

Guidelines for Using Modifiers:

- When billing for an E&M office service, use **modifier 25**.
Make sure to indicate that it is a separate, identifiable service.
- The following codes must include **modifier 59**:
90780: use for first hour of a therapeutic infusion
90781: use for hours 2-8 with Medicare

Indication Administration of Chemotherapy and/or Therapeutic Agents by Different Agents

The following codes must also include modifier 59:

- 96408: use for chemotherapy by IV push (bill as many pushes as you give)
96410: use for chemotherapy infusion up to 1 hour. When billing more than 1 hour, the 2nd hour must be greater than 30 minutes to bill the 2nd hour (96412).

Useful Sources of Information

www.asco.org/medicare

www.cms.gov

www.communityoncology.org

www.nocr.com

Figures found on these web sites act only as guidelines for your own billing procedures. Please refer to your local CMS and other 3rd party payers for the exact terms applicable in your region.

MedImmune Oncology, Inc.

Reimbursement Hotline (Ethyol Protect Program): 800-887-2467

| PRODUCT | PACKAGE SIZE | NDC# | STRENGTH | HCPCS CODE | HCPCS BILLING UNIT |
|----------------------------|------------------|---------------------------|-------------------|------------|-----------------------|
| Ethyol (amifostine) | 1 box of 3 vials | 58178-017-01 for one vial | 500 mg/10 ml vial | J-0207 | 1 billing unit=500 mg |

MGI Pharma, Inc. Billing Codes

Aloxi Reimbursement Assistance Hotline: 866-302-5694

| PRODUCT | PACKAGE SIZE | NDC# | STRENGTH | HCPCS CODE | HCPCS BILLING UNIT |
|--|--------------|--------------|-------------------|--|------------------------|
| Aloxi (palonosetron hydrochloride) | 1 ct | 58063-797-25 | 0.25 mg/5 ml vial | Misc. J-Code 3490 (make sure name of drug appears on claim) | 1 billing unit=0.25 mg |

Ortho Biotech Billing Codes

Procrit Reimbursement Hotline: 800-553-3851

| PRODUCT | PACKAGE SIZE | NDC# | STRENGTH | HCPCS CODE | HCPCS BILLING UNIT |
|----------------|--------------|---------------|---------------|------------|--------------------|
| Procrit | 4 x 1 ml | 59676-0340-01 | 40,000 u/ml | Q0136 | 1000 |
| (epoetin alfa) | 6/Box | 59676-0320-01 | 20,000 u/1 ml | Q0136 | 1000 |
| | 6/Box | 59676-0312-01 | 20,000 u/2 ml | Q0136 | 1000 |
| | 25 x 1 ml | 59676-0310-02 | 10,000 u/ml | Q0136 | 1000 |
| | 6 x 1 ml | 59676-0310-01 | 10,000 u/ml | Q0136 | 1000 |

* Some states may require the use of Q99XX codes. Consult your Medicare carrier for specifics.

Pharmion Corporation

Innohep Reimbursement Hotline: 866-742-7646

| PRODUCT | PACKAGE SIZE | NDC# | STRENGTH | HCPCS CODE | HCPCS BILLING UNIT |
|---|----------------|---------------|------------------|------------|--------------------|
| Innohep (tinzaparin sodium for injection) | One 2 ml vial | 67211-0342-08 | 20,000 IU per ml | J-1655 | 1000 I.U. |
| | 10 x 2 ml vial | 67211-0342-53 | 20,000 IU per ml | J-1655 | 1000 I.U. |

Roche Product Billing Codes

Kytril Reimbursement Hotline: 800-443-6676

(press 2 to be connected directly to a representative)

| PRODUCT | DESCRIPTION | NDC# | STRENGTH | HCPCS CODE | HCPCS BILLING UNIT |
|---|-------------------------------|---------------|----------|------------|--------------------|
| Kytril (granisetron hydrochloride) | 1 mg/ml 1 ml Single dose vial | 00004-0239-09 | 1 mg/ml | J1626 | 100 mcg |
| Kytril (granisetron hydrochloride) | 1 mg/ml 4 ml Multi dose vial | 00004-0240-09 | 1 mg/ml | J1626 | 100 mcg |

Wyeth/Genetics Institute

Reimbursement Hotline: 617-876-1170

| PRODUCT | DESCRIPTION | NDC# | STRENGTH | HCPCS CODE | HCPCS BILLING UNIT |
|--------------------------------|---------------|--------------|----------|------------|---------------------|
| Neumega (oprelvekin) | 1 vial 1 x 10 | 58394-004-01 | 5 mg | J2355 | 1 billing unit=5 mg |
| | 1 x 7 | 58394-004-02 | 5 mg | J2355 | 1 billing unit=5 mg |