

ACCESS4ME™ REIMBURSEMENT GUIDE



This guide provides billing and coding information for ROLVEDON® including sample claim forms and information about how ACCESS4Me™ can be a trusted resource through the access process.

 **SPECTRUM**
ACCESS4ME™

Help is just a call or click away!



Communicate directly with an assigned Spectrum Pharmaceuticals Field Reimbursement Manager or Reimbursement Specialist at **866-582-2737 (866-58-CARES)** 8:00 AM to 8:00 PM (ET), Monday - Friday



Visit **ACCESS4Me.com** for online enrollment and access to tools, forms, and resources



ROLVEDON
(eflapegrastim-xnst) injection
13.2 mg/0.6 mL

WHAT TO KNOW: CODING FOR ROLVEDON®

It is the provider's responsibility to code accurately and Spectrum Pharmaceuticals is not responsible for a provider's coding decision. All final decisions on diagnosis, the need for treatment, and the appropriateness of ROLVEDON® for a particular patient are the responsibility of the healthcare provider.

Coding Reference Guide for ROLVEDON




HCPCS code	Description
J1449	Injection, eflapegrastim-xnst, 0.1 mg
Billable units	
132	Billable unit for administration of one syringe
CPT® code	
96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular
ICD-10-CM diagnosis code	
Varies, eg, D70(X). Specific fourth digit required; depends on medical record documentation	Codes vary according to the patient diagnosis. More than one ICD-10-CM code may apply
NDC	
76961-101-01	10-digit code
76961-0101-01	11-digit code required by some payors for billing purposes
Revenue codes	
0636	Drugs requiring detailed coding; used in conjunction with HCPCS code
0510	Clinic visit; used in conjunction with CPT code
Modifiers	
TB modifier	Modifier for drug or biological acquired with 340B drug pricing program discount; report for informational purposes
JG modifier	Modifier for drug or biological acquired with 340B drug pricing program discount; use with each separately payable, non-pass-through 340B-acquired drug
JW modifier	Modifier to report the amount of drug or biological that is discarded and eligible for payment under the discarded drug policy
JZ modifier	Providers and suppliers are required to report the JZ modifier on all claims that bill for drugs separately payable under Medicare Part B when there is no discarded amount from single-dose containers or single-use packages. Other payors may have similar requirements

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD=International Classification of Diseases; NDC=National Drug Code.

ORDERING ROLVEDON®



Contact one of our authorized distributors to order ROLVEDON® and receive it by the next business day.

Distributor 	Phone 	Website 
AmerisourceBergen	1-844-222-2273	amerisourcebergen.com
Cardinal Health	1-877-453-3972	cardinalhealth.com
Oncology Supply	1-800-633-7555	oncologysupply.com
McKesson Hospitals and Health Systems	1-855-625-4677	mckesson.com
McKesson Speciality Health	1-800-482-6700	mscs.mckesson.com/CustomerCenter

Spectrum Pharmaceuticals does not recommend the use of any particular distributor.

HOW TO COMPLETE A CMS-1500 FORM FOR ROLVEDON®

It is the provider's responsibility to code accurately and Spectrum Pharmaceuticals is not responsible for a provider's coding decision.

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★ When billing unclassified codes:

Be sure to include pertinent product identifiers in Box 19. Consider attaching prescribing information, FDA-approval letter, and drug purchase invoice when filing the claim.

Box 21.

Enter the appropriate ICD-10 code(s).

Box 24. A.

Enter the NDC code for ROLVEDON (76961-101-01).*

Box 24. D.

Enter J1449.
Enter the CPT code for the injection (96372).

Box 24. F.

Enter the price of ROLVEDON.

Box 24. G.

Enter 132 units for both J1449 and the procedure code.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK/LUNG OTHER
 2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
 3. PATIENT'S BIRTH DATE MM | DD | YY SEX M F
 4. INSURED'S NAME (Last Name, First Name, Middle Initial)
 5. PATIENT'S ADDRESS (No., Street)
 6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other
 7. INSURED'S ADDRESS (No., Street)
 8. RESERVED FOR NUCC USE
 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
 10. IS PATIENT'S CONDITION RELATED TO:
 a. EMPLOYMENT? (Current or Previous) YES NO
 b. AUTO ACCIDENT? YES NO PLACE (State) _____
 c. OTHER ACCIDENT? YES NO
 11. INSURED'S POLICY GROUP OR FECA NUMBER
 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM | DD | YY QUAL _____
 15. OTHER DATE MM | DD | YY
 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM | DD | YY TO MM | DD | YY
 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI
 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM | DD | YY TO MM | DD | YY
 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
 20. OUTSIDE LAB? YES NO \$ CHARGES _____
 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____
 A. I. XXX.X B. _____ C. _____ D. _____
 E. _____ F. _____ G. _____ H. _____
 I. _____ J. _____ K. _____ L. _____
 22. RESUBMISSION CODE ORIGINAL REF. NO.
 23. PRIOR AUTHORIZATION NUMBER
 24. A. DATE(S) OF SERVICE From MM | DD | YY To MM | DD | YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. CHARGES G. UNITS H. PRICE PER UNIT I. REASON FOR DENIAL J. RENDERING PROVIDER ID. #
 1 N476961|0101|UN| J1449 A XX.XX 132 NPI
 2 MM | DD | YY MM | DD | YY 96372 A XX.XX 132 NPI
 3 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
 4 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
 5 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
 6 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
 25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? YES NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rev'd for NUCC Use
 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ()
 SIGNED _____ DATE _____ a. NPI b. NPI
 NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

*The 11-digit NDC, 76961-0101-01, may be required by certain payors.

HOW TO COMPLETE A CMS-1450 FORM FOR ROLVEDON®

It is the provider's responsibility to code accurately and Spectrum Pharmaceuticals is not responsible for a provider's coding decision.

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Box 42., 43.
Enter revenue code and description.

Box 44.
Enter J1449.
Enter the CPT code for the injection (96372).

Box 46.
Enter a unit of 132.

Box 66.
Enter the appropriate ICD-10 code(s).

Box 80.
Include drug name, strength, dosage, route of administration, and NDC.

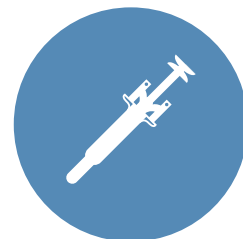
1		2		3a PAT CONT #		3b MED REC #		4 TYPE OF BILL	
5 PATIENT NAME		6 PATIENT ADDRESS		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH	
8 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HPI		14 TYPE	
15 SRC		16 DHR		17 STAT		18		19	
20		21		22		23		24	
25		26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 CODE		36 CODE		37 CODE		38 CODE		39 CODE	
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COVERAGE, CODING, AND REIMBURSEMENT FOR INJECTABLE DRUGS

ROLVEDON® coverage, coding, and reimbursement can vary depending on each patient’s plan. Below is general information about each payor type and how injectable drugs are reimbursed. Review payor contracts before billing for new drugs. **A benefits verification is an effective way to determine how ROLVEDON will be covered.**

Medicare	
Part B or Fee for Service (FFS)	Reimbursement*
<ul style="list-style-type: none"> Injectable physician-administered drugs like ROLVEDON are typically covered under the medical benefit (Part B) Some plans may offer coverage under the pharmacy benefit (Part D) 	<ul style="list-style-type: none"> Physician’s office and freestanding infusion centers <ul style="list-style-type: none"> Part B reimburses drugs based on the average sales price (ASP) For drugs with an established ASP, the rate is ASP + 6% For newly approved drugs, the rate is wholesale acquisition cost (WAC) + 3% until an ASP is established Hospital outpatient departments (non-340B entities) <ul style="list-style-type: none"> Part B reimburses drugs with pass-through status and/or J codes at WAC + 3% until an ASP is established, which will then shift reimbursement to ASP + 6% 340B entities <ul style="list-style-type: none"> Part B reimburses drugs with pass-through status and/or J codes at WAC + 3% until an ASP is established, which will then shift reimbursement to ASP + 6% Once pass-through status expires, Part B reimburses at ASP -22.5%
Part C or Medicare Advantage	Reimbursement*
<ul style="list-style-type: none"> ROLVEDON may fall under the medical benefit or pharmacy benefit Medicare Advantage plans often follow Medicare Part B recommendations in making coverage decisions, but they are not required to do so Billing and coding requirements vary for these plans and may be different from Medicare Part B 	<ul style="list-style-type: none"> Reimbursement is based on individual contracts between the healthcare provider and payor Coverage and payment rates often vary among existing facility contracts Payment rates are typically based on the ASP plus model

*Rates are subject to change at any time.



Commercial insurance

Description

- ROLVEDON® may fall under the medical benefit or pharmacy benefit
- Billing and coding requirements for commercial plans can vary

Reimbursement*

- Reimbursement is based on contracts between the healthcare provider and payor
- Physician's office and freestanding infusion centers
 - Drugs are typically reimbursed based on the ASP plus model
- Hospital outpatient departments
 - Reimbursement is predominantly based on a percent of charge model in which the hospital charges a fixed percentage above acquisition cost

Medicaid

Description

- Jointly funded by federal and state governments, Medicaid coverage varies by state and plan type
- Medicaid may cover ROLVEDON under medical benefit, pharmacy benefit, or both

Reimbursement*

- Each Medicaid state agency determines its own payment rate
- Medicaid state agencies publish payment rates online

*Rates are subject to change at any time.



Approximately 81% of Medicare Part B patients have some form of supplemental insurance, which covers copays and other costs.

ACCESS4ME™: SUPPORTING PATIENT ACCESS

The ACCESS4Me™ team is available to provide information to support your eligible patients throughout the access process—from benefits verification to patient assistance.



Reimbursement Programs

- Verification of Patient-specific Insurance Benefits
- Billing and Coding Information
- Prior Authorization Assistance
 - Appeals Resources



Patient Support Services

- Bridge Program (Office Settings Only)
 - Copay Assistance
- Patient Assistance Program (PAP)
 - First-Cycle Patient Support (Hospital Outpatient Settings Only)
 - Independent Charitable Foundation Information*



Resources at Your Fingertips

- User Guides
- Forms and Documents
- Reimbursement Tools
- Program Brochures

Help is just a call or click away!



Communicate directly with an assigned Spectrum Pharmaceuticals Field Reimbursement Manager or Reimbursement Specialist at **866-582-2737 (866-58-CARES)** 8:00 AM to 8:00 PM (ET), Monday - Friday



Visit **ACCESS4Me.com** for online enrollment and access to tools, forms, and resources



Open your camera app and point it here to visit our website.



* Independent foundations have their own eligibility rules and we cannot guarantee a foundation will help you. We do not endorse or prefer any particular foundation.

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