# Payment Policy | Oral Anti-Emetics





**EFFECTIVE DATE:** 12 | 07 | 2010

**POLICY LAST UPDATED:** 08 | 20 | 2013

### **OVERVIEW**

An anti-emetic drug is used to reduce or prevent nausea and vomiting.

### **PRIOR AUTHORIZATION**

Prior Authorization is not required.

### **POLICY STATEMENT**

#### BlueCHiP for Medicare

Oral antiemetics are covered under Part B **ONLY** under the following circumstances:

• when provided by the facility/physician administering chemotherapy as a full replacement for an intravenous Anti-emetic drug as part of a Cancer Chemotherapeutic regimen. (This includes situations where the patient's dosage will extend beyond the day of chemotherapy (i.e. three drug combination antiemetics)

In all other situation, oral antiemetics are covered under the member's Part D benefit.

### All other Products

Oral antiemetic drugs are self administered and covered under the pharmacy benefit.

## **MEDICAL CRITERIA**

None.

# **BACKGROUND**

An anti-emetic drug is most commonly used for nauseas associated with chemotherapy or radiotherapy. The medication is typically given before administration of the treatment in order to block the chemicals from activating the brain's nausea center. Anti-emetics may be taken orally, by injection, or by suppository.

### **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate benefit booklet, subscriber agreement, or subscriber agreement for the applicable benefits/coverage.

# **CODING**

The following codes are covered for BlueCHiP for Medicare members as a Part B benefit:

J8498, J8501, J8540, J8597, Q0161, Q0162, Q163, Q0164, Q0165, Q166, Q0167, Q0168, Q0169, Q0173, Q0174, Q0175, Q0177, Q0180, Q0181, S0119

# **RELATED POLICIES**

None

### **PUBLISHED**

Provider Update	Nov 2013
Provider Update	Jan 2013
Provider Update	Jan 2012
Provider Update	Feb 2011

#### REFERENCES

- 1. BioForm Medical, Inc. Radiesse® Dermal Filler. Retrieved on 11/5/10 from: <a href="http://www.radiesse-fl.com/">http://www.radiesse-fl.com/</a>.
- 2. Comite SL, Liu JF, Balasubramanian S, Christian MA. Treatment of HIV-associated facial lipoatrophy with Radiance FN<sup>TM</sup> (Radiesse<sup>TM</sup>). Dermatology Online Journal;10(2):2.
- 3. Fuller, Jon. A 39-Year-Old Man With HIV-Associated Lipodystrophy. The Journal of the American Medical Association;2008;300(9):1056-1066.
- 4. Morse CG, Kovacs JA. Metabolic and Skeletal Complications of HIV Infection The Price of Success. The Journal of the American Medical Association; August 16, 2006;296(7):844-854.
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- 7. Brzana RJ, Koch KL, Bingaman S. Gastric myoelectrical activity in patients with gastric outlet obstruction and idiopathic gastroparesis. Am J Gastroenterol 1998; 93(10):1803-9.

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