

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
 Vidaza Reimbursement Hotling: 866-742-7646 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 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

sanofi aventis

PACT+: 800-996-ONCO (6626) www.aventisoncology.com/reimbursement.htm ePACT@access2health.com

PRODUCT	DESCRIPTION	NDC#	HCPCS CODE	HCPCS BILLING UNIT
Taxotere (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
Anzemet Injection (dolasetron mesylate)	100 mg vial	00088-1206-32	J1260	10 mg
Anzemet Tablet (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

Wyeth/Genetics Institute

Neumega Reimbursement Hotline: 888-638-6342

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

Guidelines for Using Modifiers:

- When billing for E&M codes in the office setting, use **Modifier 25** when additional services such as chemotherapy, supportive drug administration, bone marrow aspiration, or biopsy are performed. This modifier indicates it is a separate, identifiable service and will go payable by Medicare.
- Use **Modifier 59** when billing for hydration with codes G0345 and G0346. **PLEASE NOTE:** When billing for hydration services, the hydration must occur prior to and/or subsequent to administration of chemotherapy and must require a minimum of 30 minutes to administer to bill for these activities. Hydration provided to facilitate drug delivery is not separately reportable.