

# Reimbursement of OA Contracted Products

## A QUICK REFERENCE GUIDE FOR OA MEMBERS

To alleviate any confusion with current changes to reimbursement, we have compiled a brief summary of OA contracted products and the appropriate billing codes associated with each product. The following tables provide useful billing and reimbursement information, including NDC numbers, HCPCS Codes and Billing Units.

Please be aware the following information should only be used as a reference and not as the ultimate source of guidance when filing an insurance claim. Please refer to your local Medicare or CMS web site for the most up to date 2004 reimbursement rates and changes as they occur.

### Amgen Billing Codes

Reimbursement Hotline: 800-272-9376

PRODUCT	DESCRIPTION	NDC#	HCPCS CODE	HCPCS BILLING UNIT
<b>Aranesp</b> (darbepoetin alfa, pre-filled syringe or vial)	25 mcg, 1.0 ml	55513-010-04	J0880/Q0137	5 mcg/1 mcg
	40 mcg, 1.0 ml	55513-011-04	J0880/Q0137	5 mcg/1 mcg
	60 mcg, 1.0 ml	55513-012-01	J0880/Q0137	5 mcg/1 mcg
	100 mcg, 1.0 ml	55513-013-04	J0880/Q0137	5 mcg/1 mcg
	150 mcg, .075 ml	55513-054-04	J0880/Q0137	5 mcg/1 mcg
	200 mcg, 1.0 ml	55513-014-01	J0880/Q0137	5 mcg/1 mcg
	300 mcg, 1.0 ml	55513-015-01	J0880/Q0137	5 mcg/1 mcg
<b>Neulasta</b> (pegfilgrastim)	6 mg/0.6 ml	55513-190-01	J2505	6 mg (1 billing unit=6 mg)
<b>Neupogen</b> (filgrastim, pre-filled syringe)	300 mcg/0.5 ml	55513-0924-01	J1440	300 mcg/vial (1 billing unit=300 mcg)
	480 mcg/0.8 ml	55513-0209-01	J1441	1 billing unit = 480 mcg
<b>Neupogen</b> (filgrastim, pre-filled vial)	300 mcg/1.0 ml	55513-0530-01	J1440	400 mcg/vial
	480 mcg/1.6 ml	55513-0546-01	J1441	

### Aventis Product Billing Codes

Reimbursement Hotline: 800-996-6626

PRODUCT	DESCRIPTION	NDC#	HCPCS CODE	HCPCS BILLING UNIT
<b>Taxotere</b> (docetaxel, for injection concentrate)	20 mg single-dose vial	00075-8001-20	J9170	20 mg
	80 mg single-dose vial	00075-8001-80	J9170	20 mg
<b>Anzemet Injection</b> (dolasetron mesylate)	100 mg vial	00088-1206-32	J1260	10 mg
<b>Anzemet Tablet</b> (dolasetron mesylate)	5 ct Bottle	00088-1202-05	Q0180	100 mg
	10 ct Unit Dose	00088-1202-43	Q0180	100 mg
	5 ct Blister Pack	00088-1202-29	Q0180	100 mg
	5 ct Bottle (100 mg)	00088-1203-43	Q0180	100 mg
	10 ct Unit Dose	00088-1203-43	Q0180	100 mg
	5 ct Blister Pack	00088-1203-29	Q0180	100 mg

### GlaxoSmithKline Billing Codes

Reimbursement Hotline: 800-699-3806

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
<b>Hycamtin</b> (topotecan HCl)	4 mg single-use vial	00007-4201-01	4 mg/5 ml	J9350	4 mg
<b>Zofran</b> (ondansetron HCl)	32 mg injection Premixed	00173-0461-00	32 mg/50 ml	J2405	1 mg
<b>Zofran</b> (ondansetron HCl)	40 ml MDV	00173-0442-00	2 mg/mL 20 ml	J2405	1 mg
<b>Navelbine Injection</b> (vinorelbine tartrate)	10 mg single-use vial	00173-0656-01	10 mg/1 ml	J9390	10 mg

### MedImmune Oncology, Inc.

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

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