

# Molina Healthcare of South Carolina

Important Information. Please Read.

## PLACE OF SERVICE CHANGE FOR PROVIDER ADMINISTERED DRUGS

September 2020

Effective **1/1/2021**, Molina will implement a change in place of service for certain medically necessary provider administered medications. This initiative has been delayed from it's original September date until **1/1/2021**. These services **must** be rendered in the least restrictive setting such as home or independent infusion centers. For the drug, the place of service must be code 11 or 12. The list below includes the medications and classes that will be impacted by this change.

Drug Class/Disease State	HCPCS	Description
<i>Subcutaneous Immune Globulin</i>	J1559	Immune globulin (Hizentra)
	J1561	Immune globulin (Gamunex, Gamunex-C/Gammaked), nonlyophilized
	J1575	Immune globulin/hyaluronidase (Hyqvia)
	J1555	Immune globulin (Cuvitru)
	J3490/3590	Immune globulin (Cutaquig)
<i>Intravenous Immune Globulin</i>	90283	Immune globulin (IVIG), for intravenous use
	J1459	Immune globulin (Privigen), non-lyophilized
	J1556	Immune globulin (Bivigam)
	J1557	Immune globulin, (Gammaplex), non-lyophilized
	J1561	Immune globulin, (Gamunex), non-lyophilized
	J1566	Immune globulin, lyophilized (Carimune NF, Panglobulin NF and Gammagard S/D)
	J1568	Immune globulin, (Octagam), non-lyophilized
	J1569	Immune globulin, (Gammagard), non-lyophilized
	J1572	Immune globulin, (Flebogamma/Flebogamma DIF), non-lyophilized
	J1599	Immune globulin, non-lyophilized, not otherwise specified
<i>Intravenous Iron</i>	Q0138	Ferumoxytol (Feraheme)
	Q0139	Ferumoxytol (Feraheme)
	J2916	Sodium ferric gluconate complex in sucrose (Ferrelecit)
	J1750	Iron dextran (Infed)
	J1439	Ferric carboxymaltose (Injectafer)
	J1756	Iron sucrose (Venofer)
<i>Atypical Hemolytic Uremic Syndrome</i>	J1300	Eculizumab (Soliris)
	C9052	Ravulizumab-cwvz (Ultomiris)

Drug Class/Disease State	HCPCS	Description
<i>Multiple Sclerosis</i>	J2350	Ocrelizumab (Ocrevus)
	J2323	Natalizumab (Tysabri)
<i>Enzyme Replacement Agents</i>	J1786	Imiglucerase (Cerezyme)
	J3060	Taliglucerase alfa (Elelyso)
	J3385	Velaglucerase alfa (Vpriv)
	J1458	Laronidase (Aldurazyme)
	J1931	Galsulfase (Naglazyme)
<i>Allergy/Immunology</i>	J2182	Mepolizumab (Nucala)
	J0517	Benralizumab (Fasenra)
	J2357	Omalizumab (Xolair)
	J2786	Reslizumab (Cinqair)
<i>Irritable Bowel Disease</i>	J3380	Vedolizumab (Entyvio)
	C9026	Vedolizumab (Entyvio)
	J1745	Infliximab, excludes biosimilar, (Remicade)
	Q5103	Infliximab-dyyb, biosimilar, (Inflectra)
	Q5104	Infliximab-abda, biosimilar, (Renflexis)
	Q5109	Infliximab -qbtx, biosimilar, (Ixifi)
	J3357	Ustekinumab, for subcutaneous injection (Stelara)
	J3358	Ustekinumab, for intravenous injection (Stelara)
	J1602	Golimumab (Simponi Aria)
	<i>Sickle Cell Disease</i>	J0791
C9053		Crizanlizumab-tmca, 1 mg (Adakveo)
<i>Systemic Lupus Erythematosus</i>	J0490	Belimumab (Benlysta)

\*\*Note: This list is not exhaustive and subject to change.

This change will NOT impact chemotherapy related medications. Please contact your Molina Provider Services Representative directly or call Provider Services at (855)237-6178 for further clarification.