

New Benefit for the CSHCN Services Program: Monoclonal Antibodies – Asthma & Chronic Idiopathic Urticaria

Information posted February 1, 2017

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 correct information is as follows:

Effective for dates of service on or after April 1, 2017, reslizumab procedure code J2786 has been added as a benefit of the Children with Special Health Care Needs (CSHCN) Services Program for monoclonal antibodies for the treatment of asthma and chronic idiopathic urticarial.

Procedure code J2786 may be reimbursed as follows:

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

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

Additional Requirements for Reslizumab

Reslizumab procedure code J2786 is an injectable drug that is approved by the Federal Drug Association (FDA) and indicated for the treatment of clients who are 18 years of age and older and have severe asthma with an eosinophilic phenotype.

Prior authorization for reslizumab will be considered for clients who are 18 years of age or older with severe asthma (as defined by the National Heart, Lung, and Blood institute's Guidelines for the Diagnosis and Management of Asthma).

Refer to: The *CSHCN Services Program Provider Manual*, section 31.2.25.15, "Monoclonal Antibodies - Asthma and Chronic Idiopathic Urticaria," for information about prior authorization requirements for clients with severe asthma.

The following additional documentation for treatment with reslizumab also must be submitted:

- Has an eosinophilic phenotype as determined by blood eosinophils of 400 cells/microliter* or higher to initiation of therapy (within 3-4 weeks of dosing).

Note: 1 microliter 9ul) 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 6 months of treatment with omalizumab and meets the criteria for reslizumab. Failure to respond to omalizumab must be documented in a letter, signed and dated by the prescribing provider and submitted with the request.

- 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.
- When requesting prior authorization, the exact dosage must be included with the request.

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

Providers may refer to the *CSHCN Services Program Provider Manual*, subsection 31.2.25.15, "Monoclonal Antibodies - Asthma and Chronic Idiopathic Urticaria," for additional information.

Note: *Discontinued procedure code C9481 was created by CMS for the third quarter 2016 HCPCS update but was not made a benefit of the CSHCN Services Program. Procedure code J2786 replaces discontinued procedure code C9481, and will be made a benefit. Providers can refer to the CSHCN Services Program Provider Manual for information about mepolizumab; the same information will apply for procedure code J2786 as currently applies to procedure code C9481.*

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