

**Novartis Oncology**

Sandostatin LAR Reimbursement Hotline: 877-527-4357 [www.sandostatin.com](http://www.sandostatin.com)  
 Zometa Reimbursement Hotline: 800-282-7630 [www.zometa.com](http://www.zometa.com)

PRODUCT	DESCRIPTION	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
Sandostatin LAR**	Depot 10 mg	0078-0340-84	10 mg	J2353	1 unit=1 mg
Sandostatin LAR**	Depot 20 mg	0078-0341-84	20 mg	J2353	1 unit=1 mg
Sandostatin LAR**	Depot 30 mg	0078-0342-84	30 mg	J2353	1 unit=1 mg
Zometa® (zoledronic acid)	4 mg/5ml vial	0078-0387-25	1 mg=1.25 cc	J3487	1 unit=1 mg

\*(octreotide acetate for injectable suspension)

**Ortho Biotech**

PROCRIITLine: 800-553-3851 [www.procritline.com](http://www.procritline.com)

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**

Reimbursement Hotline: 866-742-7646 [www.innohepusa.com](http://www.innohepusa.com)  
 Vidaza Reimbursement Hotling: 866-742-7646 [www.vidaza.com](http://www.vidaza.com)

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	J1655	1000 I.U.
	10 x 2 ml vial	67211-0342-53	20,000 IU per ml	J1655	1000 I.U.
Vidaza (azacitidine for injectable suspension)	100 mg/vial	67211-102-01	100 mg	J9999	1 unit=100 mg (make sure name of drug appears on claim)

**Roche**

ONCOLINE Reimbursement Hotline: 800-443-6676 [www.kytril.com](http://www.kytril.com) [www.xeloda.com](http://www.xeloda.com)

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
Xeloda (capecitabine)	500 mg 120 Tablets/Bottle	0004-1100-50	500 mg	J8521	1 unit=1 pill
Xeloda (capecitabine)	150 mg 60 Tablets/Bottle	0004-1101-20	150 mg	J8520	1 unit=1 pill

**Wyeth/Genetics Institute**

Neumega Reimbursement Hotline: 888-638-6342

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

**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. **(Only modifier that will remain the same in 2005.)**
- The following codes must include **modifier 59**: 90780: use for first hour of a therapeutic infusion 90781: use for hours 2-8 with Medicare. **(Modifier 59 will be obsolete Jan. 1, 2005, except when billing for hydration provided on the same day as chemotherapy.)**

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

The following codes must also include modifier 59 **(Codes obsolete Jan. 1, 2005. See p. 26 for further details):**

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).