

Hospital Outpatient – 2009 Billing Instruction Sheet

Item	Revenue Code	Coding Guidance (HCPCS/CPT ¹ /ICD-9-CM ²)	Notes
Nplate™ (Romiplostim)	Medicare: 0636, drugs requiring detailed coding	C9245, injection, romiplostim, 10 mcg	
	Other Payors: 0250, general pharmacy (or 0636 if required by a given payor)	J3590, Unclassified biologic OR Another unclassified drug/supply code if required by a given payor	List drug name, dosage, and NDC number in Box 80 (or corresponding field for electronic claims) when billing with unclassified or miscellaneous HCPCS codes.
Modifier	N/A	RE, Furnished in full compliance with FDA-mandated Risk Evaluation and Mitigation Strategy (REMS)	CMS created modifier “RE” for dates of service on or after January 1, 2009. However, as of January 8, 2009, instructions for its use have not yet been released. Contact your local Medicare contractor or the Nplate™ NEXUS for more information.
Administration	Appropriate revenue code for the cost center in which the service is performed.	96372, Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	96372 replaces 90772 as of January 1, 2009. The code descriptor remains the same.
Diagnosis/ Condition	N/A	Appropriate ICD-9-CM code(s) for patient condition	Example: 287.31, immune thrombocytopenic purpura

¹ Current Procedural Terminology (CPT). CPT codes © 2008 American Medical Association. All rights reserved. CPT is a trademark of the AMA. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

² International Classification of Diseases, 9th Revision, Clinical Modification.

The information provided in this section is of a general nature and for informational purposes only. Coding and coverage policies change periodically and often without warning. The responsibility to determine coverage and reimbursement parameters, and appropriate coding for a particular patient and/or procedure is always the responsibility of the provider or physician. The information provided in this section should in no way be considered a guarantee of coverage or reimbursement for any product or service.

Contact Nplate™ NEXUS at 1-877-Nplate1 (1-877-675-2831) for assistance.

www.nplate.com

Completing the CMS 1450 for Hospital Outpatient

Sample UB-04 (CMS 1450) Form

Hospital Outpatient Administration for Dates of Service on or after 1/1/09

1 Anytown Hospital 100 Main Street Anytown, Anystate 01010		2		3a PAT. CMTL # b. MED. REC. #		4 TYPE OF BILL	
5 FED. TAX NO.				6 STATEMENT COVERS PERIOD FROM		7 THROUGH	
8 PATIENT NAME a Smith, Jane			9 PATIENT ADDRESS a 123 Main Street, Anytown, Anystate 12345				
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC	
16 DHR		17 STAT		18		19	
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SERVICE UNITS (Box 46)
Report units of service.
Medicare: C9245 corresponds to 10 mcg.
Other payors: Check with payor or Nplate™ NEXUS for guidance.

TOTAL CHARGES (Box 47)
Report appropriate charges for product used and related procedures.

REVENUE CODES (Box 42) AND DESCRIPTIONS (Box 43)
Product
Medicare: Use revenue code 0636, drugs requiring detailed coding.
Other Payors: Use revenue code 0250, general pharmacy (or 0636 if required by a given payor).
Related administration procedure
Use most appropriate revenue code for cost center where services were performed (eg, 0510, clinic).

PRODUCT AND PROCEDURE CODES (Box 44)
Product
Medicare: Use C9245, Injection, romiplostim, 10mcg
Other Payors: Use J3590, unclassified biologic or another unclassified drug/supply code if required by a given payor.
Related administration procedure
Use CPT code representing procedure performed, such as 96372, therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
Effective January 1, 2009, 96372 replaces 90772. The code descriptor remains the same.

NOTE:
CMS created a new modifier, RE, Furnished in full compliance with FDA-mandated Risk Evaluation and Mitigation Strategy (REMS), which is effective January 1, 2009. As of January 8, 2009, CMS has not yet issued instructions for the modifier's use. Contact your local contractor or the Nplate™ NEXUS for more information.

DIAGNOSIS CODES (Box 67)
Enter appropriate ICD-9-CM diagnosis code(s) corresponding to patient's diagnosis, such as 287.31.

PRODUCT INFO (Box 84)
For non-Medicare payors only: When billing with an unclassified or miscellaneous HCPCS code, enter product name, dosage, and NDC, noting total amount (mg) of product used.

This sample form is intended as a reference for coding and billing for product and associated services. It is not intended to be a directive, nor does the use of the recommended codes guarantee reimbursement. Physicians and staff may deem other codes or policies more appropriate. Providers should select the coding options that most accurately reflect their internal system guidelines, payor requirements, practice patterns, and the services rendered.