

Ado-trastuzumab emtansine (KADCYLA) Procedure Code J9354 to Be a Benefit of the CSHCN Services Program

Information posted July 25, 2014

Note: For the purposes of this article, the descriptor “advanced practice registered nurse (APRN)” applies only to nurse practitioner (NP) and clinical nurse specialist (CNS) providers.

Effective for dates of service on or after July 1, 2014, Ado-trastuzumab emtansine (KADCYLA®), procedure code J9354, will be a benefit of the CSHCN Services Program for clients of any age. The proposed reimbursement rate for procedure code J9354 is \$29.79 pending the results and approval of the public rate hearing scheduled for August 21, 2014.

Procedure code J9354 will be a benefit when services are rendered in the office setting by advanced practice registered nurse (APRN), physician, and physician assistant (PA) providers, and when services are rendered in the outpatient hospital setting by hospital providers.

Procedure code J9354 will be restricted to the following diagnosis codes:

| Diagnosis Codes | | | | | | |
|-----------------|------|------|------|------|------|------|
| 1740 | 1741 | 1742 | 1743 | 1744 | 1745 | 1746 |
| 1748 | 1749 | 1750 | 1759 | | | |

Documentation Requirements for Ado-trastuzumab emtansine (Kadcyla®)

Prior authorization is not required for Ado-trastuzumab emtansine (KADCYLA®) (procedure code J9354).

Documentation must support administration of Ado-trastuzumab emtansine (KADCYLA®) and include all of the following:

- Evidence of HER2 positive breast cancer as evidenced by immunochemistry (IHC) test or fluorescent in situ hybridization (FISH) test
- Evidence of metastatic breast cancer
- Evidence of prior treatment for HER2 positive metastatic breast cancer with trastuzumab and a taxane oncology agent given separately or in combination
- Evidence demonstrating receipt of prior therapy for HER2 positive metastatic breast cancer or recurrent disease, including previous treatment protocol, within six months of completing adjuvant therapy.

All documentation must be maintained in the client's medical record and is subject to retrospective review.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.