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Contractor Name

CareFirst of Maryland INC., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LCD Database ID Number

DL20628

LCD Title

Carboplatin

Contractor's Determination Number

05-03

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CMS National Coverage Policy

- Establishment of national policy supersedes all previous contractor policy statements, including Local Medical Policy coverage guidelines
- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.
- Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim that lacks the necessary information to process the claim.
- Medicare Benefit Policy Manual, Chapter 15, Section 50.4.5

Primary Geographic Jurisdiction

Maryland

Washington, DC

Secondary Geographic Jurisdiction

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

Oversight Region

Region III

CMS Consortium

Northeast

DMERC Region LCD Covers

N/A

Original Determination Effective Date

09/13/2005

Revision Effective Date

N/A

Indications and Limitations of Coverage and/or Medical Necessity

Carboplatin is a platinum coordination compound that is used as an intravenous chemotherapeutic agent, alone or in combination, for a variety of cancers. Carboplatin produces interstrand DNA cross-links rather than DNA-protein cross-links, which results in its therapeutic effect.

Indications: Carboplatin is used to treat neoplasia in multiple organ systems. These are listed in the ICD-9 coding section. The list includes cancers of the head and neck, esophagus, stomach, anus, pancreas, respiratory system, urogenital system, skin, bone and connective tissue, breast, hematologic and lymphatic systems, endocrinologic system, eye and brain.

Limitations: The use of anti-cancer drugs for unlabeled uses is described in the Medicare Benefit Policy Manual, Chapter 15, Section 50.4.5.

Coverage Topics

Chemotherapy (Inpatient)

Chemotherapy (Outpatient)

Bill Type Codes

13X, 21X, 83X, 85X

Revenue Codes

0636 - Drugs requiring specific identification-detailed coding (eff 3/92)

CPT/HCPCS Codes

The AMA and CMS require the use of short descriptors for policies published on the Web. Refer to the CPT book for the long description of the following codes:

J9045 Carboplatin, 50 mg.

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Does the "CPT 30% Coding Rule" Apply?

No

ICD-9 Codes that Support Medical Necessity

ICD-9-CM code listings may cover a range and include truncated codes. It is the provider's responsibility to avoid truncated codes by selecting a code(s) carried out to the highest level of specificity and selected from the ICD-9-CM book appropriate to the year in which the claim is submitted.

It is not enough to link the procedure code to a correct, payable ICD-9-CM code. The diagnosis or clinical suspicion must be present for the procedure to be paid.

Medicare is establishing the following limited coverage for carboplatin:

Covered for:

140.0 - 140.1	Malignant neoplasm of lip
140.3 - 140.6	Malignant neoplasm of lip
140.8 - 140.9	Malignant neoplasm of lip
141.0 - 141.6	Malignant neoplasm of tongue
141.8 - 141.9	Malignant neoplasm of tongue
142.0 - 142.2	Malignant neoplasm of major salivary glands
142.8 -	Malignant neoplasm of major salivary glands

142.9	
143.0 - 143.1	Malignant neoplasm of gum
143.8 - 143.9	Malignant neoplasm of gum
144.0 - 144.1	Malignant neoplasm of floor of mouth
144.8 - 144.9	Malignant neoplasm of floor of mouth
145.0 - 145.6	Malignant neoplasm of other and unspecified parts of mouth
145.8 - 145.9	Malignant neoplasm of other and unspecified parts of mouth
146.0 - 146.9	Malignant neoplasm of oropharynx
147.0 - 147.3	Malignant neoplasm of nasopharynx
147.8 - 147.9	Malignant neoplasm of nasopharynx
148.0 - 148.3	Malignant neoplasm of hypopharynx
148.8 - 148.9	Malignant neoplasm of hypopharynx
149.0 - 149.1	Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx
149.8 - 149.9	Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx
150.0 - 150.5	Malignant neoplasm of esophagus
150.8 - 150.9	Malignant neoplasm of esophagus
151.0 - 151.6	Malignant neoplasm of stomach
151.8 - 151.9	Malignant neoplasm of stomach
154.2	Malignant neoplasm of anal canal
154.3	Malignant neoplasm of anus, unspecified
157.0 - 157.4	Malignant neoplasm of pancreas
157.8 - 157.9	Malignant neoplasm of pancreas
158.0	Malignant neoplasm of retroperitoneum
158.8 - 158.9	Malignant neoplasm of peritoneum
160.0 -	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses

160.5	
160.8	Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
161.0 - 161.3	Malignant neoplasm of larynx
161.8 - 161.9	Malignant neoplasm of larynx
162.0	Malignant neoplasm of trachea
162.2 - 162.5	Malignant neoplasm of bronchus and lung
162.8 - 162.9	Malignant neoplasm of bronchus and lung
163.0	Malignant neoplasm of pleura
164.0	Malignant neoplasm of thymus
170.0 - 170.9	Malignant neoplasm of bone and articular cartilage
171.0	Malignant neoplasm of connective and other soft tissue
171.2 - 171.9	Malignant neoplasm of connective and other soft tissue
172.0 - 172.9	Malignant melanoma of skin
173.0 - 173.9	Other malignant neoplasm of skin
174.0 - 174.6	Malignant neoplasm of female breast
174.8 - 174.9	Malignant neoplasm of female breast
175.0	Malignant neoplasm of male breast
175.9	Malignant neoplasm of male breast
180.0 - 180.1	Malignant neoplasm of cervix uteri
180.8 - 180.9	Malignant neoplasm of cervix uteri
182.0	Malignant neoplasm of corpus uteri, except isthmus
183.0	Malignant neoplasm of ovary
183.2	Malignant neoplasm of fallopian tube
183.9	Malignant neoplasm of uterine adnexa, unspecified
184.0 - 184.2	Malignant neoplasm of other and unspecified female genital organs
184.4	Malignant neoplasm of vulva, unspecified
185	Malignant neoplasm of prostate
186.0	Malignant neoplasm of undescended testis
186.9	Malignant neoplasm of other and unspecified testis
187.1	Malignant neoplasm of prepuce
187.4	Malignant neoplasm of penis, part unspecified

187.7	Malignant neoplasm of scrotum
187.9	Malignant neoplasm of male genital organ, site unspecified
188.0 - 9	Malignant neoplasm of bladder
189.0	Malignant neoplasm of kidney and other and unspecified urinary organs
190.0 - 190.6	Malignant neoplasm of eye
190.9	Malignant neoplasm of eye, part unspecified
191.0 - 191.9	Malignant neoplasm of brain
193	Malignant neoplasm of thyroid gland
194.0	Malignant neoplasm of adrenal gland
195.0	Malignant neoplasm of head, face, and neck
197.0 - 197.3	Secondary malignant neoplasm
198.81 - 198.89	Secondary malignant neoplasm
199.0	Malignant neoplasm without specification of site, disseminated
199.1	Malignant neoplasm without specification of site, other
200.00 - 200.08	Reticulosarcoma
200.10 - 200.18	Lymphosarcoma
200.20 - 200.28	Burkitt's tumor or lymphoma
200.80 - 200.88	Lymphosarcoma and reticulosarcoma, other named variants
201.00 - 201.08	Hodgkin's paragranuloma
201.10 - 201.18	Hodgkin's granuloma
201.20 - 201.28	Hodgkin's sarcoma
201.40 - 201.48	Hodgkin's disease, lymphocytic-histiocytic predominance
201.50 - 201.58	Hodgkin's disease, nodular sclerosis
201.60 - 201.68	Hodgkin's disease, mixed cellularity
201.70 - 201.78	Hodgkin's disease, lymphocytic depletion
201.90 - 201.98	Hodgkin's disease, unspecified
202.00 - 202.08	Nodular lymphoma
202.80 -	

202.88	Other lymphomas
203.00	Multiple myeloma
235.7	Neoplasm of uncertain behavior, trachea, bronchus, and lung
203.01	Multiple myeloma
V10.01	Personal history of malignant neoplasm of tongue
V10.02	Personal history of malignant neoplasm of other and unspecified oral cavity and pharynx
V10.03	Personal history of malignant neoplasm of esophagus
V10.04	Personal history of malignant neoplasm of stomach
V10.11	Personal history of malignant neoplasm of bronchus and lung
V10.12	Personal history of malignant neoplasm of trachea
V10.21	Personal history of malignant neoplasm of larynx
V10.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
V10.3	Personal history of malignant neoplasm of breast
V10.43	Personal history of malignant neoplasm of ovary
V10.47	Personal history of malignant neoplasm of testis
V10.51	Personal history of malignant neoplasm of bladder
V10.82	Personal history of malignant melanoma of skin

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Documentation Requirements

- Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and available to Medicare upon request.
- ICD-9-CM diagnosis codes supporting medical necessity must be submitted with each claim. Claims submitted without such evidence will be denied as not medically necessary.
- Documentation should include the amount of the medication delivered to the patient.

Utilization Guidelines

Medicare will monitor the utilization of this procedure through the Medical Review process.

Sources of Information and Basis for Decision

Blue Cross Blue Shield of Alabama LCD - Carboplatin

Blue Cross Blue Shield of Montana LCD - Carboplatin

Cahaba Government Benefit Administrators Midwest LCD - Carboplatin

Nagao, S, et al. (2005). "Combination chemotherapy of docetaxel and carboplatin in advanced or recurrent cervix cancer. A pilot study." *Gynecol Oncol.* 96(3):805-809.

Palmetto GBA LCD - Carboplatin

Paraplatin® Package Insert

Sit, AS, et al.(2004). "Paclitaxel and carboplatin for recurrent or persistent cancer of the cervix." *Cancer Invest.* 22(3):368-373.

TrailBlazer Health Enterprise, LLC LCD - Drugs and Biologicals - Chemotherapeutic Agents

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

Start Date of Comment Period

June 15, 2005

End Date of Comment Period

August 1, 2005

Start Date of Notice Period

August 3, 2005

Revision History Number

Revision History

Revision Number	Revision History Explanation

Does this LCD contain a "Least Costly Alternative" provision?

No

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