From: Melissa Grimaldi
To: Medicare Policy Comments
Subject: LCD Reconsideration Request (L34648) - Bisphosphonate Drug Therapy
Date: Tuesday, June 7, 2022 2:22:22 PM
Attachments: image001.png
image002.png
CMS Letter.docx
ZA Article #1.pdf
ZA Article #2.pdf
ZA Article #3.pdf
NCCN Support of ZA.pdf
LCD - Bisphosphonate Drug Therapy (L34648).pdf
Local Coverage Article Zometa J3489.pdf

Greetings,

Please accept this email as a request for review and reconsideration of LCD L34648 – Bisphosphonate Drug Therapy. This LCD crosswalks to Local Coverage Article (A56907) which is specific to the diagnosis codes that meet medical necessity when prescribing such medication therapy. I have attached both the LCD and LCA. Our providers are specifically asking for reconsideration of the policy requirements pertaining to the prescribing of Zometa (J3489) – Zoledronic Acid.

In the Local Coverage Article, it states that when prescribing the bisphosphonate drug therapy to treat bone loss in woman receiving adjuvant aromatase inhibitor therapy for breast cancer, the claim must be billed with three diagnosis codes – 1.) The code supporting the bone loss (osteopenia), 2.) Z85.3 - Personal history of cancer, and 3.) Z79.811 which supports the use of a current aromatase inhibitor. In the contrary, in your Local Coverage Determination, it specifically states the following:

> "**Zoledronic acid IV, are covered for the following indications:**
>
> Cancer Treatment-Induced Bone Loss (CTIBL) in Breast and Prostate Cancer Breast Cancer Cytotoxic chemotherapy: There are 2 mechanisms of cytotoxic chemotherapy inducing bone loss. First, there is a direct negative effect of the cytotoxic therapy on bone cells, predominantly osteoblasts and, second, many women who are premenopausal have cytotoxic therapy effects on ovarian function, which results in gonadal loss. In addition, in premenopausal women, surgery (oophorectomy) or radiation therapy to the ovary results in bone loss. Hormone therapy, tamoxifen in premenopausal women, and the aromatase inhibitors result in bone loss, as well as gonadotropin-releasing hormone (GnRH) antagonists/agonists, which shut off ovarian function. All of these result in estrogen depletion."

In that statement above, I would like to call your attention to the "Covered for the following indications", and also the fact that it points out "Hormone therapy, **Tamoxifen** in premenopausal woman, and the aromatase inhibitors result in bone loss". Based on this statement, it appears Zometa should be covered for patients that are on Tamoxifen, however, this drug does not fall under the Z79.811 code that is required to be submitted to Medicare per the Local Coverage Article. Tamoxifen would fall under diagnosis code Z79.810 – Long term (current) use of selective estrogen receptor modulators (SERMS). When we do not bill with Z79.811, or when we bill with Z79.810, our claims are denied.

Attached, you will find a letter written by one of our Advanced Practice Providers (APP), Tanya Rowerdink, DNP, who specializes in bone health. She has included several articles and recent NCCN Guidelines to support her stance on prescribing Zometa 4mg every 6 months for patients with breast cancer who are no longer on aromatase inhibitors. We would ask that you review this information and use it to consider revising the existing policies pertaining to Bisphosphonate Drug Therapy.

Thank you for your time regarding this. If you have any questions, please don't hesitate to reach out.

Regards,

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