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News

20-891 Updates to the Injectable Medication HCPCS/DOFR Crosswalk Reference Table - 4th Quarter 2020

Date: 11/19/20

This information applies to Participating Physician Groups (PPGs).

For Medi-Cal, this information applies to Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Stanislaus, and Tulare counties.

To remain current, use the updates for dates of service on and after January 21, 2021

On October 13, 2020, the Health Net Pharmacy and Therapeutics (P&T) Committee approved updates to the Injectable Medication Healthcare Common Procedure Coding System (HCPCS)/Division of Financial Responsibility (DOFR) Crosswalk.

The approved updates, effective **January 21, 2021**, are listed in the tables below. Injectable medications are placed in DOFR categories that mirror the DOFR matrix categories in the Health Net *Provider Participation Agreement* (*PPA*).

The update includes:

- 12 new injectable medications and DOFR categories.
- 26 updates and changes to injectable medication procedure codes.

Additions to injectable medication HCPCS/DOFR crosswalk

The following medications have been approved by the Health Net P&T Committee as additions to the Injectable Medication HCPCS/DOFR Crosswalk Reference Table. P&T Committee members include physicians and representatives from Health Net participating physician groups (PPGs).

New drugs

HCPCS	DRUG NAME	GENERIC NAME	PRIMARY CATEGORY	SECONDARY CATEGORY
C9399	Blenrep™	Belantamab mafodotin-blmf for IV soln 100 mg	Therapeutic injection	Chemotherapy*
J9145	Darzalex®	Daratumumab IV soln 100 mg/5ml	Therapeutic injection	Chemotherapy*
J0517	Fasenra® pen	Benralizumab subcutaneous soln auto-injector 30 mg/ml	Self-injection	
J3590	Kesimpta®	Ofatumumab soln auto-injector 20 mg/0.4ml	Self-injection	
C9399	Monjuvi®	Tafasitamab-cxix For IV soln 200 MG	Therapeutic injection	Chemotherapy*
J3490	Monoferric™	Ferric derisomaltose (one dose) IV soln 1000 mg/10ml	Therapeutic injection	
C9399	Phesgo™	Pertuzumab-trastuz-hyaluron-zzxf injection	Therapeutic injection	Chemotherapy*
J9227	Sarclisa®	Isatuximab-irfc IV soln 100 mg/5ml	Therapeutic injection	Chemotherapy*

J9999	Tecartus™	Brexucabtagene Autoleucel Suspension for IV Infusion	Therapeutic injection	Chemotherapy*
J3590	Uplizna™	Inebilizumab-cdon injection, for intravenous use	Therapeutic injection	
C9399	Viltepso™	Viltolarsen	Therapeutic injection	
C9399	Zepzelca™	Lurbinectedin for injection, for intravenous use	Therapeutic injection	Chemotherapy*

Updates/changes to injectable medication procedure codes or medications

Updates to the Injectable Medication HCPCS/DOFR Crosswalk Reference Table are based on changes or updates to HCPCS codes or changes in medication descriptions or availability. The following are changes to injectable medications currently listed in the crosswalk.

HCPCS	DRUG NAME	GENERIC NAME	COMMENT
90685	Afluria® peds quadrivalent	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use	New Brand
90687	Afluria® quadrivalent	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL, for intramuscular use	New Code
J7196	Atryn®	Antithrombin (Recombinant) Lyophilized	No longer manufactured
90371	Bayhep™ b	Hepatitis B Immune Globulin (HBIg), human, for intramuscular use	No longer manufactured
90385	Bayrho-d™	Rh IG, minidose, IM	No longer manufactured
J2788	Bayrho-d™	Rho d immune globulin, human, minidose, 50 mcg (250 iu)	No longer manufactured
J2790	Bayrho-d™	Rho d immune globulin, human, minidose, 300 mcg (1500 iu)	No longer manufactured
J1670	Baytet™	Tetanus immune globulin, human, up to 250 units	No longer manufactured
J0490	Benlysta®	Belimumab 10 mg	Replaces Q2044
J3120	Delatestryl®	Testosterone enanthate injection, up to 100mg	No longer manufactured
J3121	Delatestryl®	Testosterone enanthate, 1 mg	No longer manufactured
J3130	Delatestryl®	Testosterone enanthate injection, up to 200mg	No longer manufactured

J0886	Epogen®	Epoetin alfa, 1000 units (for ESRD on dialysis) (renal dialysis facilities and hospitals must use code Q4081 effective 1/1/07)	Code deleted
J3111	Evenity®	Romosozumab-aqqg injection, for subcutaneous use	Replaces code J3590
90662	Fluzone® high-dose	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use (Fluzone High-Dose is only indicated for those 65 years of age and older)	Revised description
90694	Fluad® quadrivalent	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	New Code
J7192	Genarc®	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	No longer manufactured
J7190	Monarc-m™	Factor VIII (antihemophilic Factor [human]) per IU	No longer manufactured
J7194	Proplex® t factor ix complex	Factor IX, complex, per IU	No longer manufactured
J7192	Refacto®	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	No longer manufactured
Q5105	Retacrit®	Epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Updated Description
Q5106	Retacrit®	Epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Updated Description
J7197	Thrombate iii®	Antithrombin III (human), per IU	No longer manufactured
J3032	Vyepti™	Eptinezumab-jjmr	New Code replaces J3590
J3490	Zinbryta®	Daclizumab	No longer manufactured
J1632	Zulresso™	Brexanolone injection, for intravenous use	New Code replaces C9055

HCPCS codes were taken from the Centers for Medicare & Medicaid Services HCPCS website (https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS).

*If associated with an ICD-10 cancer diagnosis.

Additional information

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website as listed below.

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

LINE OF BUSINESS	TELEPHONE NUMBER	PROVIDER PORTAL	EMAIL ADDRE
EnhancedCare PPO (IFP)	1-844-463-8188	Health Net California Provider Portal (https://provider.healthnetcalifornia.com/sso/login?service=https%3A%2F%2Fprovider.healthnetcalifornia.com%2Fcareconnect%2Fj_spring_cas_security_check)	provider_servic (mailto:provide
EnhancedCare PPO (SBG)	1-844-463-8188	Health Net Provider Portal (https://www.healthnet.com/content/healthnet/en_us/providers.html)	provider_servic (mailto:provide
Health Net Employer Group HMO, POS, HSP, PPO, & EPO	1-800-641-7761	Health Net Provider Portal (https://www.healthnet.com/content/healthnet/en_us/providers.html)	provider_servic (mailto:provide
IFP (CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO)	1-888-926-2164	Health Net California Provider Portal (https://provider.healthnetcalifornia.com/sso/login?service=https%3A%2F%2Fprovider.healthnetcalifornia.com%2Fcareconnect%2Fj_spring_cas_security_check)	provider_servic (mailto:provide
Medicare (individual)	1-800-929-9224	Health Net California Provider Portal (https://provider.healthnetcalifornia.com/sso/login?service=https%3A%2F%2Fprovider.healthnetcalifornia.com%2Fcareconnect%2Fj_spring_cas_security_check)	provider_servic (mailto:provide
Medicare (employer group)	1-800-929-9224	Health Net Provider Portal (https://www.healthnet.com/content/healthnet/en_us/providers.html)	provider_servic (mailto:provide
Medi-Cal	1-800-675-6110	Health Net Provider Portal (https://www.healthnet.com/content/healthnet/en_us/providers.html)	N/A

Last Updated: 11/18/2020

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