

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

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
Procrit (epoetin alfa)	4 x 1 ml	59676-0340-01	40,000 u/ml	J0885	1000 I.U.
	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.

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	J9025	1 mg (make sure name of drug appears on claim)

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 pill
Xeloda (capecitabine)	150 mg 60 Tablets/Bottle	0004-1101-20	150 mg	J8520	1 pill

PRODUCT	DESCRIPTION	NDC#	STRENGTH	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
Eloxatin (oxaliplatin injection)	50 mg vial	00024-0590-10		J9263	0.5 mg
Eloxatin (oxaliplatin injection)	100 mg vial	00024-0591-20		J9263	0.5 mg

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 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.