



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

Date: June 27, 2014

Revision Date: August 29, 2014

CCS Information Notice: 14-13

TO: ALL LOCAL COUNTY CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM AND GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP) ADMINISTRATORS, MEDICAL CONSULTANTS, COUNTY MEDICAL STAFF, AND SYSTEMS OF CARE DIVISION (SCD) STAFF

SUBJECT: COAGULATION FACTORS CARVED OUT OF SELECT MEDICAL MANAGED CARE PLANS

This revision is to clarify Healthcare Common Procedure Coding System (HCPCS) billing codes for the following products, Tretten® and Alprolix®, and to add two new products (Eloctate™ and Rixubis), to be carved-out of managed care plan's coverage. Revisions are shown in Bold in the Attachments.

The purpose of this information notice is to communicate that beginning July 1, 2014, most coagulation blood factors used in the treatment of hemophilia will be carved out of select Medi-Cal Managed Care Plan's (MMCP) coverage. They will be billable as non-capitated fee-for-service (FFS) to the Medi-Cal Program (including the CCS Program and the GHPP).

Affected HCPCS codes:

National Drug Codes (NDCs) affiliated with these codes are included in the carve-out. See Attachment 1.

Products without an assigned specific HCPCS code:

Tretten®, Catridecag Coagulation Factor XIII A-Subunit (Recombinant) and Alprolix®, Coagulation Factor IX (Recombinant), Fc Fusion Protein, will also be carved out, but only by their NDC, until a specific HCPCS code is assigned or policy developed to allow for its billing by a miscellaneous J code. It is expected this will occur in October 2014. If the client does not belong in a MMCP, Procedure Code J3590 may be used to allow non-pharmacy providers to bill these two new hemophilia drugs until a more specific code is assigned.

Procedure Code J7197, Antithrombin III drugs (Thrombate III) will not be carved out.

Affected Medi-Cal Managed Care Plans include:

County Organized Health Systems (COHS), Geographic Managed Care (GMC), Imperial, Primary Care Case Management (PCCM), Regional, San Benito, and Two-Plan Model managed care plans. See Attachment 2.

Note: some plans may have multiple health plan codes in the same county as they signify current or future pilot projects.

If you have any questions, please contact Edan Lum, Pharm D., Pharmaceutical Consultant, at 916-327-2616 or 510-286-0708, or via e-mail at edan.lum@dhcs.ca.gov

ORIGINAL SIGNED BY LOUIS R. RICO

Louis R. Rico, Chief
Systems of Care Division

Attachments Attachment 1:

HCPCS Code	Description	Medi-Cal Billing Unit
J7180	Factor XIII (antihemophilic factor), Corifact®	Per IU
J7183	von Willebrand factor complex (human), Wilate®	Per IU VWF:RCO
J7185	Factor VIII (antihemophilic factor, recombinant), XYNTHA™	Per IU
J7186	Antihemophilic factor VIII/von Willebrand factor complex (human), Alphanate®	Per factor VIII IU
J7187	von Willebrand factor complex, human, Humate-P®	Per IU
J7189	Factor VIIa (antihemophilic factor, recombinant), NovoSeven®, NovoSeven RT®	Per mcg
J7190	Factor VIII (antihemophilic factor, human), Hemofil-M, Koate® DVI, Monarc-M™, Monoclate-P®	Per IU
J7192	Factor VIII (antihemophilic factor, recombinant), Advate, Helixate® FS, Kogenate® FS, Recombinate, ReFacto®	Per IU
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant), Mononine®, AlphaNine® SD	Per IU
J7194	Factor IX complex, Bebulin® VH, Profilnine® SD, Proplex T®	Per IU
J7195	Factor IX (antihemophilic factor, recombinant), BeneFIX®	Per IU
J7198	Antiinhibitor, Feiba VH	Per IU
J7199	Hemophilia clotting factor, not otherwise classified	
C9133	Factor IX (antihemophilic factor, recombinant), Rixubis	Per IU
J3590** C9134***	Catridecag Coagulation Factor XIII A-Subunit (Recombinant), Tretten®	J3590: Per IU C9134: Per 10 IU
J3590** J7199***	Coagulation Factor IX (Recombinant), Fc Fusion Protein, Alprolix®	Per IU
J3590** J7199***	Antihemophilic Factor VIII (Recombinant), Fc Fusion Protein, Eloctate™	Per IU

**** During July 1, 2014 through October 19, 2014: J3590 is for Fee-for-Service patients only, not to be used for patients enrolled in Medi-Cal managed care plans.**

*****May authorize beginning July 1, 2014 for patients enrolled in Medi-Cal managed care plans but providers can only bill beginning October 20, 2014 with retroactive date of service back to July 1, 2014. This is the code to use, for patients in Medi-Cal managed care plans and straight fee-for-service, after October 19, 2014.**

Attachment 2:

HCP	Name	Type	County
29	Community Health Group Partnership	GMC	37 San Diego
79	KP Cal	GMC	37 San Diego
100	Anthem Blue Cross Partnership	RM	02 Alpine
101	Anthem Blue Cross Partnership	RM	03 Amador
102	Anthem Blue Cross Partnership	RM	04 Butte
103	Anthem Blue Cross Partnership	RM	05 Calaveras
104	Anthem Blue Cross Partnership	RM	06 Colusa
105	Anthem Blue Cross Partnership	RM	09 El Dorado
106	Anthem Blue Cross Partnership	RM	11 Glenn
107	Anthem Blue Cross Partnership	RM	14 Inyo
108	Anthem Blue Cross Partnership	RM	22 Mariposa
109	Anthem Blue Cross Partnership	RM	26 Mono
110	Anthem Blue Cross Partnership	RM	29 Nevada
111	Anthem Blue Cross Partnership	RM	31 Placer
112	Anthem Blue Cross Partnership	RM	32 Plumas
113	Anthem Blue Cross Partnership	RM	46 Sierra
114	Anthem Blue Cross Partnership	RM	51 Sutter
115	Anthem Blue Cross Partnership	RM	52 Tehama
116	Anthem Blue Cross Partnership	RM	55 Tuolumne
117	Anthem Blue Cross Partnership	RM	58 Yuba
118	California Health & Wellness Plan	RM	02 Alpine
119	California Health & Wellness Plan	RM	03 Amador
120	California Health & Wellness Plan	RM	04 Butte
121	California Health & Wellness Plan	RM	05 Calaveras
122	California Health & Wellness Plan	RM	06 Colusa
123	California Health & Wellness Plan	RM	09 El Dorado
124	California Health & Wellness Plan	RM	11 Glenn
128	California Health & Wellness Plan	RM	14 Inyo
129	California Health & Wellness Plan	RM	22 Mariposa
130	Molina Healthcare Partner	GMC	34 Sacramento
131	Molina Healthcare Partner	GMC	37 San Diego
133	California Health & Wellness Plan	RM	26 Mono
134	California Health & Wellness Plan	RM	29 Nevada
135	California Health & Wellness Plan	RM	31 Placer
136	California Health & Wellness Plan	RM	32 Plumas
137	California Health & Wellness Plan	RM	46 Sierra
138	California Health & Wellness Plan	RM	51 Sutter
139	California Health & Wellness Plan	RM	52 Tehama
141	California Health & Wellness Plan	RM	55 Tuolumne
142	California Health & Wellness Plan	RM	58 Yuba
143	California Health & Wellness Plan	IM	13 Imperial

HCP	Name	Type	County
144	Anthem Blue Cross Partnership	SBM	35 San Benito
145	Molina Healthcare Partner	IM	13 Imperial
150	Health Net Comm Solutions	GMC	34 Sacramento
167	Care 1st Partner Plan	GMC	37 San Diego
170	KP Cal	GMC	34 Sacramento
177	KP Cal	RM	03 Amador
178	KP Cal	RM	09 El Dorado
179	KP Cal	RM	31 Placer
190	Anthem Blue Cross Partnership	GMC	34 Sacramento
300	Alameda Alliance for Health*	LI	01 Alameda
301	Contra Costa Health Plan	LI	07 Contra Costa
303	Kern Health Systems	LI	15 Kern
304	LA Care	LI	19 Los Angeles
305	Inland Empire Health Plan - Riverside	LI	33 Riverside
306	Inland Empire Health Plan - S Berdu	LI	36 San Bernardino
307	San Francisco Health Plan	LI	38 San Francisco
308	Health Plan of San Joaquin	LI	39 San Joaquin
309	Santa Clara Family Health	LI	43 Santa Clara
311	Anthem Blue Cross Partnership	LI	54 Tulare
312	Health Plan of San Joaquin	LI	50 Stanislaus
315	CalViva Health	LI	10 Fresno
316	CalViva Health	LI	16 Kings
317	CalViva Health	LI	20 Madera
340	Anthem Blue Cross Partnership	CP	01 Alameda
343	Anthem Blue Cross Partnership	CP	38 San Francisco
344	Anthem Blue Cross Partnership	CP	07 Contra Costa
345	Anthem Blue Cross Partnership	CP	43 Santa Clara
352	Health Net Comm Solutions	CP	19 Los Angeles
353	Health Net Comm Solutions	CP	54 Tulare
354	Health Net Comm Solutions	CP	39 San Joaquin
355	Molina Healthcare Partner	CP	33 Riverside
356	Molina Healthcare Partner	CP	36 San Bernardino
360	Health Net Comm Solutions	CP	15 Kern
361	Health Net Comm Solutions	CP	50 Stanislaus
362	Anthem Blue Cross Partnership	CP	10 Fresno
363	Anthem Blue Cross Partnership	CP	16 Kings
364	Anthem Blue Cross Partnership	CP	20 Madera
501	CenCal Health	COHS	40 San Luis Obispo
502	CenCal Health	COHS	42 Santa Barbara
503	Health Plan of San Mateo	COHS	41 San Mateo
504	Partnership HealthPlan of CA	COHS	48 Solano
505	Central California Alliance for Health	COHS	44 Santa Cruz

HCP	Name	Type	County
506	CalOptima	COHS	30 Orange
507	Partnership HealthPlan of CA	COHS	28 Napa
508	Central California Alliance for Health	COHS	27 Monterey
509	Partnership HealthPlan of CA	COHS	57 Yolo
510	Partnership HealthPlan of CA	COHS	21 Marin
511	Partnership HealthPlan of CA	COHS	17 Lake
512	Partnership HealthPlan of CA	COHS	23 Mendocino
513	Partnership HealthPlan of CA	COHS	49 Sonoma
514	Central California Alliance for Health	COHS	24 Merced
515	Gold Coast Health Plan	COHS	56 Ventura
517	Partnership HealthPlan of CA	COHS	12 Humboldt
518	Partnership HealthPlan of CA	COHS	18 Lassen
519	Partnership HealthPlan of CA	COHS	25 Modoc
520	Partnership HealthPlan of CA	COHS	45 Shasta
521	Partnership HealthPlan of CA	COHS	47 Siskiyou
522	Partnership HealthPlan of CA	COHS	53 Trinity
523	Partnership HealthPlan of CA	COHS	08 Del Norte
703	Health Plan of San Mateo	COHS	41 San Mateo

* All codes except J7199 have been added to these plans.