131 Other psychoactive substance abuse with withdrawal delirium F19.132 Other psychoactive substance abuse with withdrawal with perceptual disturbance F19.139 Other psychoactive substance abuse with withdrawal, unspecified N18.30 Chronic kidney disease, stage 3 unspecified N18.31 Chronic kidney disease, stage 3a N18.32 Chronic kidney disease, stage 3b The following ICD-10 code has been **deleted** from Attachment D of this policy: N18.3 Chronic kidney disease, stage 3 (moderate)

Revisions From MA08.007s:

07/01/2020	This policy has been identified for the HCPCS code update, effective **07/01/2020.** The following HCPCS code has been **added** to Attachment E of this policy • J1558

Revisions From MA08.007r:

06/08/2020	This version of the policy will become effective 06/08/2020. The following revisions have been made to the MEDICARE PART B VS. PART D CHART regarding Nebulized Inhalation Solutions to communicate when Part B coverage applies. • The following inhalation solutions may be covered under **Part B coverage** if used with a nebulizer in the home setting. (Please refer to the specific policy on Nebulizers and Inhalation Solutions for inhalation drugs that may be covered under Part B.): o pentamidine isethionate (NebuPent®) o aformoterol (Brovana®) o formoterol fumarate (Performist®) o treprostinil (Tyvaso®) o iloprost (Ventavis®) o revefenacin (Yupelri®) The following inhalation solution was added to Attachment A of this policy (Medicare medical benefit (Part B) drugs that can be accessed at a retail or long-term care pharmacy setting. Claims from a retail or long-term care pharmacy process at a medical benefit (Part B) cost share with no pharmacy benefit (Part D) True-Out Of-Pocket (TrOOP) expenses applied: o revefenacin (Yupelri®) The following HCPCS codes were added to Attachment E for the administration of pooled plasma derivative, subcutaneous immune globulin for the treatment of documented primary immune deficiency disease (Please refer to the specific policy on Immune Globulin: Intravenous (IVIG).): J1555 INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG J1575 INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN J7799 NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME [Xembify®]

Revisions From MA08.007q:

01/01/2020	This policy has been identified for the annual CPT code update effective 01/01/2020. The following CPT code has been **added** to attachment C of this policy: 90694

Revisions From MA08.007p:

12/02/2019	This version of the policy will become effective 12/02/2019. The following criterion for Intravenous Immune Globulin (IVIG) has been revised to communicate when Part B coverage applies: • Part B coverage- If administered at home for primary immunodeficiency, (please refer to Attachment F for a list of those diagnosis codes that represent primary immunodeficiencies that may be covered under Part B) The following criterion for IVIG has been revised to communicate when Part D coverage applies: • Part D coverage – If provided in the home for all other indications. Note: Primary immunodeficiencies not included in attachment F may be reviewed for coverage through applicable Part D benefits. Attachment F added to the policy to convey Diagnosis codes that represent primary immunodeficiencies that are covered under the Medicare medical benefit (Part B) for intravenous immune globulin when given in the home setting. The following ICD-10 diagnosis codes were added to Attachment F of this policy:

	D80.0, D80.2, D80.3, D80.4, D80.5 D80.6, D80.7, D81.0, D81.1, D81.2 D81.5, D81.6, D81.7, D81.89, D81.9 D82.0, D82.1, D82.4, D83.0, D83.1 D83.2, D83.8, D83.9, G11.2 The following drugs that are usually self- administered were **added** to Attachment B of this policy: Actemra J3262 subcutaneous route Aimovig C9399, J3490, J3590 Ajovy J3031 Benlysta J0490 subcutaneous route Cyltezo C9399, J3490, J3590 Emgality C9399, J3490, J3590 Kevzara C9399, J3490, J3590 Lantus Solostart C9399, J3490, J3590 Orencia J0129 subcutaneous route Ozempic C9399, J3490, J3590 Takhzyro J0593 Tymlos J3590 For drugs that have more than one method of administration, application of the JA or JB modifier is required to indicate the route of administration. • To report the intravenous route of administration, append the following modifier: JA Administered Intravenously • To report the subcutaneous route of administration, append the following modifier: JB Administered Subcutaneously Drug codes that must use HCPCS modifier JB when the subcutaneous form of the drug is administered are listed with an asterisk * in the Coding Table of Attachment B if this policy.

Revisions From MA08.007o:

07/01/2019	This policy has been identified for the CPT code update, effective **07/01/2019.** The following CPT code has been **added** to Attachment C, of this policy as experimental/investigational because there is no US Food and Drug Administration (FDA) approval for this vaccine at this time: • 90619 The following CPT code narrative has been revised in Attachment C of this policy: 90734

Revisions From MA08.007n:

02/25/2019	This version of the policy will become effective 02/25/2019. The following changes have been made to Attachment C of this policy (Vaccination and inoculation coverage). • The Company's coverage position has changed from Experimental/Investigational to covered for the following CPT code 90660. • The Company's coverage position for CPT code 90697 has changed from covered under Part B, regardless of whether the vaccine is ordered by a doctor of medicine or osteopathy, to never covered under Part B and are only covered under Part D. The following changes have been made to Attachment D of this policy (Hepatitis B vaccine indications and diagnosis codes that are covered under the Medicare medical benefit [Part B]). • The following ICD-10 codes have been **added**: D68.0, F11.10, F11.11, F11.120, F11.121F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988,

	F11.99, F13.10, F13.11, F13.120, F13.121, F13.129, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F14.10, F14.11, F14.120, F14.121, F14.122, F14.129, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F15.10, F15.11, F15.120, F15.121, F15.122, F15.129, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F16.10, F16.11, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29, F19.90, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99, I12.0, I13.11, I13.2, Z20.5, Z72.52 • The following ICD-10 codes have been **deleted**: F12.20, F12.21, F12.220, F12.221, F12.222, F12.229, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F18.10, F18.11, F18.121, F18.129, F18.14, F18.150, F18.120, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.21, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F18.90, F18.920, F18.921, F18.929, F18.94, F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F55.0, F55.1, F55.2, F55.4, F55.8, F66, F72, F73, F78, F79, Q90.0, Q90.1, Q90.2, Q90.9

Revisions From MA08.007m:

01/01/2019	This policy has been identified for the CPT code update, effective **01/01/2019.** The following CPT code has been **added** to Attachment C of this policy as experimental/investigational because there is no US Food and Drug Administration (FDA) approval for this vaccine at this time: • 90689

Revisions From MA08.007l:

10/08/2018	This version of the policy will become effective 10/08/2018. The Company's coverage position has changed from Not Medically Necessary to Medically Necessary on the use of the nasal spray influenza vaccine (LAIV4) during the 2018–19 influenza season based on the Advisory Committee on Immunization Practices (ACIP) recommendation. The following diagnoses for primary immune deficiency (PID) were removed from the description section and from Attachment E of this policy with reference made to: (Please refer to the specific policy on Immune Globulin: Intravenous (IVIG), Subcutaneous (SCIG) • Congenital hypogammaglobulinemia • Immunodeficiency with increased IGM • Common variable immunodeficiency • Wiskott-Aldrich syndrome • Combined immunity deficiency

Revisions From MA08.007k:

07/30/2018	This version of the policy will become effective 07/30/2018. The following drug was added to Attachment B of this policy: C1 esterase inhibitor (human) Haegarda C9399, J3490, J3590 Unclassified drugs or biologicals Unclassified drugs Unclassified biologics The following CPT code has been **deleted** from attachment C of this policy: 90703.

	The following HCPCS code has been **deleted** from attachment B of this policy: J1817 Insulin for administration through DME (ie, insulin pump) per 50 units The following HCPCS code has been **added** to attachment E of this policy: J9039 Injection, blinatumomab, 1 microgram The following indication has been **added** to attachment E of this policy for Blinatumomab (J9039): • Minimal residual disease positive (MRD+) B-cell acute lymphoblastic leukemia (B-ALL)

Revisions From MA08.007j:

01/01/2018	This policy has been identified for the CPT code update, effective **01/01/2018.** The following CPT code has been **added** to Attachment C, of this policy: 90756 The following changes were made through a newsflash: o The following codes were moved from E/I to MN in Attachment C: 90750, 90739 and will follow the policy benefit coverage criteria

Revisions From MA08.007i:

11/17/2017	**Added to Attachment A**: PART B DRUGS ACCESSED AT A RETAIL OR LONG-TERM CARE PHARMACY SETTING. CLAIMS PROCESS AT A MEDICAL BENEFIT (PART B) COST SHARE WITH NO PHARMACY BENEFIT (PART D) TRUE-OUT-OF-POCKET (TROOP) EXPENSES APPLIED. • Heparin and saline flushes The following drugs were added to **Attachment B** (Drugs self administered and excluded under part B: J0800: H.P. Acthar® Gel; J0364: Apokyn; C9399, J3490, J3590, Amjevita™; C9399, J3490, J3590: Dupixent®; C9399, J3490, J3590: Erelzi™; C9399, J3490, J3590: Kynamro®; C9399, J3490, J3590: Orencia®; C9399, J3490, J3590: Quad-Mix; C9399, J3490, J3590: Rasuvo®; C9399, J3490, J3590: Siliq™. The following brand name drugs were added for the following CPT/HCPCS codes: J1595: Glatopa; J1830: Extavia; J2941: Omnitrope, Zomacton™, Zorbtive; J3030: Sumavel® Dosepro®, Zembrace; C9399, J3490, J3590: Pegasys® Proclick™. **Attachment D** the following codes were **added:** F18.11 Inhalant abuse, in remission F19.11 Other psychoactive substance abuse, in remission

Revisions From MA08.007h:

10/01/2017	This policy has been identified for the ICD-10 code update, effective **10/01/2017.** The following ICD-10 codes has been **added** to this policy to Attachment D. E11.10 Type 2 diabetes mellitus with ketoacidosis without coma E11.11 Type 2 diabetes mellitus with ketoacidosis with coma

Revisions From MA08.007g:

07/01/2017	This policy has been identified for the CPT code update, effective **07/01/2017.** The following CPT codes have revised narratives: 90620, 90621, 90651 The following CPT code has been **added** to this policy; in Attachment C: 90587

Revisions From MA08.007f:

01/01/2017	The following policy requirements have been **revised**: **Attachment B:** Drugs that are usually self-administered (defined as a drug that is self-administered more than 50 percent of the time) and excluded from Medicare medical benefit (Part B). Attachment B The following drugs were **added** in accordance with Medicare. J3355 Bravelle C9399, J3590 Byetta C9399, J3490, J3590 Bydureon C9399: Cosentyx®; C9399, J3490, J3590: Egrifta®; J1744 Firazyr C9399, J3490, J3590 Myalept™ C9399, J3490, J3590: Natpara® C9399, J3590: Otrexup™ C9399, J3490, J3590: Plegridy®; C9399, J3490, J3590: Praluent®; C9399, J3490, J3590: Repatha™ C9399, J3490, J3590: Rebif® J2212, Relistor; C9399, J3490: Saxenda C9399, J3490, J3590 SIGNIFOR®; C9399, J3490, J3590: Simponi®; C9399, J3490, J3590: Strensiq®; C9399, J3490, J3590 Sylatron C9399, J3490, J3590: Taltz ® C9399, J3490, J3590 Tanzeum C9399, J3490 Toujeo®; J3590: TriMix; C9399, J3490: Trulicity®; C9399, J3490, J3590: Victoza C9399, J3490, J3590: Zinbryta™ **Attachment C:** The following CPT codes have been **added** to this policy: **90674, 90682, 90750** The following CPT codes have revised narratives**: 90655, 90656, 90657, 90658, 90661, 90685, 90686, 90687, 90688, 90698 and 90734.** **Attachment E:** Indications for when selected drugs that are being administered on an external infusion pump are covered under the Medicare medical benefit (Part B). • The following criteria were **revised;** For the administration of parenteral inotropic therapy using the drugs; dobutamine (J1250), milrinone (J2260) or dopamine (J1265) for individuals with American College of Cardiology Foundation/American Heart Association (ACCF/AHA) Stage D heart failure (HF) or New York Heart Association (NYHA) Class IV HF. • The following codes are deleted codes J9110, J9375, J9380 and have been removed from Attachment E • J1562 Injection, immune globulin (Vivaglobin), 100 mg is no longer on the market and is being removed from the policy

Revisions From MA08.007e:

10/01/2016	This policy has been identified for the ICD-10 CM code update, effective **10/01/2016** The following ICD-10 CM codes have been **revised** in this policy:

	FROM: O24.011 Pre-existing diabetes mellitus, type 1, in pregnancy, first trimester TO: O24.011 Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester FROM: O24.012 Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester TO: O24.012 Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester FROM; 24.013 Pre-existing diabetes mellitus, type 1, in pregnancy, third trimester TO; O24.013 Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester TO; O24.019 Pre-existing diabetes mellitus, type 1, in pregnancy, unspecified trimester FROM; O24.019 Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester FROM; 24.02 Pre-existing diabetes mellitus, type 1, in childbirth TO; O24.02 Pre-existing type 1 diabetes mellitus, in childbirth FROM; O24.03 Pre-existing diabetes mellitus, type 1, in the puerperium TO; O24.03 Pre-existing type 1 diabetes mellitus, in the puerperium FROM; O24.111 Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester TO; O24.111 Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester FROM; O24.112 Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester TO; O24.112 Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester FROM; O24.113 Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester TO; O24.113 Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester FROM; O24.119 Pre-existing diabetes mellitus, type 2, in pregnancy, unspecified trimester TO; O24.119 Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester FROM: O24.12 Pre-existing diabetes mellitus, type 2, in childbirth TO: O24.12 Pre-existing type 2 diabetes mellitus, in childbirth FROM: O24.13 Pre-existing diabetes mellitus, type 2, in the puerperium TO: O24.13 Pre-existing type 2 diabetes mellitus, in the puerperium • The following ICD-10 CM codes have been **deleted** from this policy: E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359,E09.321, E09.329, E09.331, E09.339 E09.341, E09.349, E09.351, E09.359, E10.321, E10.329, E10.331 E10.339, E10.341, E10.349 E10.351, E10.359, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359 • The following ICD-10 CM codes have been **added** to this policy: E08.3211, E08.3212, E08.3213, E08.3219, E08.3291, E08.3292, E08.3293, E08.3299, E08.3311, E08.3312, E08.3313, E08.3319, E08.3391, E08.3392, E08.3393, E08.3399, E08.3411, E08.3412, E08.3413, E08.3419, E08.3491, E08.3492, E08.3493, E08.3499, E08.3511, E08.3512, E08.3513 E08.3519, E08.3521, E08.3522, E08.3523, E08.3529, E08.3531, E08.3532, E08.3533, E08.3539 E08.3541, E08.3542, E08.3543, E08.3549, E08.3551, E08.3552, E08.3553, E08.3559, E08.3591, E08.3592, E08.3593, E08.3599, E08.37X1, E08.37X2, E08.37X3, E08.37X9, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549,

	E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.37X1 E10.37X2, E10.37X3, E10.37X9, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531 E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, 13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.37X1, E13.37X2, E13.37X3, E13.37X9, O24.415, O24.425, O24.435.

Revisions From MA08.007d:

01/01/2016	**Inclusion of a policy in a Code Update does not imply that a full review of the policy was completed at this time.** **Medical Policy # MA08.007d; Medicare Part B vs. Part D Crossover Drugs** This policy has been identified for the CPT / HCPCS code update, effective 01/01/2016. The following HCPCS code has been **added** to this policy: **J7340**: Carbidopa 5 mg/levodopa 20 mg enteral suspension The following CPT code has been **added** to this policy: **90625**: Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use The following CPT narratives have been **revised** in this policy: **90620** **FROM:** Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular **TO:** Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B (memb), 2 dose schedule, for intramuscular **90621** **FROM:** Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use **TO:** Meningococcal recombinant lipoprotein vaccine, Serogroup B (memb), 3 dose schedule, for intramuscular use **90644** **FROM:** Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use **TO**: Meningococcal conjugate vaccine, serogroups c & y and hamophilus influenza type b vaccine (hib-mency), 4 dose schedule, when administered to children 2-18 months of age, for intramuscular use **90647** **FROM**: Haemophilus influenzae b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use **TO**: Hamophilus influenza type b vaccine (hib), prp-omp conjugate, 3 dose schedule, for intramuscular use **90648** **FROM**: Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for

	intramuscular use **TO**: Hamophilus influenza type b vaccine (hib), prp-t conjugate, 4 dose schedule, for intramuscular use **90649** **FROM:** Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3 dose schedule, for intramuscular use **TO:** Human papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vhpv), 3 dose schedule, for intramuscular use **90650** **FROM:** Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3 dose schedule, for intramuscular use **TO:** Human papillomavirus vaccine, types 16, 18, bivalent (2vhpv), 3 dose schedule, for intramuscular use **90651** **FROM**: Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use **TO**: Human papillomavirus vaccine, types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vhpv), 3 dose schedule, for intramuscular use **90698** **FROM:** Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae Type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use **TO:** Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae type b, and inactivated poliovirus vaccine, (dtap -ipv/hib), for intramuscular use **90739** **FROM**: Hepatitis B vaccine (HepB), adult dosage (2 dose schedule), for intramuscular use **TO:** Hepatitis b vaccine (hepb), adult dosage 2 dose schedule, for intramuscular use **90748** **FROM:** Hepatitis B and Haemophilus influenzae b vaccine (Hib-HepB), for intramuscular use **TO**: Hepatitis b and hamophilus influenza type b vaccine (hib-hepb), for intramuscular use The following CPT codes have been **deleted** from this policy: These vaccines are no longer available. 90645 Hemophilus influenza b vaccine (HIB), HBOC conjugate (4 dose schedule), for intramuscular use 90646 Hemophilus influenza b vaccine (HIB), PRP-D conjugate, for booster use only, intramuscular use 90669 Pneumococcal conjugate vaccine, 7 valent (pcv7), for intramuscular use 90692 Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use 90693 Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. Military) 90703 Tetanus toxoid adsorbed, for intramuscular use 90704 Mumps virus vaccine, live, for subcutaneous use 90705 Measles virus vaccine, live, for subcutaneous use 90706 Rubella virus vaccine, live, for subcutaneous use 90708 Measles and rubella virus vaccine, live, for subcutaneous use 90712 Poliovirus vaccine, (any type[s]) (OPV), live, for oral use 90719 Diphtheria toxoid, for intramuscular use 90720 Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and haemophilus influenzae b vaccine (dtwp-hib), for intramuscular use 90721 Diphtheria, tetanus toxoids, and acellular pertussis vaccine and haemophilus influenzae b vaccine (dtap/hib), for intramuscular use 90725 Cholera vaccine for injectable use 90727 Plague vaccine, for intramuscular use 90735 Japanese encephalitis virus vaccine, for subcutaneous use S0195 Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from five years to nine years of age who have not previously received the vaccine

Revisions From MA08.007c:

10/01/2015	ICD-10-CM codes, that were added and clinically reviewed considering the scope and intent of the policy document and the appropriateness of the codes for the policy**.**

Revisions From MA08.007b:

07/01/2015	This policy has been identified for the CPT code update, effective **07/01/2015.** The following CPT code narratives have been **revised** in this policy: 90632, 90633, 90634, 90644, 90647, 90648, 90649, 90650, 90653, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90669, 90670, 90672, 90673, 90680, 90681, 90685, 90686, 90687, 90688, 90696, 90698, 90702, 90714, 90716, 90720, 90721, 90732, 90733, 90734, 90736, 90739, 90740, 90743, 90744, 90746, 90747, 90748.

Revisions From MA08.007a:

4/22/2015	This version of the policy will become effective 04/22/2015.
	
	The following revisions occurred with this update:
	
	Attachment A
	• The list of Drugs found in Attachment A has been revised.
	Attachment C
	• The following policy requirements have been **revised**:
	  ○ 90630 (to eligible)
	• The following CPT codes have been **added** to this policy:
	  ○ 90620, 90621
	Attachment D:
	• The following criterion has been **added** to this policy:
	  ○ Diabetes mellitus added; as an indication for high risk groups for the Hepatitis B vaccine:
	  ▪ Added diagnosis codes to support the newly added indication
	Attachment G
	• The following criterion has been **added** to this policy:
	  ○ 2 additional drugs covered on an external infusion pump with criteria: Levodopa-Carbidopa enteral suspension and Blinatumomab
	Existing durable medical equipment documentation requirements, in accordance with Medicare, are now included with examples.

Revisions From MA08.007:

01/01/2015	This is a new policy. Note: On 12/18/2014, this policy was identified for the CPT code update, effective 01/01/2015. The following CPT code has been **added** to this policy (Part D). • 90651 The following CPT codes has been **added** to this policy as experimental/investigational. • 90630 • 90697 The following CPT codes have been revised in this policy: • 90654 • 90721 • 90723 • 90734 The following HCPCS codes have been **deleted** from this policy: • J2271 • J2275

Version Effective Date:
12/15/2025
Version Issued Date:
12/15/2025
Version Reissued Date:
N/A