

**Novartis Oncology**Zometa Reimbursement Hotline: 800-282-7630 [www.zometa.com](http://www.zometa.com)

PRODUCT	DESCRIPTION	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
<b>Zometa®</b> (zoledronic acid)	4 mg/5ml vial	0078-0387-25	1 mg=1.25 cc	J3487	1 mg
*(octreotide acetate for injectable suspension)					

**Ortho Biotech**PROCRIline: 800-553-3851 [www.procritline.com](http://www.procritline.com) DOXILLine: 800-609-1083 [www.doxil.com](http://www.doxil.com)

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
<b>Procrit</b>	4 x 1 ml	59676-0340-01	40,000 u/ml	J0885	1000 I.U.
(epoetin alfa)	6/Box	59676-0320-01	20,000 u/1 ml	J0885	1000 I.U.
	6/Box	59676-0312-01	20,000 u/2 ml	J0885	1000 I.U.
	25 x 1 ml	59676-0310-02	10,000 u/ml	J0885	1000 I.U.
	6 x 1 ml	59676-0310-01	10,000 u/ml	J0885	1000 I.U.

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

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
<b>Innohep</b> (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.
<b>Vidaza</b> (azacitidine for injectable suspension)	100 mg/vial	67211-102-01	100 mg	J9025	1 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
<b>Kytril</b> (granisetron hydrochloride)	1 mg/ml 1 ml Single dose vial	00004-0239-09	1 mg/ml	J1626	100 mcg
<b>Kytril</b> (granisetron hydrochloride)	1 mg/ml 4 ml Multi dose vial	00004-0240-09	1 mg/ml	J1626	100 mcg
<b>Xeloda</b> (capecitabine)	500 mg 120 Tablets/Bottle	0004-1100-50	500 mg	J8521	1 pill
<b>Xeloda</b> (capecitabine)	150 mg 60 Tablets/Bottle	0004-1101-20	150 mg	J8520	1 pill

**sanofi aventis**PACT+: 800-996-ONCO (6626) [www.aventisoncology.com/reimbursement.htm](http://www.aventisoncology.com/reimbursement.htm) [ePACT@access2health.com](mailto:ePACT@access2health.com)

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>Eloxatin</b> (oxaliplatin injection)	50 mg vial	00024-0590-10	J9263	0.5 mg
<b>Eloxatin</b> (oxaliplatin injection)	100 mg vial	00024-0591-20	J9263	0.5 mg

**Wyeth/Genetics Institute**

Neumega Reimbursement Hotline: 888-638-6342

PRODUCT	DESCRIPTION	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
<b>Neumega</b> (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 90760 and 90761.
- Modifier 59** should be used when reporting a therapeutic/diagnostic SQ or IM injection on the same day as drug administration services (Code 90772).

**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.