New Benefit for Texas Medicaid: Monoclonal Antibodies – Asthma with an Eosinophilic Phenotype

Information posted January 31, 2017

**Note:** Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

This is a correction to the January 2017 Healthcare Common Procedure Coding System (HCPCS) Special Bulletin, No. 11.

The bulletin indicated that reslizumab procedure code J2786 would be effective for dates of service on or after January 1, 2017. The correct effective date is April 1, 2017. The reimbursement rate for procedure code J2786 will be presented at a public rate hearing on February 16, 2017, with a proposed effective date of April 1, 2017. Implementation of the reimbursement rate is pending; providers will be notified after the rate hearing when a final decision has been made.

The complete, corrected information is as follows:

Effective for dates of service on or after April 1, 2017, reslizumab procedure code J2786 is a benefit of Texas Medicaid for monoclonal antibodies for the treatment of asthma with an eosinophilic phenotype.

Procedure code J2786 may be reimbursed as follows:

- To physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), and physician providers for services rendered in the office setting
- To hospital providers for services rendered in the outpatient hospital setting

Procedure codes J2786 requires prior authorization and must be submitted with a valid, rebatable National Drug Code (NDC).

Reslizumab is an injectable drug that is approved by the Federal Drug Association (FDA) and is indicated for the treatment of clients who are 18 years old and older and have severe asthma (as defined by the National Heart, Lung, and Blood Institute's Guidelines for the Diagnosis and Management of Asthma) with an eosinophilic phenotype and requires prior authorization.

Documentation supporting medical necessity for treatment of asthma with reslizumab must be submitted with the request.

Refer to: The Texas Medicaid Provider Procedures Manual Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.39.30.5, “Prior Authorization Criteria for Asthma: Moderate to Severe (Omalizumab) and Severe (Mepolizumab)” for prior authorization requirements that apply for Mepolizumab and Reslizumab related to severe asthma.

**Additional Requirements for Reslizumab**

The following documentation must be submitted with the prior authorization request for treatment with reslizumab:
• Documentation on whether the client has an eosinophilic phenotype as determined by blood eosinophils of 400 cells/microliter* or higher prior to initiation of therapy (within 3-4 weeks of dosing). **Note:** 1 microliter (ul) is equal to 1 cubic millimeter (mm3)

• Prior authorization for an initial request for reslizumab will be considered when the client has had an inadequate response after being compliant for six months of treatment with omalizumab and meets the criteria for reslizumab. Failure to respond to omalizumab must be documented in a letter that is signed and dated by the prescribing provider. The letter must be submitted with the request.
  
  o Exceptions may be considered for clients who meet the requirements for treatment with reslizumab but who do not meet the criteria for omalizumab. Supporting documentation (IgE level falls outside of required range and/or negative skin test/RAST to a perennial aeroallergen) must be submitted along with the documentation for treatment with reslizumab as described above.

• The exact dosage must be included with the request.

**Continuation of Therapy Requirements for Reslizumab**

For continuation of therapy with reslizumab after six continuous months, the requesting provider must submit documentation of the client's compliance and satisfactory clinical response to reslizumab to qualify for additional authorizations.

Refer to: The Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.39.30.6, “Requirements for Continuation of Therapy,” for the applicable requirements.

**Limitations**

Procedure codes J2182, J2357, and J2786 may not be billed in any combination for the same date of service by any provider.

Reslizumab may not be used concurrently with omalizumab or any other interleukin-5 antagonist. Providers may not bill for an office visit if the only reason for the visit is a reslizumab injection.

Providers may not bill for an office visit if the only reason for the visit is an omalizumab, mepolizumab, or reslizumab injection.


**Note:** Procedure code J2786 replaces discontinued procedure code C9481 which was created by CMS for the third quarter 2016 Health Care Procedure Coding System (HCPCS) update but was not made a benefit of Texas Medicaid. Procedure code J2786 is being made a benefit of Texas Medicaid.

For more information, call the TMHP Contact Center at 1-800-925-9126.