# Table of Contents

**Related Clinical Coverage Policies**
Refer to http://www.ncdhhs.gov/dma/mp/ for the related coverage policies listed below:
1B, *Physician's Drug Program,*

# 1.0 Description of the Procedure, Product, or Service

The Physician's Drug Program (PDP) covers many, but not all, primarily injectable drugs that are purchased and administered in a physician's office or in an outpatient clinic setting. Rituximab is covered through the PDP.

The rituximab antibody is a genetically engineered chimeric murine/human monoclonal antibody directed against the CD20 antigen found on the surface of normal and malignant B lymphocytes.

# 2.0 Eligibility Requirements

## 2.1 Provisions

### 2.1.1 General

**(*The term "General" found throughout this policy applies to all Medicaid and NCHC policies*)**

a. An eligible beneficiary shall be enrolled in either:
   1. the NC Medicaid Program *(Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
   2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise)* Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.

b. Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered.

c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

### 2.1.2 Specific

(***The term "Specific" found throughout this policy only applies to this policy***)

**a. <u>Medicaid</u>**
None Apply.

**b. <u>NCHC</u>**
None Apply.

## 2.2 Special Provisions

### 2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. **EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

*NCTracks Provider Claims and Billing Assistance Guide*: https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html

EPSDT provider page: http://www.ncdhhs.gov/dma/epsdt/

#### 2.2.2 EPSDT does not apply to NCHC beneficiaries

#### 2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age

The Division of Medical Assistance (DMA) shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the DMA clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary..

## 3.0 When the Procedure, Product, or Service Is Covered

***Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.***

### 3.1 General Criteria Covered

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

### 3.2 Specific Criteria Covered

#### 3.2.1 Specific criteria covered by both Medicaid and NCHC

#### 3.2.2 Covered Indications

In the PDP, all indications approved by the Food and Drug Administration (FDA) are covered unless otherwise specified. In addition, off-label uses of an approved drug may be covered if the data on drug use are consistent with the compendia and peer-reviewed medical literature, according to 42 U.S.C. 1396r-8(g)(1)(B), and as determined by DMA.

**Note:** Injectable medications are covered only when oral medications are contraindicated.

#### 3.2.3 FDA approved indications

Medicaid and NCHC cover Rituximab for the following:

a. **Non-Hodgkin's Lymphoma (NHL)**
    1. Rituximab is covered for the treatment of patients with relapsed or refractory, low-grade or follicular, CD20-positive, B-Cell non-Hodgkin's lymphoma (NHL) as a single agent.

2. Rituximab is covered for the treatment of patients with previously untreated follicular, CD20-positive, B-Cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to rituximab in combination with chemotherapy, as a single-agent maintenance therapy.
3. Rituximab is covered for the treatment of patients with previously untreated diffuse large B-Cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicine, vincristine, and prednisone (CHOP) or other anthracycline-based chemotherapy regimens.
4. Rituximab is covered for the treatment of patients with non-progressing (including stable disease) low grade CD20-positive, B-Cell NHL as a single agent after first-line cyclophosphamide, vincristine and prednisolone (CVP) chemotherapy.

b. **Rheumatoid Arthritis (RA)**
Rituximab in combination with methotrexate is covered to reduce signs and symptoms in adult patients with moderately- to severely-active RA who have shown an inadequate response to one or more tumor necrosis factor (TNF) antagonist therapies.

c. **Chronic Lymphocytic Leukemia (CLL)**
Rituximab is covered, in combination with fludarabine and cyclophosphamide (FC), for the treatment of patients with previously untreated or previously treated CD20-positive CLL.

d. **Wegener's Granulomatosis**
Rituximab, in combination with glucocorticoids, is covered for the treatment of adult patients with Wegener's granulomatosis (WG).

e. **Microscopic Polyangiitis**
Rituximab, in combination with glucocorticoids, is covered for the treatment of adult patients with microscopic polyangiitis (MPA).

### 3.2.4 Off label indications

Medicaid and NCHC cover Rituximab for the following:

a. **Low Grade Non-Hodgkin's Lymphoma**
Rituximab is covered as initial treatment of low grade CD20-positive NHL.

b. **Waldenstrom's Macroglobulinemia**

c. **Systemic Lupus Erythematosis (SLE) and/or Lupus Nephritis**
Rituximab is covered for those patients with SLE or lupus nephritis refractory to usual therapy.

d. **Immune or Idiopathic Thrombocytopenic Purpura**
Rituximab is covered for those patients with immune or idiopathic thrombocytopenic purpura (ITP) who have failed conventional treatment (e.g., corticosteroid treatment).

e. **Autoimmune Hemolytic Anemia**
Rituximab is covered for those patients with an autoimmune hemolytic anemia condition that is refractory to conventional treatment (e.g., corticosteroid treatment).

f. **Thrombotic Thrombocytopenic Purpura**
Rituximab is covered for those patients with persistent inhibitors and who have failed to achieve control with conventional plasma exchange and corticosteroid therapy.

g. **Juvenile Chronic Polyarthritis**

#### 3.2.5 Dosage Recommendations for Rituximab

Medicaid and NCHC cover rituximab for infusion according to the recommendations published by the FDA and compendia and peer-reviewed medical literature, according to 42 U.S.C. 1396r-8(g)(1)(B), and as determined by DMA.

#### 3.2.6 Medicaid Additional Criteria Covered

None Apply.

#### 3.2.7 NCHC Additional Criteria Covered

None Apply.

## 4.0 When the Procedure, Product, or Service Is Not Covered

***Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.***

### 4.1 General Criteria Not Covered

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0;**
b. the beneficiary does not meet the criteria listed in **Section 3.0;**
c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

### 4.2 Specific Criteria Not Covered

#### 4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC

Medicaid and NCHC do not cover rituximab for use in beneficiaries with severe, active infections.

#### 4.2.2 Medicaid Additional Criteria Not Covered

None Apply.

#### 4.2.3 NCHC Additional Criteria Not Covered

a. NCGS § 108A-70.21(b) "Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
    1. No services for long-term care.
    2. No nonemergency medical transportation.
    3. No EPSDT.
    4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection."

# 5.0 Requirements for and Limitations on Coverage

***Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.***

## 5.1 Prior Approval

Medicaid and NCHC shall not require prior approval for Rituximab (Rituxan).

## 5.2 Limitations

Providers who determine that the indications or dosing for a rituximab is medically necessary for a beneficiary, but those parameters fall outside of the guidelines for that drug, may submit medical record information to the DMA Assistant Director for Clinical Policy and Programs for a case-by-case review. The address to send this information is:

Assistant Director for Clinical Policy and Programs
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501

## 5.3 Medical Record Documentation

Documentation in the beneficiary's medical record shall include all of the following elements:

a. support for the medical necessity of the rituximab infusion;
b. a covered diagnosis;
c. details regarding how traditional methods of treatment have been unsuccessful, as appropriate;
d. dosage and frequency of the infusions;
e. support of the clinical effectiveness of the injections;
f. evidence that alternatives and risks have been discussed with the patient;
g. documentation of CD20-positive status; and
h. other documentation pertinent to the beneficiary's infusions, reactions and effectiveness.

## 5.4 Age Range for NCHC Beneficiaries

The age range for eligibility of NCHC beneficiaries is 6 years through 18 years of age.

# 6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

a. meet Medicaid or NCHC qualifications for participation;
b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

## 6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

### 6.2 Provider Certifications

None Apply.

## 7.0 Additional Requirements

***Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.***

### 7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
b. All DMA's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

### 7.2 Safety and Provider Compliance

All physicians using rituximab shall review the FDA black box warnings and shall closely monitor their patients receiving rituximab.

Only physicians experienced in the use and administration of this preparation should be using rituximab to treat patients.

## 8.0 Policy Implementation/Revision Information

**Original Effective Date:** 10/01/1999

**Revision Information:**

| Date | Section Revised | Change |
|---|---|---|
| 7/1/2010 | Throughout | Policy Conversion: Implementation of Session Law 2009-451, **Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."** |
| 07/01/2011 | Throughout | Bulletin article restricted coverage to FDA-approved indications (effective Oct.1, 2009) Added diagnosis of chronic lymphocytic leukemia (effective with FDA-approval January 1, 2010); added diagnosis of Wegener's granulomatosis and microscopic polyangiitis (effective with FDA-approval April 19, 2011). Initial promulgation of current FDA-approved coverage with the addition of off-label indications – low-grade CD20-positive NHL; idiopathic and thrombotic thrombocytopenia purpura; Waldenstrom's macroglobulinemia,; |

| Date | Section Revised | Change |
|---|---|---|
| | | lupus erythematosus and /or lupus nephritis; and autoimmune hemolytic anemia. |
| 03/01/2012 | Throughout | Added juvenile chronic polyarthritis codes as off-label indications. |
| 03/01/2012 | Throughout | Technical changes to merge Medicaid and NCHC current coverage into one policy. |
| 10/01/2015 | All Sections and Attachments | Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable. |

# Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide,* Medicaid bulletins, fee schedules, DMA's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

## A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

## B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

| ICD-10-CM Code(s) | | | |
|---|---|---|---|
| C82.00 | C84.Z1 | M05.461 | M06.859 |
| C82.01 | C84.A2 | M05.462 | M06.861 |
| C82.02 | C84.Z2 | M05.469 | M06.862 |
| C82.03 | C84.A3 | M05.471 | M06.869 |
| C82.04 | C84.Z3 | M05.472 | M06.871 |
| C82.05 | C84.A4 | M05.479 | M06.872 |
| C82.06 | C84.Z4 | M05.49 | M06.879 |
| C82.07 | C84.A5 | M05.50 | M06.88 |
| C82.08 | C84.Z5 | M05.511 | M06.89 |
| C82.09 | C84.A6 | M05.512 | M06.9 |
| C82.10 | C84.Z6 | M05.519 | M08.00 |
| C82.11 | C84.A7 | M05.521 | M08.011 |
| C82.12 | C84.Z7 | M05.522 | M08.012 |
| C82.13 | C84.A8 | M05.529 | M08.019 |
| C82.14 | C84.Z8 | M05.531 | M08.021 |
| C82.15 | C84.A9 | M05.532 | M08.022 |
| C82.16 | C84.Z9 | M05.539 | M08.029 |
| C82.17 | C84.01 | M05.541 | M08.031 |
| C82.18 | C84.02 | M05.542 | M08.032 |
| C82.19 | C84.03 | M05.549 | M08.039 |
| C82.20 | C84.04 | M05.551 | M08.041 |
| C82.21 | C84.05 | M05.552 | M08.042 |
| C82.22 | C84.06 | M05.559 | M08.049 |
| C82.23 | C84.07 | M05.561 | M08.051 |
| C82.24 | C84.08 | M05.562 | M08.052 |
| C82.25 | C84.09 | M05.569 | M08.059 |
| C82.26 | C84.10 | M05.571 | M08.061 |
| C82.27 | C84.11 | M05.572 | M08.062 |

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|---|---|---|---|
| C82.28 | C84.12 | M05.579 | M08.069 |
| C82.29 | C84.13 | M05.59 | M08.071 |
| C82.30 | C84.14 | M05.70 | M08.072 |
| C82.31 | C84.15 | M05.711 | M08.079 |
| C82.32 | C84.16 | M05.712 | M08.08 |
| C82.33 | C84.17 | M05.719 | M08.09 |
| C82.34 | C84.18 | M05.721 | M08.20 |
| C82.35 | C84.19 | M05.722 | M08.211 |
| C82.36 | C84.40 | M05.729 | M08.212 |
| C82.37 | C84.41 | M05.731 | M08.219 |
| C82.38 | C84.42 | M05.732 | M08.221 |
| C82.39 | C84.43 | M05.739 | M08.222 |
| C82.40 | C84.44 | M05.741 | M08.229 |
| C82.41 | C84.45 | M05.742 | M08.231 |
| C82.42 | C84.46 | M05.749 | M08.232 |
| C82.43 | C84.47 | M05.751 | M08.239 |
| C82.44 | C84.48 | M05.752 | M08.241 |
| C82.45 | C84.49 | M05.759 | M08.242 |
| C82.46 | C84.60 | M05.761 | M08.249 |
| C82.47 | C84.61 | M05.762 | M08.251 |
| C82.48 | C84.62 | M05.769 | M08.252 |
| C82.49 | C84.63 | M05.771 | M08.259 |
| C82.50 | C84.64 | M05.772 | M08.261 |
| C82.51 | C84.65 | M05.779 | M08.262 |
| C82.52 | C84.66 | M05.79 | M08.269 |
| C82.53 | C84.67 | M05.80 | M08.271 |
| C82.54 | C84.68 | M05.811 | M08.272 |
| C82.55 | C84.69 | M05.812 | M08.279 |
| C82.56 | C84.70 | M05.819 | M08.28 |
| C82.57 | C84.71 | M05.821 | M08.29 |
| C82.58 | C84.72 | M05.822 | M08.3 |
| C82.59 | C84.73 | M05.829 | M08.40 |
| C82.60 | C84.74 | M05.831 | M08.411 |
| C82.61 | C84.75 | M05.832 | M08.412 |
| C82.62 | C84.76 | M05.839 | M08.419 |
| C82.63 | C84.77 | M05.841 | M08.421 |
| C82.64 | C84.78 | M05.842 | M08.422 |
| C82.65 | C84.79 | M05.849 | M08.429 |
| C82.66 | C84.90 | M05.851 | M08.431 |
| C82.67 | C84.91 | M05.852 | M08.432 |
| C82.68 | C84.92 | M05.859 | M08.439 |
| C82.69 | C84.93 | M05.861 | M08.441 |
| C82.80 | C84.94 | M05.862 | M08.442 |
| C82.81 | C84.95 | M05.869 | M08.449 |
| C82.82 | C84.96 | M05.871 | M08.451 |
| C82.83 | C84.97 | M05.872 | M08.452 |
| C82.84 | C84.98 | M05.879 | M08.459 |
| C82.85 | C84.99 | M05.89 | M08.461 |
| C82.86 | C85.10 | M05.9 | M08.462 |
| C82.87 | C85.11 | M06.00 | M08.469 |

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|---|---|---|---|
| C82.88 | C85.12 | M06.011 | M08.471 |
| C82.89 | C85.13 | M06.012 | M08.472 |
| C82.90 | C85.14 | M06.019 | M08.479 |
| C82.91 | C85.14 | M06.021 | M08.48 |
| C82.92 | C85.15 | M06.022 | M08.80 |
| C82.93 | C85.16 | M06.029 | M08.811 |
| C82.94 | C85.17 | M06.031 | M08.812 |
| C82.95 | C85.18 | M06.032 | M08.819 |
| C82.96 | C85.19 | M06.039 | M08.821 |
| C82.97 | C85.20 | M06.041 | M08.822 |
| C82.98 | C85.21 | M06.042 | M08.829 |
| C82.99 | C85.22 | M06.049 | M08.831 |
| C83.00 | C85.23 | M06.051 | M08.832 |
| C83.01 | C85.24 | M06.052 | M08.839 |
| C83.02 | C85.25 | M06.059 | M08.841 |
| C83.03 | C85.26 | M06.061 | M08.842 |
| C83.04 | C85.27 | M06.062 | M08.849 |
| C83.05 | C85.28 | M06.069 | M08.851 |
| C83.06 | C85.29 | M06.071 | M08.852 |
| C83.07 | C85.80 | M06.072 | M08.859 |
| C83.08 | C85.81 | M06.079 | M08.861 |
| C83.09 | C85.82 | M06.08 | M08.862 |
| C83.10 | C85.83 | M06.09 | M08.869 |
| C83.11 | C85.84 | M06.20 | M08.871 |
| C83.12 | C85.84 | M06.211 | M08.872 |
| C83.13 | C85.85 | M06.212 | M08.879 |
| C83.14 | C85.86 | M06.219 | M08.88 |
| C83.15 | C85.87 | M06.221 | M08.89 |
| C83.16 | C85.88 | M06.222 | M08.90 |
| C83.17 | C85.89 | M06.229 | M08.911 |
| C83.18 | C85.90 | M06.231 | M08.912 |
| C83.19 | C85.91 | M06.232 | M08.919 |
| C83.30 | C85.92 | M06.239 | M08.921 |
| C83.31 | C85.93 | M06.241 | M08.922 |
| C83.32 | C85.94 | M06.242 | M08.929 |
| C83.33 | C85.95 | M06.249 | M08.931 |
| C83.34 | C85.96 | M06.251 | M08.932 |
| C83.35 | C85.97 | M06.252 | M08.939 |
| C83.36 | C85.98 | M06.259 | M08.941 |
| C83.37 | C85.99 | M06.261 | M08.942 |
| C83.38 | C86.0 | M06.262 | M08.949 |
| C83.39 | C86.1 | M06.269 | M08.951 |
| C83.50 | C86.2 | M06.271 | M08.952 |
| C83.51 | C86.3 | M06.272 | M08.959 |
| C83.52 | C86.4 | M06.279 | M08.961 |
| C83.53 | C86.5 | M06.28 | M08.962 |
| C83.54 | C86.6 | M06.29 | M08.969 |
| C83.55 | C88.0 | M06.30 | M08.971 |
| C83.56 | C88.4 | M06.311 | M08.972 |
| C83.57 | C91.10 | M06.312 | M08.979 |

| | | | |
|---|---|---|---|
| C83.58 | C91.11 | M06.319 | M08.98 |
| C83.59 | C91.12 | M06.321 | M08.99 |
| C83.70 | C91.40 | M06.322 | M30.0 |
| C83.71 | C91.41 | M06.329 | M30.1 |
| C83.72 | C91.42 | M06.331 | M30.2 |
| C83.73 | C96.0 | M06.332 | M30.8 |
| C83.74 | C96.2 | M06.339 | M31.1 |
| C83.75 | C96.4 | M06.341 | M31.30 |
| C83.76 | C96.9 | M06.342 | M31.31 |
| C83.77 | C96.A | M06.349 | M31.7 |
| C83.78 | C96.Z | M06.351 | M32.0 |
| C83.79 | D59.0 | M06.352 | M32.10 |
| C83.80 | D59.1 | M06.359 | M32.11 |
| C83.81 | D68.311 | M06.361 | M32.12 |
| C83.82 | D68.312 | M06.362 | M32.13 |
| C83.83 | D68.318 | M06.369 | M32.14 |
| C83.84 | D69.3 | M06.371 | M32.15 |
| C83.85 | D69.41 | M06.372 | M32.19 |
| C83.86 | D69.42 | M06.379 | M32.8 |
| C83.87 | D69.49 | M06.38 | M32.9 |
| C83.88 | M05.40 | M06.39 | |
| C83.89 | M05.411 | M06.80 | |
| C83.90 | M05.412 | M06.811 | |
| C83.91 | M05.419 | M06.812 | |
| C83.92 | M05.421 | M06.819 | |
| C83.93 | M05.422 | M06.821 | |
| C83.94 | M05.429 | M06.822 | |
| C83.95 | M05.431 | M06.829 | |
| C83.96 | M05.432 | M06.831 | |
| C83.97 | M05.439 | M06.832 | |
| C83.98 | M05.441 | M06.839 | |
| C83.99 | M05.442 | M06.841 | |
| C84.00 | M05.449 | M06.842 | |
| C84.A0 | M05.451 | M06.849 | |
| C84.Z0 | M05.452 | M06.851 | |
| C84.A1 | M05.459 | M06.852 | |

## C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

| HCPCS Code(s) |
|---|
| J9310 |

**Unlisted Procedure or Service**
**CPT:** The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

**HCPCS:** The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

## D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

## E. Billing Units

1. Rituximab, HCPCS code J9310: 1 billing unit = 100 mg
2. Medicaid covers appropriate administration codes when billed with J9310 on the same day of service.

## F. Place of Service

Outpatient, Office

## G. Co-payments

For Medicaid refer to Medicaid State Plan, Attachment 4.18-A, page 1, located at http://www.ncdhhs.gov/dma/plan/sp.pdf.
For NCHC refer to G.S. 108A-70.21(d), located at http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-70.21.html.

## H. Reimbursement

Providers shall bill their usual and customary charges.
Providers are required to bill applicable revenue codes.
For a schedule of rates, see: http://www.ncdhhs.gov/dma/fee/.