

# Jevtana® (Cabazitaxel)

**Guideline Number:** MPG182.10  
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**Related Medicare Advantage Reimbursement Policy**

- [Discarded Drugs and Biologicals Policy, Professional](#)

## Policy Summary

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### Overview

Jevtana® is a microtubule inhibitor indicated in combination with prednisone for treatment of patients with metastatic castration-resistant prostate cancer previously treated with a docetaxel-containing treatment regimen.

### Guidelines

Jevtana® is indicated in combination with prednisone for the treatment of patients with metastatic castration-resistant prostate cancer previously treated with a docetaxel-containing treatment regimen.

As published in [CMS IOM 100-08, Section 13.5.1](#), in order to be covered under Medicare, a service shall be reasonable and necessary.

Drugs and biologicals must be determined to meet the statutory definition. Under the statute [1861\(t\) \(1\) Drugs and Biologicals](#).

[Medicare Benefit Policy Manual - Pub. 100-02, Chapter 15, Section 50](#), describes national policy regarding Medicare guidelines for coverage of drugs and biologicals.

### Chemotherapy Administration

Chemotherapy administration codes apply to parenteral administration of non-radionuclide anti-neoplastic drugs; and also to anti-neoplastic agents provided for treatment of noncancer diagnoses (e.g., cyclophosphamide for auto-immune conditions) or to substances such as monoclonal antibody agents and other biologic response modifiers. The following drugs are commonly considered to fall under the category of monoclonal antibodies: infliximab, rituximab, alemtuzumab, gemtuzumab, and trastuzumab. Drugs commonly considered to fall under the category of hormonal antineoplastics include leuprolide acetate and goserelin acetate. The drugs cited are not intended to be a complete list of drugs that may be administered using the chemotherapy administration codes.

### Documentation Requirements

The patient’s medical record must contain documentation that fully supports the medical necessity for services included within this policy guideline. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

The medical record must include the following information:

- The name of the drug or biological administered;
- The route of administration; and
- The dosage (e.g., mgs, mcgs, cc's or IU's).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
J9043	Injection, Cabazitaxel, 1 MG

Diagnosis Code	Description
C61	Malignant neoplasm of prostate
C7A.1	Malignant poorly differentiated neuroendocrine tumors (Effective 09/14/2022)
C7A.8	Other malignant neuroendocrine tumors (Effective 09/14/2022)

## References

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33915 Label and Off-label Coverage of Outpatient Drugs and Biologicals <b>Retired 08/17/2023</b>	A56744 Billing and Coding: Label and Off-label Coverage of Outpatient Drugs and Biologicals <b>Retired 08/17/2023</b>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L33394 Drugs and Biologicals, Coverage of, for Label and Off-Label Uses</a>	<a href="#">A52855 Billing and Coding: Drugs and Biologicals</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L37205 Chemotherapy Drugs and their Adjuncts</a>	<a href="#">A55639 Billing and Coding: Chemotherapy Agents for Non-Oncologic Conditions</a>	WPS	IA, IN, KS, MI, MO, NE	IA, IN, KS, MI, MO, NE
N/A	<a href="#">A53049 Billing and Coding: Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
N/A	<a href="#">A58113 Off-Label Use of Drugs and Biologicals for Anti-Cancer Chemotherapeutic Regimen</a>	CGS	KY, OH	KY, OH
N/A	<a href="#">A56141 Billing and Coding: Chemotherapy</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

### CMS Benefit Policy Manual

[Chapter 15: § 50 Drugs and Biologicals](#)

## CMS Claims Processing Manuals

[Chapter 12: § 30.5 Payment for Codes for Chemotherapy Administration and Nonchemotherapy Injections and Infusions](#)  
[Chapter 17: § 40 Discarded Drugs and Biologicals, § 90 Claims Processing Rules for Hospital Outpatient Billing and Payment](#)  
[Chapter 32 Billing Requirements for Special Services](#)

### Other(s)

[Medicare Program Integrity Manual Chapter 13, § 13.5.1 Reasonable and Necessary Provisions in LCDs NCCN Guidelines® & Clinical Resources, CCN Drugs & Biologics Compendium, National Comprehensive Cancer Network Website](#)  
[Prescribing information/Package Insert](#)

Social Security Act (Title XVIII) Standard References, Sections:

- [1862\(a\)\(1\)\(A\) Medically Reasonable & Necessary](#)
- [1862\(a\)\(1\)\(D\) Investigational or Experimental](#)
- [1833\(e\) Incomplete Claim](#)
- [1861\(t\) \(1\) Drugs and Biologicals](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
02/23/2024	<b>Supporting Information</b> <ul style="list-style-type: none"><li>• Updated <i>References</i> section to reflect the most current information</li><li>• Archived previous policy version MPG182.09</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section above to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered,

which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).