Aetna Better Health® of Illinois

Reimbursement Policy Statement Illinois Medicaid

Effective Date	Next Annual Review	Policy Number
10/01/2024	10/01/2027	ABHIL-RP-0013

Policy Name	Department
Drugs and Biologicals	Claims Operations Medical Payment

Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

CONTENTS OF POLICY:

Aetna Better Health® of Illinois

A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of drugs and biological products. This policy aligns with guidance from the U.S. Food and Drug Administration (FDA) prescribing information, the Centers for Medicare & Medicaid Services (CMS), AMA CPT and HCPCS Coding Guidelines for coding and reporting of drugs and biological products as well as Illinois Department of Health Care and Family Services (HFS) guidance.

B. Overview

This policy outlines the coding and editing guidelines for reporting of drugs and biological products. Providers are required to report a valid National Drug Code (NDC) when submitting claims for drugs or biological products. The NDC number should be valid and should match the HCPCS code description for the drug or biological reported. This policy applies to all professional and facility claims.

Infliximab

Infliximab is a medication used to treat certain inflammatory and autoimmune conditions that is given as an intravenous (IV) infusion. Infliximab is reimbursable for up to 125 units per date of service, when reported by any provider other than a specialty of Pharmacy or Home Infusion Therapy. Infliximab is reimbursable for up to 500 units per year when reported by any provider other than a specialty of pharmacy.

Bevacizumab *Effective 06/01/2025*

Bevacizumab (brand name Avastin® and biosimilars) is a medication used often in combination with chemotherapy or other cancer treatments to treat certain types of cancer. It is a monoclonal antibody that is given as an intravenous (IV) infusion. According to the FDA-approved prescribing information, Bevacizumab treatment of more than two units should not occur within a month of a major surgery due to the impact on wound healing. Claims submitted for patients with a procedure considered as a major surgery reported either one month prior to or following use of Bevacizumab will be denied.

Etelcalcetide *Effective 06/01/2025*

Etelcalcetide (brand name Parsabiv®) is a medication used to treat secondary hyperparathyroidism in adults with chronic kidney disease who are on hemodialysis. According to the FDA-approved package insert/prescribing information, serum calcium testing must be performed approximately monthly for secondary hyperparathyroidism in adult patients with chronic kidney disease on hemodialysis. Claims submitted for patients with a secondary diagnosis of secondary hyperparathyroidism who have not had serum calcium testing reported within the previous 34 days by any provider will be denied.

Self-Administered Drugs *Effective 05/01/2026*

Drugs that are classified as self- administered will not be reimbursed when billed in connection with any of the following places of service. Additionally, any unclassified drugs or biologicals reported with an NDC that is classified as a self- administered drug will be denied.

01- Pharmacy	12- Patients Home	20- Urgent Care	49- Independent Clinic	58- Non-Residential Opioid Treatment Facility
03- School	13- Assisted Living	25- Birthing Center	50- Federally Qualified Facility	66- Programs of All-Inclusive Care for the Elderly (PACE) Center
04- Homeless Shelter	14- Group Home	27- Outreach Site/ Street	54- Intermediate Care Facility/ Individuals with intellectual disabilities	71- State or Local Health Clinic
09- Prison/ Correctional Facility	15- Mobile Unit	32- Nursing Home	55- Residential Substance Abuse Facility	72- Rural Health Clinic
11- Doctors Office	16- Temporary Lodging	33- Custodial Care	57- Non-Residential Substance Abuse Treatment Facility	81- Independent Laboratory

C. Definitions

Term	Definition
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children's Health Insurance Programs.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Food and Drug Administration (FDA)	The U.S. federal agency responsible for regulating drugs, biological products, medical devices and food to ensure the safety, efficacy and security.

Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system maintained by the Centers for Medicare & Medicaid Services (CMS) that is used primarily to identify products, supplies, and services not included in the CPT codes, such as Ambulance Services, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) when used outside a physician's office. Level II HCPCS codes were established for submitting claims for items and/ or services not addressed in other existing code sets.
International Statistical Classification of Diseases (ICD-10)	The 10th revision of the (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).
Place of Service Code (POS)	A two-digit numeric code used on professional healthcare claims to identify the setting in which a service was furnished. The POS code set is maintained by CMS.

D. Reimbursement Guidelines

ABH IL will only reimburse for the drugs and biological products when appropriately reported. Appropriate reporting includes

- Reported using the appropriate HCPCS code and corresponding NDC code that applies to the documented dosage administered
- Infliximab is reported within the appropriate unit limits considering the provider specialty
- Bevacizumab is not reported as provided within a month prior to or following a major surgical procedure
- Etelcalcetide is reported for patients receiving serum calcium testing within the previous 34 days
- Drugs classified as self-administered are not reported in any of the indicated places of service

Claims that are submitted will be denied when

- The inappropriate HCPCS code and corresponding NDC code that applies to the documented dosage administered are reported
- A HCPCS code is reported without a corresponding NDC code
- Infliximab units reported exceed the unit limits considering the provider specialty
- Bevacizumab is reported as provided within a month prior to or following a major surgical procedure
- Etelcalcetide is reported for patients where serum calcium testing has not been reported within the previous 34 days
- Drugs classified as self-administered are reported in any of the indicated places of service

The medical record documentation is expected to support the specific CPT code(s), HCPCS Level II codes, ICD-10-CM diagnosis codes and NDC codes reported.

E. Codes/Condition of Coverage

Applicable HCPCS Codes (Infliximab)

J1745	Injection, infliximab, excludes biosimilar, 10 mg
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg

Applicable HCPCS Codes (Bevacizumab)

J9035	Injection, bevacizumab, 10 mg
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg
Q5129	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg

Applicable HCPCS Codes (Etelcalcetide)

J0606	Injection, etelcalcetide, 0.1 mg

Applicable Serum Calium Testing CPT Codes (Etelcalcetide)

80047-80048	Basic metabolic panel
80050	General health panel
80053	Comprehensive metabolic panel
80069	Renal function panel
82310-82330	Calcium

Applicable ICD-10-CM Diagnosis Codes (Etelcalcetide)

N18.6	End stage renal disease
N25.81	Secondary hyperparathyroidism of renal origin
Z99.2	Dependence on renal dialysis

F. Frequently Asked Questions

N/A

G. Review/Revision Date

Action	Date	Comments
Annual Review	07/17/2026	Reviewed; no content changes
Revision	03/09/2026	Guidance added on self- administered drugs- Effective 05/01/2026
Revision	12/31/2025	Annual Review- no content changes; Update policy template
Revision	04/01/2025	Guidance added on Bevacizumab and Etelcalcetide- Effective 06/01/2025
Effective Date	10/01/2024	New policy created

H. Resources

1. American Medical Association. *HCPCS Level II Professional Edition.* 2026 ed. American Medical Association; 2025
2. Amgen Inc. (2025). *Parsabiv® (etelcalcetide) injection, for intravenous use: Prescribing information*. https://www.pi.amgen.com/united_states/parsabiv/parsabiv_pi.pdf
3. Centers for Medicare & Medicaid Services. (2026). *Medicare benefit policy manual* (Internet-Only Manual, Pub. 100-02, Chapter 15, Section 50.2). U.S. Department of Health and Human Services. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf
4. Genentech, Inc. (2022). *Avastin® (bevacizumab) injection, for intravenous use: Prescribing information*. https://www.gene.com/download/pdf/avastin_prescribing.pdf
5. Illinois Department of Healthcare and Family Services. *Practitioner Fee Schedule*; 2026. https://hfs.illinois.gov/medicalproviders/medicaidreimbursement/practitioner.html