

**FOURTH QUARTER 2009 CODING AND BILLING
REFERENCE SHEET (10/1/09-12/31/09)**



Billing for Administration

Effective January 1, 2009, The American Medical Association's Current Procedural Terminology (CPT)* advisory board revised the codes for therapeutic injections. CPT code 90772, Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular has been deleted and replaced with new CPT code 96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular.

The American Medical Association's CPT editorial panel has provided guidance regarding the appropriateness of billing the administration of certain non-chemotherapy agents with chemotherapy drug administration codes. Some payers may have issued specific instruction about their interpretation of this guidance as well. It is important to accurately document Amevive administration in the patient's medical record and the selection of the CPT code reported on the associated claim. Consult with your local payers for recommendations or contact the Amevive Start Assistance Program (ASAP) at **1-866-263-8483** for additional assistance. The following codes may be appropriate to report the drug administration procedure for Amevive therapy, but it remains the sole responsibility of those submitting claims to bill accurately and to determine and apply the correct coding:

2009 CPT Codes for Intramuscular Injections	2009 Medicare Physician Fee Schedule National Allowable
96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$20.92
96401 Chemotherapy administration, subcutaneous or intramuscular, non-hormonal, anti-neoplastic	\$67.44

Diagnosis and Amevive Billing Codes		
Coding System	Coding for Amevive	Q4 '09 Medicare Allowed Amount
ICD-9-CM	Select appropriate diagnosis code based on care given as shown in medical record documentation. Ex.: 696.1 Other psoriasis	
NDC	00469-0021-04 15 mg/mL Amevive administration pack for intramuscular administration kit, single dose	
HCPCS Codes	J0215 Alefacept, .5 mg	\$30.02 per .5 mg (ASP+ 6%)
	J0215 Alefacept, .5 mg x 30 units = single-use 15-mg vial Note: Amevive is manufactured in 15-mg vials. To report use of an entire vial, document 30 units in Box 24G of the CMS 1500 claim form.	\$918.06 per 15 mg (ASP+ 6%)

* *Current Procedural Terminology (CPT), Professional Edition, 2009.* American Medical Association, 2008. 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.

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Amevive is indicated for the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy.

Important Safety Information

Amevive should not be administered to patients infected with HIV, with a history of systemic malignancy, clinically important infection, known hypersensitivity to Amevive or any of its components, or to patients receiving other immunosuppressive agents or phototherapy.

Amevive induces dose-dependent reductions in circulating CD4+ and CD8+ T-lymphocyte counts. Therefore, CD4+ T-cell counts should be normal before initiating dosing and monitored every 2 weeks during the 12-week treatment course. If CD4+ T-cell counts are <250 cells/ μ L, dosing should be withheld and weekly monitoring instituted; if the counts remain <250 cells/ μ L for 1 month, treatment should be discontinued.

The most serious adverse reactions in clinical trials were lymphopenia, malignancies, serious infections requiring hospitalization, and hypersensitivity reactions.

Amevive is an immunosuppressive agent and may increase the risk of malignancies. Amevive also has the potential to increase the risk of infection and reactivate latent, chronic infections. Amevive should be discontinued if the patient develops a malignancy, serious infection, or an anaphylactic reaction, or significant clinical signs of liver injury.

Caution should be exercised when considering the use of Amevive in patients with chronic infection, history of recurrent infection, or at high risk of malignancy. Patients should be monitored for signs and symptoms of infection during or after a course of Amevive. New infections should be closely monitored.

In postmarketing experience there have been reports of liver injury, including asymptomatic transaminase elevation, fatty infiltration of the liver, hepatitis, decompensation of cirrhosis with liver failure, and acute liver failure. Two cases of liver failure were reported with concomitant alcohol use.

Sources: 2009 International Classification of Diseases, 9th Revision, Clinical Modification; CMS, 2009 American Medical Association (AMA) Current Procedural Terminology (CPT) copyright 2008; CMS, 2009 Level II Alpha-Numeric Index Healthcare Common Procedure Coding System (HCPCS); Amevive Prescribing Information. Payment rates are not adjusted for geography. Physician office payments based on 2009 National Physician Fee Schedule Relative Value File. 2009 conversion factor=\$36.0666. Average Sales Price (ASP) rates effective July 1, 2009 to September 30, 2009.

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Evaluation and Management (E/M) Codes				
Level	E/M Codes for New Patients	2009 Medicare PFS National Allowable	E/M Codes for Established Patients	2009 Medicare PFS National Allowable
1	99201	\$36.79	99211	\$18.75
2	99202	\$63.48	99212	\$37.15
3	99203	\$91.97	99213	\$61.31
4	99204	\$141.74	99214	\$92.33
5	99205	\$178.89	99215	\$124.79

- ▶ It may be appropriate for medical providers to report an E/M code for an office visit if an office visit for a separately identifiable procedure was performed on the same day as the administration of Amevive.
- ▶ In this circumstance, an E/M code may be reported with an appropriate modifier:
 - -25 – significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service
- ▶ Medical professionals should document in the medical chart that the E/M service was separate and identifiable from the provision of Amevive and the associated injection administration service.
- ▶ Documentation of E/M services should include specific details such as patient history, physical exam and level of decision making to justify the level of E/M service selected.
- ▶ Current Medicare rules do not allow separate payment for drug administration codes including 96372 and 96401 on the same date of service as an E/M service reported with CPT code 99211. Other payers may have adopted specific guidance on billing E/M codes during the same encounter as drug administration. Confirm these requirements with your local payers or contact ASAP at **1-866-263-8483** for additional assistance.

Astellas cannot guarantee success in obtaining third-party insurance payments. Third party payment for medical products and services is effected by numerous factors, including whether a product is being used for an approved indication. It is always the provider's responsibility to determine the appropriate codes, charges, and modifiers for services that are rendered, taking into account the approved indications for any product prescribed. Providers should contact third-party payers for specific information on their coding, coverage and payment policies.

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