

**Humana will be updating its claim code-editing software on April 24, 2012.**

**The following changes will apply to outpatient facility and ambulatory surgery center (ASC) claims submitted for Humana commercial fully insured and select self-funded\* members, as well as Medicare Advantage (MA) Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) and Private Fee-for-Service (PFFS) members, as indicated below:**

Category	Topic	Policy Statement	Impacted Products
General Policy	LCD/NCD Editing for Utilization Guidelines	<p>Humana is committed to remaining consistent with CMS claims processing guidelines. To further that effort, as Medicare payment policies change, Humana continuously updates code-editing logic on all Humana Medicare Advantage (MA) products to be consistent. Health care providers must follow applicable claim submission guidelines, including local coverage determinations (LCDs) and national coverage determinations (NCDs), to facilitate accurate claims processing results. In 2010, Humana automated the application of NCDs and LCDs that were specific to appropriate diagnoses for procedures.</p> <p><b>Effective April 14, 2012, the NCD and LCD policies that have utilization guidelines (frequency limits) will also be enforced during the automated adjudication process for outpatient and inpatient facility claims.</b></p>	<p>All MA products listed above</p> <p>This edit applies to both inpatient and outpatient facility claims.</p>
HCPCS – DME	Durable Medical Equipment (DME) and Supplies	<p><b>Controlled dose inhalation drug delivery system (HCPCS K0730) and nebulizer with compressor (HCPCS E0570) will only be reimbursed when billed with an appropriate modifier.</b></p> <p>According to CMS and Humana policies, K0730 and E0570 are only eligible for reimbursement for the administration of the drug Iloprost. The KX modifier (requirements specified in the medical policy have been met) is used to indicate that eligibility requirements have been met. K0730 and E0570 will only be reimbursed when submitted with the requisite modifier.</p>	All products
HCPCS – Drugs & Biologicals	Bevacizumab	<p><b>Bevacizumab, injection, 10 mg (brand name Avastin, HCPCS J9035) will be reimbursed for up to two units per date of service when submitted with one of the following diagnoses by any provider:</b></p> <ul style="list-style-type: none"> <li>• Infection by histoplasma capsulatum retinitis</li> <li>• Background of diabetic retinopathy</li> <li>• Diabetic macular edema</li> <li>• Retinal neovascularization not otherwise specified</li> <li>• Central retinal vein occlusion</li> <li>• Venous tributary (branch) occlusion</li> <li>• Histoplasmosis, unspecified, retinitis</li> <li>• Proliferative diabetic retinopathy</li> <li>• Retinopathy of prematurity, stage 3</li> <li>• Angioid streaks of choroid</li> </ul>	All products

HCPCS – Drugs & Biologicals	Bevacizumab	<b>Bevacizumab, injection, 10 mg (brand name Avastin, HCPCS J9035) will be reimbursed for up to 120 units per date of service when submitted with one of the following diagnoses by any provider:</b> <ul style="list-style-type: none"> <li>• Glioblastoma</li> <li>• Pancreatic cancer</li> <li>• Renal cell carcinoma</li> <li>• Malignant neoplasm of other specified sites of nervous system</li> <li>• Secondary malignant neoplasm of other specified sites, kidney</li> <li>• Neoplasm of uncertain behavior of endocrine glands and nervous system, brain and spinal cord</li> <li>• Personal history of malignant neoplasm of renal pelvis</li> </ul>	All products
HCPCS – Drugs & Biologicals	Bevacizumab	<b>Bevacizumab, injection, 10 mg (brand name Avastin, HCPCS J9035) will be reimbursed for up to 180 units per date of service billed by any provider and the diagnosis is not one of the following:</b> <ul style="list-style-type: none"> <li>• Malignant neoplasm of the brain</li> <li>• Malignant neoplasm of the colon</li> <li>• Malignant neoplasm of rectum, recto sigmoid junction and anus</li> <li>• Personal history of malignant neoplasm <ul style="list-style-type: none"> <li>- Gastrointestinal tract, unspecified</li> <li>- Large intestine</li> <li>- Rectum, recto sigmoid and anus</li> <li>- Kidney</li> <li>- Brain</li> </ul> </li> <li>• Malignant neoplasm of kidney and other unspecified urinary organs</li> <li>• Infection by histoplasma capsulatum retinitis</li> <li>• Background of diabetic retinopathy</li> <li>• Diabetic macular edema</li> <li>• Retinal neovascularization not otherwise specified</li> <li>• Central retinal vein occlusion</li> <li>• Venous tributary (branch) occlusion</li> <li>• Histoplasmosis, unspecified, retinitis</li> <li>• Proliferative diabetic retinopathy</li> <li>• Retinopathy of prematurity, stage three</li> <li>• Angioid streaks of choroid</li> </ul>	All products
HCPCS – Drugs & Biologicals	Bevacizumab	<b>Bevacizumab, injection, 10 mg (brand name Avastin, HCPCS J9035) will not be reimbursed when submitted for 10 or more units, and modifier JW (drug amount discarded/not administered to any patient) has been appended.</b>	All products
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (J0585, J0586, J0587, Q2040)	<b>OnabotulinumtoxinA, injection, one unit (brand names Botox and Botox Cosmetic, HCPCS J0585), abobotulinumtoxinA, injection, five units (brand name Dysport, HCPCS J0586), rimabotulinumtoxinB, injection, 100 units (brand name Myobloc, HCPCS J0587), incobotulinumtoxinA, injection, one unit (brand name Xeomin, HCPCS Q2040) will not be reimbursed when billed with diagnosis of hypertrophic and atrophic conditions of skin (wrinkles). According to CMS and</b>	Commercial fully insured and select self-funded*

		Humana policies, Botulinum Toxin A and B will not be reimbursed for cosmetic purposes.	
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (J0585)	<b>Botulinum Toxin A and B (brand names Botox and Botox Cosmetic, HCPCS J0585) will be reimbursed for up to 100 units when submitted with a diagnosis of primary axillary hyperhidrosis, achalasia or sialorrhea.</b>	All products
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (J0585)	<b>Botulinum Toxin A and B (brand names Botox and Botox Cosmetic, HCPCS J0585) will be reimbursed for up to 300 units when submitted with a diagnosis of cervical dystonia or neurogenic bladder.</b>	All products
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (J0585)	<b>OnabotulinumtoxinA, injection, one unit (brand names Botox and Botox Cosmetic, HCPCS J0585) will be reimbursed once in any three-month period, when submitted with a diagnosis of cervical dystonia or primary axillary hyperhidrosis by any provider.</b>	All products
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (J0585)	<b>Botulinum Toxin A and B (brand names Botox and Botox Cosmetic, HCPCS J0585) will be reimbursed for up to 200 units in any one-month period when submitted with a diagnosis of blepharospasm.</b>	All products
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (J0585)	<b>Botulinum Toxin A and B (brand names Botox and Botox Cosmetic, HCPCS J0585) will not be reimbursed when submitted for 100 or more units, and modifier JW (drug amount discarded/not administered to any patient) has been appended.</b>	All products
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (J0587)	<b>Botulinum Toxin A and B (brand name Myobloc, HCPCS J0587) will be reimbursed for up to 25 units when submitted with a diagnosis of sialorrhea.</b>	All products
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (J0587)	<b>Botulinum Toxin A and B (brand name Myobloc, HCPCS J0587) will be reimbursed for up to 360 units when submitted with a diagnosis of spasticity.</b>	All products
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (J0587)	<b>Botulinum Toxin A and B (brand names Myobloc, HCPCS J0587), when submitted for the initial dose, will be reimbursed for up to 30 units in any 14-week period when submitted with a diagnosis of strabismus. Subsequent maintenance doses will be reimbursed for up to 300 units in any 14-week period when submitted with a diagnosis of strabismus.</b>	All products
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (J0587, C9278, Q2040)	<b>Botulinum Toxin A and B (brand names Myobloc and Xeomin, HCPCS J0587, C9278 and Q2040), when submitted for the initial dose, will be reimbursed for up to 50 units in any 18-week period when submitted with a diagnosis of cervical dystonia. Subsequent maintenance doses will be reimbursed for up to 100 units in any 18-week period, when submitted with a diagnosis of cervical dystonia.</b>	All products
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (Q2040)	<b>Botulinum Toxin A and B (brand name Xeomin, HCPCS Q2040) is only covered with a diagnosis of cervical dystonia or blepharospasm.</b>	Commercial fully insured and select self-funded*
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (Q2040)	<b>Botulinum Toxin A and B (brand name Xeomin, HCPCS Q2040) will be reimbursed for up to 70 units per date of service when submitted by any provider and the diagnosis is blepharospasm.</b>	All products

HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (Q2040)	<b>Botulinum Toxin A and B (brand name Xeomin, HCPCS Q2040) will be reimbursed for up to 120 units when submitted by any provider and the diagnosis is cervical dystonia.</b>	All products
HCPCS – Drugs & Biologicals	Botulinum Toxin A and B (Q2040)	<b>Botulinum Toxin A and B (brand name Xeomin, HCPCS Q2040) will be reimbursed once in any 12-week period when submitted by any provider.</b>	Commercial fully insured and select self- funded*
HCPCS – Drugs & Biologicals	Cetuximab	<b>Cetuximab, injection, 10 mg (brand name Erbitux, HCPCS J9055) will be reimbursed once per week when submitted by any provider.</b>	All products
HCPCS – Drugs & Biologicals	Darbepoetin Alfa	<b>Darbepoetin alfa for non-end-stage renal disease (ESRD) use, injection, 1 mcg (HCPCS J0881), when submitted for the initial dose for cancer patients receiving chemotherapy, will be reimbursed for up to 500 units in any one-month period, when submitted with one of the following diagnoses by any provider:</b> <ul style="list-style-type: none"> <li>• Neoplastic disease</li> <li>• Malignant neoplasm of lip, oral cavity and pharynx</li> <li>• Malignant neoplasm of digestive organs and peritoneum</li> <li>• Neoplasm of respiratory and intrathoracic organs</li> <li>• Malignant neoplasm of bone, connective tissue, skin and breast</li> <li>• Malignant neoplasm of genitourinary organs</li> <li>• Malignant neoplasm of other and unspecified sites</li> <li>• Lymphosarcoma and reticulosarcoma and other specified malignant tumors of lymphatic tissue</li> <li>• Hodgkin’s disease</li> <li>• Other malignant neoplasms of lymphoid and histiocytic tissue</li> <li>• Multiple myeloma and immunoproliferative neoplasms</li> <li>• Lymphoid leukemia</li> <li>• Carcinoma in situ of digestive organs</li> <li>• Carcinoma in situ of respiratory system</li> <li>• Carcinoma in situ of skin</li> <li>• Carcinoma in situ of breast and genitourinary system</li> <li>• Carcinoma in situ of other unspecified sites</li> <li>• Neoplasms of uncertain behavior</li> <li>• Neoplasms of unspecified nature</li> <li>• Macroglobulinemia</li> <li>• Encounter for antineoplastic immunotherapy</li> <li>• Convalescence and palliative care following chemotherapy</li> <li>• Follow up examination following chemotherapy</li> <li>• Antineoplastic antibiotics</li> <li>• Primary systemic agents, antineoplastic and immunosuppressive drugs</li> </ul>	All products
HCPCS – Drugs & Biologicals	Doxorubicin HCL Liposome	<b>Doxorubicin HCL, injection, all lipid formulations, 10 mg (brand name Doxil, HCPCS J9001) will be reimbursed for up to five units when submitted with one of the following diagnoses:</b> <ul style="list-style-type: none"> <li>• Malignant neoplasm of pancreas, Islets of Langerhans</li> <li>• Malignant carcinoid tumors of the small intestine</li> <li>• Malignant carcinoid tumors of the appendix, large intestine and rectum</li> <li>• Malignant carcinoid tumors of other unspecified sites</li> </ul>	All products

		<ul style="list-style-type: none"> <li>• Malignant poorly differentiated neuroendocrine tumors</li> <li>• Secondary neuroendocrine tumors</li> <li>• Benign neoplasm of thymus</li> <li>• Personal history of malignant neuroendocrine tumor</li> </ul>	
HCPCS – Drugs & Biologicals	Doxorubicin HCL Liposome	<b>Doxorubicin HCL, injection, all lipid formulations, 10 mg (brand name Doxil, HCPCS J9001) will be reimbursed for up to seven units per date of service when submitted by any provider and the diagnosis is head and neck cancer or nonsmall cell lung cancer.</b>	All products
HCPCS – Drugs & Biologicals	Doxorubicin HCL Liposome	<b>Doxorubicin HCL, injection, all lipid formulations, 10 mg (brand name Doxil, HCPCS J9001) will be reimbursed for up to 10 units when submitted with one of the following diagnoses by any provider:</b> <ul style="list-style-type: none"> <li>• Multiple myeloma</li> <li>• Personal history of other lymphatic and hematopoietic neoplasms</li> <li>• Hodgkin’s disease</li> <li>• Kaposi’s sarcoma</li> <li>• Personal history of other malignant neoplasm of the skin</li> <li>• Large cell lymphoma</li> <li>• Mycosis fungoides</li> <li>• Sezary’s disease</li> <li>• Other malignant neoplasms of lymphoid and histiocytic tissue, other lymphomas</li> </ul>	All products
HCPCS – Drugs & Biologicals	Doxorubicin HCL Liposome	<b>Doxorubicin HCL, injection, all lipid formulations, 10 mg (brand name Doxil, HCPCS J9001) will be reimbursed once in any three-week period when billed by any provider.</b>	All products
HCPCS – Drugs & Biologicals	Doxorubicin HCL Liposome	<b>Doxorubicin HCL, injection, all lipid formulations, 10 mg (brand name Doxil, HCPCS J9001) will not be reimbursed when submitted for two or more units and modifier JW (drug amount discarded/not administered to any patient) has been appended.</b>	All products
HCPCS – Drugs & Biologicals	Epoetin Alfa (J0885)	<b>Epoetin alfa for non-ESRD use, injection, 1,000 units (brand name Procrit and Epogen, HCPCS J0885) will only be reimbursed when submitted with one of the following diagnoses:</b> <ul style="list-style-type: none"> <li>• Malignant neoplasm of lip, oral cavity and pharynx</li> <li>• Malignant neoplasm of digestive organs and peritoneum</li> <li>• Neoplasm of respiratory and intrathoracic organs</li> <li>• Malignant neoplasm of bone, connective tissue, skin and breast</li> <li>• Malignant neoplasm of genitourinary organs</li> <li>• Malignant neoplasm of other and unspecified sites</li> <li>• Lymphosarcoma and reticulosarcoma and other specified malignant tumors of lymphatic tissue</li> <li>• Hodgkin’s disease</li> <li>• Other malignant neoplasms of lymphoid and histiocytic tissue</li> <li>• Personal history of malignant neoplasm <ul style="list-style-type: none"> <li>- Gastrointestinal tract</li> <li>- Trachea, bronchus, and lung</li> <li>- Other respiratory and intrathoracic organs</li> <li>- Genital organs</li> <li>- Urinary organs</li> </ul> </li> </ul>	Commercial fully insured and select self-funded*

		<ul style="list-style-type: none"> <li>- Other lymphatic and hematopoietic neoplasms</li> <li>- Other sites</li> <li>- Unspecified</li> <li>- Drug therapy, antineoplastic chemotherapy</li> <li>• Encounter for antineoplastic chemotherapy</li> <li>• Human immunodeficiency virus (HIV)</li> <li>• Prophylactic use of agents affecting estrogen receptors and estrogen levels, other specified prophylactic measure</li> <li>• Pre-operative cardiovascular examination</li> <li>• Pre-operative respiratory examination</li> <li>• Other specified pre-operative examination</li> <li>• Pre-operative examination, unspecified</li> <li>• Extreme immaturity</li> <li>• Other preterm infants</li> <li>• Weeks of gestation (unspecified though 34 weeks)</li> <li>• Low-grade myelodysplastic syndrome lesions</li> <li>• High-grade myelodysplastic syndrome lesions</li> <li>• Myelodysplastic syndrome with 5q deletion</li> <li>• Myelodysplastic syndrome, unspecified</li> <li>• Nephrotic syndrome</li> <li>• Chronic glomerulonephritis</li> <li>• Nephritis and nephropathy, not specified as acute or chronic</li> <li>• Chronic kidney disease (Stage I through Stage V and unspecified)</li> <li>• Renal failure, unspecified</li> <li>• Renal sclerosis, unspecified</li> <li>• Disorders resulting from impaired renal function</li> <li>• Small kidney of unknown cause</li> <li>• Personal history of nephrotic syndrome</li> </ul>	
HCPCS – Drugs & Biologicals	Epoetin Alfa (J0885)	<b>Epoetin alfa for non-ESRD use, injection, 1,000 units (brand names Procrit and Epogen, HCPCS J0885), when submitted for an adult maintenance dose, will be reimbursed for up to 46 units in any one-week period when submitted with the diagnosis of anemia associated to zidovudine treatment for HIV patients.</b>	All products
HCPCS – Drugs & Biologicals	Epoetin Alfa (J0885)	<b>Epoetin alfa for non-ESRD use, injection, 1,000 units (brand names Procrit and Epogen, HCPCS J0885), will be reimbursed for up to 60 units when submitted with one of the following diagnoses by any provider:</b> <ul style="list-style-type: none"> <li>• Essential thrombocythemia</li> <li>• Low-grade myelodysplastic syndrome lesions</li> <li>• High-grade myelodysplastic syndrome lesions</li> <li>• Myelodysplastic syndrome with 5q deletion</li> <li>• Myelofibrosis with myeloid metaplasia</li> </ul>	All products
HCPCS – Drugs & Biologicals	Epoetin Alfa (J0885)	<b>Epoetin alfa for non-ESRD use, injection, 1,000 units (brand names Procrit and Epogen, HCPCS J0885), will be reimbursed for up to 70 units when submitted with one of the following diagnoses:</b> <ul style="list-style-type: none"> <li>• Prophylactic use of agents affecting estrogen receptors and estrogen levels, other specified prophylactic measure</li> <li>• Pre-operative cardiovascular examination</li> </ul>	All products

		<ul style="list-style-type: none"> <li>• Pre-operative respiratory examination</li> <li>• Other specified pre-operative examination</li> <li>• Pre-operative examination, unspecified</li> </ul>	
HCPCS – Drugs & Biologicals	Epoetin Alfa (J0885)	<p><b>Epoetin alfa for non-ESRD use, injection, 1,000 units (brand names Procrit and Epogen, HCPCS J0885), will be reimbursed for up to four injections in any one-week period when submitted by any provider with a diagnosis other than:</b></p> <ul style="list-style-type: none"> <li>• Prophylactic use of agents affecting estrogen receptors and estrogen levels, other specified prophylactic measure</li> <li>• Pre-operative cardiovascular examination</li> <li>• Pre-operative respiratory examination</li> <li>• Other specified pre-operative examination</li> <li>• Pre-operative examination, unspecified</li> </ul>	All products
HCPCS – Drugs & Biologicals	Epoetin Alfa (J0885, J0886)	<p><b>Epoetin alfa, for ESRD and non-ESRD use, injection, 1,000 units (brand names Epogen and Procrit, HCPCS J0885, J0886), when submitted for an adult maintenance dose, will be reimbursed for up to 80 units in any three-week period when submitted with the diagnosis of ESRD, chronic kidney disease or chronic renal failure for dialysis-independent patients.</b></p>	Commercial fully insured and select self-funded*
HCPCS – Drugs & Biologicals	Epoetin Alfa (J0886, Q4081)	<p><b>Epoetin alfa for ESRD on dialysis, injection, 1,000 mg (brand names Procrit, Epogen, HCPCS J0886) and epoetin alfa for ESRD on dialysis, injection, 100 mg (HCPCS Q4081) are only covered with a diagnosis of anemia, ESRD, renal dialysis status or encounter for dialysis.</b></p>	Commercial fully insured and select self-funded*
HCPCS – Drugs & Biologicals	Epoetin Alfa (J0886, Q4081)	<p><b>Epoetin alfa for ESRD on dialysis, injection, 1,000 mg (brand names Procrit, Epogen, HCPCS J0886) and epoetin alfa for ESRD on dialysis, injection, 100 mg (HCPCS Q4081) when submitted with a diagnosis of anemia or anemia for chronic kidney disease, are only covered when also submitted with a diagnosis of ESRD, renal dialysis status or encounter for dialysis.</b></p>	Commercial fully insured and select self-funded*
HCPCS – Drugs & Biologicals	Epoetin Alfa (Q4081)	<p><b>Epoetin alfa for ESRD on dialysis, injection, 100 units (HCPCS Q4081), when submitted for an adult maintenance dose, will be reimbursed for up to 800 units in any three-week period when submitted with the diagnosis of ESRD, chronic kidney disease or chronic renal failure for dialysis-independent patients.</b></p>	Commercial fully insured and select self-funded*
HCPCS – Drugs & Biologicals	Filgrastim	<p><b>Filgrastim (G-CSF) injection 300 mcg and 480 mcg (brand name Neupogen, HCPCS J1440 and J1441) will be reimbursed for up to 14 visits in any two-week period when submitted by any provider.</b></p>	All products
HCPCS – Drugs & Biologicals	Gemcitabine	<p><b>Gemcitabine HCl (brand name Gemzar, HCPCS J9201) will be reimbursed for up to three times in any one-month period when billed by any health care provider and the diagnosis is not one of the following:</b></p> <ul style="list-style-type: none"> <li>• Pancreatic cancer</li> <li>• Head and neck cancer</li> <li>• Renal pelvic cancer</li> <li>• Lung cancer</li> <li>• Breast cancer</li> <li>• Ovarian cancer</li> </ul>	All products

		<ul style="list-style-type: none"> <li>• Osteosarcoma</li> <li>• Bladder cancer</li> </ul>	
HCPCS – Drugs & Biologicals	Gemcitabine	<p><b>Gemcitabine HCl, injection, 200 mg (brand name Gemzar, HCPCS J9201) will be reimbursed for up to 13 units per date of service when submitted with one of the following diagnoses by any provider:</b></p> <ul style="list-style-type: none"> <li>• Cancer of unknown origin</li> <li>• Secondary malignant neoplasm of respiratory and digestive systems, retro peritoneum and peritoneum</li> <li>• Neoplasm of other genitourinary organs</li> <li>• Malignant neoplasm of colon</li> <li>• Malignant neoplasm of rectum, recto sigmoid junction and anus</li> <li>• Malignant neoplasm of pleura</li> <li>• Malignant neoplasm of anterior mediastinum, posterior mediastinum, other, and mediastinum, part unspecified</li> <li>• Malignant neoplasm of ovary and other uterine adnexa</li> <li>• Malignant neoplasm of kidney, except pelvis, and renal pelvis</li> <li>• Secondary malignant neoplasm of other specified sites, other urinary organs</li> <li>• Lymphosarcoma and reticulosarcoma and other specified malignant tumors of lymphatic tissue</li> <li>• Other malignant neoplasms of lymphoid and histiocytic tissue</li> <li>• Neoplasms of unspecified nature, brain, other specified sites and site unspecified</li> <li>• Personal history of malignant neoplasm: <ul style="list-style-type: none"> <li>- Gastrointestinal tract, large intestine, rectum, recto sigmoid junction and anus</li> <li>- Other respiratory and intrathoracic organs, respiratory organ, unspecified and other</li> <li>- Genital organs, other parts of uterus, ovary and other female genital organs</li> <li>- Urinary organs, renal pelvis</li> <li>- Other lymphatic and hematopoietic neoplasm, lymphosarcoma and reticulosarcoma and other</li> </ul> </li> </ul>	All products
HCPCS – Drugs & Biologicals	Infliximab	<b>Infliximab, injection, 10 mg (brand name Remicade, HCPCS J1745) will not be reimbursed when submitted for 10 or more units and modifier JW (drug amount discarded/not administered to any patient) has been appended.</b>	All products
HCPCS – Drugs & Biologicals	Irinotecan	<b>Irinotecan, injection, 20 mg (brand name Camptosar, HCPCS J9206) will be reimbursed up to once per week when submitted by any provider.</b>	All products
HCPCS – Drugs & Biologicals	Leuprolide Acetate Depot	<b>Leuprolide acetate, injection, for depot suspension, per 3.75 mg (brand names Eligard, Lupron Depot, HCPCS J1950) will not be reimbursed when submitted with a diagnosis of central precocious puberty for a patient whose age is greater than 12 years.</b>	Commercial fully insured and select self-funded*
HCPCS – Drugs & Biologicals	Leuprolide Acetate Depot	<b>Leuprolide acetate, injection, for depot suspension, per 3.75 mg (brand names Eligard and Lupron Depot, HCPCS J1950) will be reimbursed for up to three units in any three-month period</b>	All products



		<b>when submitted with a diagnosis of uterine leiomyoma, breast cancer or endometriosis.</b>	
HCPCS – Drugs & Biologicals	Octreotide Acetate	<b>Octreotide, depot form for intramuscular injection, 1 mg (brand name Sandostatin LAR, HCPCS J2353) will be reimbursed for up to 30 units when submitted with one of the following diagnoses:</b> <ul style="list-style-type: none"> <li>• Carcinoid syndrome</li> <li>• Vasoactive intestinal polypeptide-secreting tumors</li> <li>• Hepatocellular carcinoma</li> <li>• Malignant poorly differentiated neuroendocrine tumors</li> <li>• Post-gastric surgery syndromes/dumping syndrome</li> <li>• Other nonspecific findings on examination of blood</li> <li>• Other endocrine function study</li> <li>• Adverse effect of drugs and antineoplastics</li> </ul>	All products
HCPCS – Drugs & Biologicals	Omalizumab	<b>Omalizumab, injection 5 mg (brand name Xolair, HCPCS J2357) is only covered with one of the following diagnoses:</b> <ul style="list-style-type: none"> <li>• Extrinsic asthma</li> <li>• Intrinsic asthma</li> <li>• Chronic obstructive asthma</li> <li>• Asthma, unspecified</li> <li>• Certain adverse effects not elsewhere classified, allergy, unspecified</li> </ul>	Commercial fully insured and select self-funded*
HCPCS – Drugs & Biologicals	Omalizumab	<b>Omalizumab, injection, 5 mg (brand name Xolair, HCPCS J2357) will be reimbursed once in any two-week period when submitted with a diagnosis of extrinsic asthma or unspecified asthma by any provider.</b>	All products
HCPCS – Drugs & Biologicals	Omalizumab	<b>Omalizumab, injection, 5 mg (brand name Xolair, HCPCS J2357) will not be reimbursed when submitted for 30 or more units and modifier JW (drug amount discarded/not administered to any patient) has been appended.</b>	All products
HCPCS – Drugs & Biologicals	Oxaliplatin	<b>Oxaliplatin, injection, 0.5 mg (brand name Eloxatin, HCPCS J9263) will be allowed once in any one-week period when billed by any provider.</b>	All products
HCPCS – Drugs & Biologicals	Paclitaxel	<b>Paclitaxel, injection, 30 mg (brand names Taxol and Nov-Onxol, HCPCS J9265) will be reimbursed for up to 17 units per date of service when submitted with one of the following diagnoses by any provider:</b> <ul style="list-style-type: none"> <li>• Anal cancer</li> <li>• Personal history of malignant neoplasm, rectum, recto sigmoid junction and anus</li> <li>• Malignant neoplasm of retro peritoneum and peritoneum</li> <li>• Malignant neoplasm of connective and other soft tissue</li> <li>• Neoplasms of unspecified nature, bone, soft tissue and skin</li> </ul>	All products
HCPCS – Drugs & Biologicals	Paclitaxel	<b>Paclitaxel, injection, 30 mg (brand names Taxol and Nov-Onxol, HCPCS J9265) will be reimbursed for up to 19 units per date of service when submitted by any provider with one of the following diagnoses:</b> <ul style="list-style-type: none"> <li>• Bladder cancer</li> <li>• Fallopian tube cancer</li> <li>• Ovarian cancer</li> </ul>	All products

		<ul style="list-style-type: none"> <li>• Thymic carcinoma</li> <li>• Thymoma</li> </ul>	
HCPCS – Drugs & Biologicals	Paclitaxel Protein- Bound Particles	<b>Paclitaxel protein-bound particles, injection, 1 mg (brand name Abraxane, HCPCS J9264) will be reimbursed once per week when submitted by any provider.</b>	All products
HCPCS – Drugs & Biologicals	Pegfilgrastim	<b>Pegfilgrastim, injection, 6 mg (brand name Neulasta, HCPCS J2505) will not be reimbursed when submitted for one or more units and modifier JW (drug amount discarded/not administered to any patient) has been appended.</b>	All products
HCPCS – Drugs & Biologicals	Rixumimab	<b>Rituximab, injection 100 mg (brand name Rituxan, HCPCS J9310) will be reimbursed once in any two-week period when submitted with one of the following diagnoses by any provider:</b> <ul style="list-style-type: none"> <li>• Multiple sclerosis</li> <li>• Neuromyelitis optica</li> <li>• Systemic sclerosis</li> <li>• Sicca syndrome</li> <li>• Rheumatoid lung</li> <li>• Rheumatoid arthritis</li> <li>• Felty’s syndrome</li> <li>• Other rheumatoid arthritis with visceral or systemic involvement</li> <li>• Juvenile chronic polyarthritis</li> </ul>	All products
HCPCS – Drugs & Biologicals	Trastuzumab	<b>Trastuzumab, injection, 10 mg (brand name Herceptin, HCPCS J9355) will be reimbursed for one visit in any one-week period when submitted by any provider.</b>	All products

Modifiers should be used when appropriate to accurately represent the services rendered. The use of modifiers may impact Humana’s application of these edits. For additional information, consult professional coding resources.