

SECOND QUARTER 2010 CODING AND BILLING REFERENCE SHEET (4/1/10-6/30/10)



Appropriate and accurate coding is important for healthcare providers to receive reimbursement for drug therapies like AmBisome. Coding should reflect services provided to the patient as documented in the patient's medical record. Medicare uses the Medicare Physician Fee Schedule (MPFS) to pay physicians for drugs and services provided to patients. Medicare adjusts the payments based on the geographic location of the physician. For specific payment levels in your area, go to www.cms.hhs.gov/PFSlookup/.

Medicare bases payment for hospital outpatient facilities on Ambulatory Payment Classifications (APCs). Procedures that share similar clinical characteristics and are similar in terms of cost requirements are grouped together into an APC. Medicare assigns each APC group a payment amount that is made to the hospital.

CPT Codes ¹	Description	Q2 2010 Medicare Payment				Home Health DME Infusion Limit
		Physician Office	Hospital Outpatient			
		MPFS ² (Unadjusted Payment Amount) ^a	APC	Description	Unadjusted Payment Amount ³	
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	\$66.02	0439	Level IV Drug Administration	\$126.78	—
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure)	\$20.57	0436	Level I Drug Administration	\$25.67	—

Medicare pays for many outpatient drugs like AmBisome using Average Sales Price (ASP). Medicare updates ASP quarterly. Medicare pays physicians ASP+6%, and hospital outpatient facilities ASP+4% for separately covered outpatient drugs.

HCPCS Codes	Description	Physician Office	Hospital Outpatient			Home Health DME Infusion Limit
		ASP Payment Rate ⁴	APC	Description	ASP Payment Rate ⁵	
J0289	Injection, amphotericin B liposome, 10 mg	\$15.781	0736	Amphotericin B liposome inj	\$15.48	\$35.80

^aThe Defense Appropriations Act freezes payment rates at the 2009 level for dates of service from January 1, 2010 through February 28, 2010. Absent Congressional intervention, effective March 1, 2010, payment rates will decrease by 21.2%.

**PLEASE SEE INDICATION AND IMPORTANT SAFETY INFORMATION ON REVERSE.
PLEASE SEE FULL PRESCRIBING INFORMATION IN THE PRODUCT INFORMATION SECTION.**

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AmBisome is indicated for the following:

- Empirical therapy for presumed fungal infection in febrile neutropenic patients
- Treatment of Cryptococcal Meningitis in HIV-infected patients
- Treatment of *Aspergillus* species, *Candida* species and/or *Cryptococcus* species infections refractory to amphotericin B deoxycholate, or in patients where renal impairment or unacceptable toxicity precludes the use of amphotericin B deoxycholate
- Treatment of visceral leishmaniasis; in immunocompromised patients with visceral leishmaniasis treated with AmBisome, relapse rates were high following initial clearance of parasites

Important Safety Information

Dose-limiting renal toxicity may still be observed with AmBisome even though significantly less nephrotoxicity was observed at dosages of 3 mg/kg/day and 5 mg/kg/day compared to Abelcet at a dosage of 5 mg/kg/day. Despite significantly less nephrotoxicity observed at a dose range of 1.5-6.0 mg/kg/day compared to amphotericin B deoxycholate at a dose range of 0.3-1.2 mg/kg/day in a randomized clinical trial, dose limiting renal toxicity may still be observed with AmBisome.

The toxicity of AmBisome due to overdose has not been defined. Repeated daily doses up to 10 mg/kg in pediatric patients and 15 mg/kg in adult patients have been administered in clinical trials with no reported dose-related toxicity.

There have been a few reports of flushing, back pain with or without chest tightness, and chest pain associated with AmBisome administration; on occasion this has been severe.

Anaphylaxis has been reported with amphotericin B formulations including AmBisome.

IMPORTANT INFORMATION: The coding, coverage, and payment information contained herein is gathered from various resources, general in nature, and subject to change without notice. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for those products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, and payment policies. Information and materials provided by ARS are to assist healthcare providers, but the responsibility to determine coverage, reimbursement, and appropriate coding for a particular patient and/or procedure remains at all times with the provider. Information provided should in no way be considered a guarantee of coverage or reimbursement for any product or service.

1. *Current Procedural Terminology (CPT), Professional Edition, 2010.* American Medical Association, 2009. All rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no responsibility for the data contained herein. CPT is a registered trademark of the American Medical Association. **2.** 42 CFR Parts 410, 411, et al. Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010; Final Rule, November 25, 2009: 61738, 62136; Medicare Program: Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010, Corrections. *Federal Register*; December 10, 2009; Department of Defense Appropriations Act, 2010, Pub. L. no. 111-118, Sec. 1011. 2010 Unadjusted MPFS Payment: calculated using the following formula: Transitioned Non-Facility Total * 2010 Conversion Factor of \$36.0846, as per the Defense Appropriations Act, which freezes payment rates at the 2009 level for dates of service from January 1, 2010 through February 28, 2010. Absent Congressional intervention, effective March 1, 2010, the conversion factor will decrease to 28.3895. **3.** 42 CFR Parts 410, 416, and 419. Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates; Changes to the Ambulatory Surgical Center Payment System and CY 2010 Payment Rates; Final Rule, November 20, 2009: 60852. **4.** ASP+6% rates are available at www.cms.hhs.gov/McrPartBDrugAvgSalesPrice. **5.** ASP+4% rates are available at (Addendum B) www.cms.hhs.gov/HospitalOutpatientPPS/.