



Section Navigation

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?	Contractor	Information

Contractor Name

National Government Services, Inc.

Contract Number
13202

Contract Type
A and B and HHH MAC

Jurisdiction J - K

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Article Information

General Information



Article ID A52452

Original ICD-9 Article ID A49636

Article Title

Rituximab (Rituxan®) (effective 2010) - Related to LCD L33394

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Jurisdiction

New York - Downstate

Original Effective Date 10/01/2015

10/01/2015

Revision Effective Date

10/01/2015

Revision Ending Date

IN/A

Retirement Date

N/A

Article Guidance

Article Text:

This article defines coding and coverage for rituximab including off-label indications. National Government Services Local Coverage Determination (LCD) "Coverage of Drugs and Biologicals for Label and Off-Label Uses" allows coverage for off-label indications only if the United States Pharmacopeia Drug Information (USP-DI), the American Hospital Formulary Services (AHFS) and/or Thomson Healthcare DrugPoints® (as described in the LCD) define such indications or if National Government Services has published an article or LCD expanding such coverage. Effective for dates of service on or after 11/25/2008, American Hospital Formulary Services (AHFS), Clinical Pharmacology, NCCN Drugs and Biologics Compendium and/or Thomson Micromedex DrugDex® compendium has replaced the USP-DI and Thomson Healthcare DrugsPoints®. Providers may request approval for additional off-label indications by submitting this request in writing with supporting medical literature. The aforementioned National Government Services LCD, which describes the requirements for such a request, can be accessed through our contractor Web site at www.NGSMedicare.com or on the Medicare Coverage Database at www.cms.gov/medicare-coverage-database.

Indications:

Rituximab is a CD20-directed cytolytic antibody indicated for the treatment of the following:

Non-Hodgkin's Lymphoma (NHL)

Rituxan® (rituximab) is indicated for the treatment of patients with:

- Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL as a single agent
- Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and in patients achieving a complete or partial response to rituxan® in combination with chemotherapy, as single-agent maintenance therapy
- Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL, as a single agent, after first-line CVP chemotherapy
- Previously untreated diffuse large B-cell, CD20-positive NHL in combination with CHOP or other anthracycline-based chemotherapy regimens.

Rituximab in combination with methotrexate is indicated for the treatment of adult patients with moderately-to severely- active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies.

Rituximab is also used in combination with ibritumomab tiuxetan for both the diagnostic (treatment planning) and therapeutic administrations.

Acute lymphocytic leukemia Acquired blood factor deficiency Autoimmune hemolytic anemia

B-cell lymphoma

Central nervous system cancers - leptomeningeal metastases

Chronic lymphoid leukemia, in combination for first-line treatment

Chronic lymphoid leukemia, relapsed or refractory

Evans symdrome, refractory to immunosuppressive therapy

Graft-versus-host disease, chronic, Steroid-refractory

Hodgkin's disease CD20-positive, as monotherapy

Human herpesvirus 8 (HHV-8) infection

Minimal change disease, refractory, steroid-dependent or steroid-resistant

Multicentric Castleman's disease (MCD)

Pemphigus vulgaris and other autoimmune blistering skin diseases (for example, pemphigus foliaceus, bullous pemphigoid, cicatricial pemphigoid, enidermolysis bullous acquirits and personalistic pemphigus) when refractory

epidermolysis bullosa acquisita and paraneoplastic pemphigus) when refractory

Post-transplant lymphoproliferative disorder

Primary Sjögren's syndrome

Relapsing-remitting multiple sclerosis

Systemic lupus erythematosus, refractory to immunosuppressive therapy

Thrombocytopenic purpura, immune or idiopathic

Waldenstrom's macroglobulinemia

Wegener's granulomatosis (severe), refractory, in combination with corticosteroids

Indications expanded by this article:

Pre-transplant to suppress panel reactive anti- HLA antibodies in individuals with high panel reactive antibody (PRA) levels to human leukocyte antigens (HLA).

Neuromyelitis optica

Dermatomyositis and polymyositis in patients who have been refractory to other standard therapies.

For the treatment of patients who are refractory to the standard therapies for Grave's disease/ophthalmopathy.

Coding Information:

For claims submitted to the Part B MAC:

Rituximab should be billed using chemotherapy administration codes and is payable in the following places of service: office (11), skilled nursing home for patients in a Part A stay (31) [if the drug is supplied by the facility, no claims for the drug should be submitted to the Part B MAC], nursing facility for patients not in a Part A stay (32) and independent clinic (49) only when supplied as an "incident to" service by the physician.

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American Society of Health-System Pharmacists, Inc. AHFS Drug Information®. Bethesda, MD: 2007.

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Tyde G, Genberg H, Tollemar J, et al. A randomized, doubleblind, placebo-controlled, study of single-dose rituximab as induction in renal transplantation. *Transplantation*. 2009;87:1325-1329.

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U.S. Food and Drug Administration label approved 10/16/2009. Drugs@FDA Web site. http://www.accessdata.fda.gov/scripts/cder/drugsatfda/. Accessed 12/04/2009.

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Based on a reconsideration the following sources have been added:

Chung L, Genovese MC, Fiorentino DF. A pilot trial of rituximab in the treatment of patients with dermatomyositis. Arch Dermatol. 2007;143:767.

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Mok CC, Ho Ly, To CH. Rituximab for refractory polymyositis: An open-label prospective study. J Rheumatol. 2007;34:1864–1868.

Noss EH, Hausner-Sypek DL, Weinblatt ME. Rituximab as therapy for refractory polymyositis and dermatomyositis. J Rheumatol. 2006;33:1021-1026.

Khanna D, Chong KKL, Affyan NF, et al. Rituximab treatment of patients with severe, corticosterioid-resistant thyroid-associated ophthalmopathy. *Ophthalmology*. 2010;117(1):133-139.e2.

Salvi M, Vannucchi G, Campi I, et al. Treatment of Graves' disease and associated ophthalmopathywith the anti-CM20 monoclonal antibody rituximab: an open study. *European Journal of Endocrinology*. 2007;156:33-40.

The following sources were added as a result of a reconsideration request received July 24, 2012:

Irani SR, Michell AW, Lang B, et al. Faciobrachial dystonic seizures precede Lgi1 antibody limbic encepahalitis. Ann Neurol. 2011;69:892-900.

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The following sources were added as a result of a reconsideration request received December 26, 2012:

Műnch C, Anagnostou P, Meyer R, Haas J. Rituximab I chronic inflammatory demyelinating polyneuropathy associated with diabetes mellitus. *Journal of the Neurological Sciences*. 2007;256:100-102.

Benedetti L, Briani C, Franciotta D, et al. Rituximab in patients with chronic inflammatory demyelinating polyradiculoneuropathy: a report of 13 cases and review of the literature. *J Neural Neurosurg Psychiatry*. 2011;82:306-308.doi:10.1136/mnp.2009.188912.

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Levine TD, Pestronk A. IgM antibody-related polyneuropathies: B-cell depletion chemotherapy using rituximab. Neurology. 1999;52(8):1701-1704.

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Díaz-Manera J, Martínez-Hernández, E, Querol L, et al. Long-lasting treatment effect of rituximab in MuSK myasthenia. *Neurology*. 2012 Jan 17;78(3):189-193. doi.10.1212/WNL.0b013e3182407982. Epub 2012 Jan 4.

Lebrun C. Bourg V. Tieulie N, Thomas P. Successful treatment of refractory generalized myasthenia gravis with rituximab. *European Journal of Neurology*. 2009 Feb;16(2):246-250. doi:10.1111/j.1468-1331.2008.02399.x.

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Fervenza FC, Leise MD, Roccatello D, Kyle RA. Treatment of the mixed cryoglobulinemia syndrome. www.uptodate.com. ©2013 UpToDate®

Gottenberg JE, Cinquetti G, Larroche C, et al. Efficacy of rituximab in systemic manifestations of primary Sjögren's syndrome: results on 78 patients of the Autoimmune and Rituximab registry. *Ann Rheum Dis.* 2013;72:1026-1031. doi: 10.1136/annrheumdis-2012-202293.

Meijer JM, Meiners PM, Vissink A, et al. Effectiveness of rituximab treatment in primary Sjögren's syndrome: a randomized, double-blind, placebo-controlled trial. *Arthritis Rheum.* 2010 Apr;62(4):960-968. doi: 10.1002/art.27314.

Mekinian A, Ravaud P, Hatron PY, et al. Efficacy of rituximab in primary Sjögren's syndrome with peripheral nervous system involvement: results from the AIR registry. *Ann Rheum Dis.* 2012;71:84-87. doi: 10.1136/annrheumdis-2011-200086.

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Based on a reconsideration request the following sources have been added:

Busch M, Rüster C, Schinköthe C, Gerth J, Wolf G. Rituximab for the second- and third-line therapy of idiopathic membranous nephropathy: a prospective single center study using a new treatment strategy. *Clin Nephrol.* 2013 Aug;80(2):105-113. doi: 10.5414/CN107912.

Cravedi P, Ruggenenti P, Sghirlanzoni MC, Remuzzi G. Titrating rituximab to circulating B cells to optimize lymphocytolytic therapy in idiopathic membranous nephropathy. *Clin J Am Soc Nephrol.* 2007 Sep;2(5):932-937.

Cravedi P, Sghirlanzoni MC, Marasá M, Salerno A, Remuzzi G, Reggenenti P. Efficacy and safety of rituximab second-line therapy for membranous nephropathy: a prospective, matched-cohort study. *Am J Nephrol.* 2011;33(5):461-468. doi: 10.1159/000327611.

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Remuzzi G, Chiurchiu C, Abbate M, Brusegan V, Bontempelli M, Ruggenenti P. Rituximab for idiopathic membranous nephropathy. *Lancet.* 2002 Sep 21;360(9337):923-924.

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Coding Information



Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

011x	Hospital Inpatient (Including Medicare Part A)
013x	Hospital Outpatient
085x	Critical Access Hospital

Revenue Codes:

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N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

J9310 INJECTION, RITUXIMAB, 100 MG

ICD-10 Codes that are Covered

Group 1 Paragraph: NOTE: ICD-10-CM code E05.00 or E05.01 should only be used for patients who are refractory to the standard therapies for Grave's disease/ophthalmopathy

Group 1 Codes:

Show entries: 100

Search: Search By: Description Code

CD-10 CODE	DESCRIPTION
310.89	Other human herpesvirus infection
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.10	Nodular sclerosis classical Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis classical Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis classical Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity classical Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity classical Hodgkin lymphoma, spleen
C81.28	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity classical Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted classical Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of head, face, and neck
281.32	Lymphocyte depleted classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted classical Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of multiple sites

C81.39	Lymphocyte depleted classical Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich classical Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich classical Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich classical Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other classical Hodgkin lymphoma, unspecified site
C81.71	Other classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other classical Hodgkin lymphoma, spleen
C81.78	Other classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other classical Hodgkin lymphoma, extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, symph nodes of multiple sites Follicular lymphoma grade I, extranodal and solid organ sites
C82.09 C82.10	Follicular lymphoma grade II, unspecified site
C82.10	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb

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ICD-10 Codes that are Not Covered

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Revision History Information

Please note: The Revision History information included in this Article prior to 06/20/2013 will now display with a Revision History Number of "R1" at the bottom of this table. All new Revision History information entries completed on or after 06/20/2013 will display as a row in the Revision History section of the Article and numbering will begin with "R2".

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2015	R1	Updated to include revisions made since April 2014. The following ICD-10-CM codes have been added L13.0 L13.1, L12.2, L40.1, L12.0, L12.8, L12.9, L12.1, L13.8, L14, L13.9, L51.2, M30.0, N02.0 and N04.0.

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Associated Documents

Related Local Coverage Document(s)

Article(s)

A52855 - Drugs and Biologicals, Coverage of, for Label and Off-Label Uses - Supplemental Instructions Article LCD(s)

L33394 - Drugs and Biologicals, Coverage of, for Label and Off-Label Uses

Related National Coverage Document(s)

N/A

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Public Version(s)

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Keywords

N/A

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