

ACCESS4ME[®] REIMBURSEMENT GUIDE



This guide provides example billing and coding information for ROLVEDON[®] (eflapegrastim-xnst) injection including sample claim forms and information about how ACCESS4Me[®] can be a trusted resource through the navigation process.



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 decisions on diagnosis, the need for treatment, and the appropriateness of ROLVEDON® for a particular patient are the responsibility of the treating 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
Morris & Dickson Specialty Distribution	1-800-388-3833	morrisdickson.com/products/specialty/

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 J1449 and 1 unit for 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 BILLING OTHER
(Medicare#) (Medicaid#) (ID#/DocID#) (Member ID#) (ID#) (ID#)

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:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)

15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DATES OR UNITS	H. GROSS FEE	I. ID. QUAL.	J. RENDERING PROVIDER ID.#
147696110101 MM/DD/YY MM/DD/YY			J1449	A	XX.XX	132		NPI	
			96372	A	XX.XX	1		NPI	
								NPI	
								NPI	
								NPI	
								NPI	

25. FEDERAL TAX ID. NUMBER SSN/EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (or gov. health care)

28. TOTAL CHARGE \$

29. AMOUNT PAID \$

30. Reval for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE OR CREDENTIALS)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH #

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

* The **10-digit NDC** is the FDA format used for labeling. The **11-digit NDC** is the standardized 5-4-2 format required for billing and claims. Confirm with each payor their required NDC format for claims processing.

HOW TO COMPLETE A CMS-1450 FORM FOR ROLVEDON®

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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 for J1449 and 1 unit for the CPT code.

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

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

1 PATIENT NAME		2 PATIENT ADDRESS		3a PAT CONTROL #		3b MED REC #		3c TYPE OF BILL	
4 PAYER NAME		5 HEALTH PLAN ID		6 PRIORITY		7 EST. AMOUNT DUE		8 NPI	
9 INSURED'S NAME		10 INSURED'S UNIQUE ID		11 GROUP NAME		12 INSURANCE GROUP NO.		13	
14 TREATMENT AUTHORIZATION CODES		15 DOCUMENT CONTROL NUMBER		16 EMPLOYER NAME		17		18	
19 ADMIT DX		20 PATIENT REASON DX		21 PRS CODE		22		23	
24		25		26		27		28	
29		30		31		32		33	
34		35		36		37		38	
39		40		41		42		43	
44		45		46		47		48	
49		50		51		52		53	
54		55		56		57		58	
59		60		61		62		63	
64		65		66		67		68	
69		70		71		72		73	
74		75		76		77		78	
79		80		81		82		83	
84		85		86		87		88	
89		90		91		92		93	
94		95		96		97		98	
99		100		101		102		103	

Need help?
Contact your assigned Field Reimbursement Manager before submitting your claim for ROLVEDON.



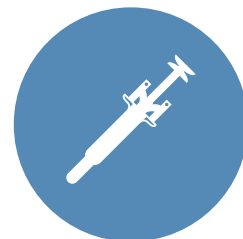
COVERAGE, CODING, AND REIMBURSEMENT FOR INJECTABLE DRUGS

ROLVEDON® coverage, coding, and reimbursement can vary depending on each patient’s treatment 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

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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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