

Notification: 7477, 7479, 7481, 7483, Tocilizumab - 1mg

Category

HCPCS - Drugs & Biologicals

HUM-ID	<u>Topic</u>	Change Description	Why is Humana making this change?/Change
			Reason:
<u>7477</u>	Tocilizumab, 1 mg	For provider specialties other than home	The above limitations are established according
	– HCPCS code	infusion therapy or pharmacy, we limit	to the FDA approved package insert and
	<u>J3262</u>	reimbursement of charges for HCPCS code J3262	prescribing information and pharmaceutical
		for patients 4 and younger to the following:	compendia. Note: The limitations described
		• No more than 242 units per date of service if	above are based on maximum dosages
		billed with a diagnosis of polyarticular juvenile	established in milligrams. If any units are denied,
		idiopathic arthritis	the provider may dispute the decision through
		• No more than 290 units per date of service if	the appropriate process. The provider may
		billed with a diagnosis of systemic juvenile	submit information, including medical notes
		idiopathic arthritis	showing the patient's body weight, that
			substantiates the medical necessity of the
			additional units.
7479	Tocilizumab, 1 mg		The above limitations are established according
	– HCPCS code	For providers with a specialty other than home	to the FDA approved package insert and
	<u>J3262</u>	infusion therapy or pharmacy, we limit	prescribing information and pharmaceutical
		reimbursement of charges for HCPCS code J3262	compendia. Note: The limitations described
		for patients 10 and older to no more than 1,000	above are based on maximum dosages

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		units per date of service if billed with a diagnosis	established in milligrams. If any units are denied,
		of systemic or polyarticular juvenile idiopathic	the provider may dispute the decision through
		arthritis. Additionally, for providers with a	the appropriate process. The provider may
		specialty other than home infusion therapy or	submit information, including medical notes
		pharmacy, we limit reimbursement of charges	showing the patient's body weight,
		for HCPCS code J3262 to no more than 391 units	that substantiates the medical necessity of the
		per date of service if billed for a patient ages 5-	additional units.
		10 for a diagnosis of systemic or polyarticular	
		juvenile idiopathic arthritis.	
7481	Tocilizumab, 1 mg	For providers with a specialty other than home	The above limitations are established according
	– HCPCS code	infusion therapy, we limit reimbursement of	to the FDA approved package insert and
	J3262	charges for HCPCS code J3262 for patients 5 and	prescribing information and pharmaceutical
		older to the following:	compendia.
		No more than 1 administration per week if	
		billed with a diagnosis of systemic juvenile	
		idiopathic arthritis	
		No more than 1 administration per 2 weeks if	
		billed with a diagnosis of polyarticular juvenile	
		idiopathic arthritis	
7483	Tocilizumab, 1 mg	For providers with a specialty other than home	The above limitations are established according
	– HCPCS code	infusion therapy, we limit reimbursement of	to the FDA approved package insert and
	J3262	charges for HCPCS code J3262 for patients 4 and	prescribing information and pharmaceutical
		younger to the following:	compendia.
		No more than 1 administration every 2 weeks	
		if billed with a diagnosis of systemic juvenile	
		idiopathic arthritis	
		No more than 1 administration every 3 weeks	
		if billed with a diagnosis of systemic juvenile	
		idiopathic arthritis	
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Language English

Impacted Products

Medicaid – Louisiana