
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

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CHANGE REQUEST 2273

SUBJECT: Coding Instructions for IN-111 Zevalin and Y-90 Zevalin

This Program Memorandum (PM) provides coding instructions on how to bill for IN-111 Zevalin (Indium-111 Ibritumomab Tiuxetan) and Y-90 Zevalin (Yttrium-90 Ibritumomab Tiuxetan), which are used for the treatment of patients with relapsed or refractory low-grade follicular or transformed B-cell non-Hodgkin's lymphoma.

These coding instructions only indicate the method by which the drug is paid, if it is covered by the Medicare program. These instructions do not represent a determination that the Medicare program covers the drug. Contractors must determine whether the drug meets all program requirements for coverage; for example, that the drug is reasonable and necessary to treat the beneficiary's condition and whether it is excluded from payment because it is usually self-administered.

The CMS has undertaken a national coverage determination for Zevalin to assure that this biologic is appropriately used in the Medicare population. We expect to issue a decision this Fall. Further information can be found on the CMS Medicare coverage policy tracking sheet at <http://www.cms.gov/coverage/8b3.asp>.

Payment for infusion is packaged into the imaging scans and should not be billed separately.

Only one of the three imaging codes should be used, with the units of service of one (1) that would include all the imaging studies performed, regardless of the number of images or number of days required to perform the imaging.

No codes other than the ones described below should be reported on claims for Zevalin.

This instruction applies to hospital outpatient departments paid under the OPSS and to physician offices. Critical access hospitals and other outpatient departments not paid under OPSS are to continue to utilize their current billing practices.

FISCAL INTERMEDIARY INSTRUCTIONS

Coding instructions in this section of the PM apply to services furnished through September 30, 2002. Effective for services furnished on or after October 1, 2002, hospitals should bill for Zevalin using the appropriate C-code to allow a transitional pass-through payment under the OPSS. The new transitional pass-through code for Zevalin and instructions to bill for a transitional pass-through payment will be included in a separate PM that addresses the October OPSS quarterly update.

For services furnished prior to October 1, 2002, instruct hospitals to use HCPCS code J3490, (Unclassified drugs) to bill for Zevalin furnished to a beneficiary in the hospital outpatient setting. Although no separate payment is allowed under the OPSS for a drug billed with HCPCS J3490, charges associated with J3490 are split proportionally among the other payable APCs on the claim and are added to the original charges for those other APCs. The resulting charges are used in determining whether the threshold for outlier payment is met. This method should also be used for all new drugs that have not received a separate HCPCS code. If the outlier threshold is met, claims will also generate an outlier payment in addition to APC payments. Once a HCPCS code has been assigned, hospitals should use the appropriate code.

CMS-Pub. 60AB

For services furnished prior to October 1, 2002, hospitals should bill for Zevalin as follows.

Diagnostic

For IN-111 Zevalin, pre treatment imaging/dosimetry diagnostic dose, providers are to use:

- 78800 - Radiopharmaceutical localization of tumor, limited area
or
- 78801 - Radiopharmaceutical localization of tumor, multiple areas
or
- 78802 - Radiopharmaceutical localization of tumor, whole body
and
- J3490 - Unclassified drug

Therapeutic

For Y-90 Zevalin therapeutic dose, providers are to use:

- 79400 - Radiopharmaceutical therapy, nonthyroid, nonhematologic
and
- J3490 - Unclassified drug

Intermediary – Applicable Bill Types

The applicable bill type is 13X.

Intermediary – Applicable Revenue Codes

The applicable revenue code is 636.

CARRIER INSTRUCTIONS

Physicians are to continue using HCPCS codes A4641 and 79900 for Zevalin after October 1, 2002, or until a more specific Level II HCPCS code is available.

For services furnished on or after the effective date of this document, Zevalin should be reported as follows:

Diagnostic

For IN-111 Zevalin, pre treatment imaging/dosimetry diagnostic dose, report the following codes:

- 78800 - Radiopharmaceutical localization of tumor, limited area
or
- 78801 - Radiopharmaceutical localization of tumor, multiple areas
or
- 78802 - Radiopharmaceutical localization of tumor, whole body
and
- A4641- Diagnostic radiopharmaceutical, not otherwise classified

Therapeutic

For Y-90 Zevalin therapeutic dose, report the following codes:

- 79400 - Radiopharmaceutical therapy, nonthyroid, nonhematologic
and
- 79900 – Provision of therapeutic radiopharmaceutical(s)

The effective date and *implementation date* for the provider notification in this PM is 2 weeks from August 21, 2002, for Web sites and list serves and then in the next regularly scheduled bulletin.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 1, 2003.

If you have any questions, contact the appropriate regional office.