DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services


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- "Remittance Advice Information: An Overview," Fact Sheet, ICN 908325, Downloadable only.
- "Remittance Advice Resources," Fact Sheet, ICN 908329, Downloadable only.

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# Incorrect Number of Units Billed for Rituximab (HCPCS J9310) and Bevacizumab (HCPCS C9257 and J9035) – Dose versus Units Billed

Note: This article was revised on August 1, 2013, to add the section on "Supplemental Information on Reporting Drugs" that begins on page 3.

## Provider Types Affected

This MLN Matters® Special Edition is intended for physicians and nonphysician practitioners who bill Medicare for rituximab (Rituxan®) and bevacizumab (Avastin®). The purpose of the article is to remind providers how to properly compute the units of rituximab and bevacizumab that should be billed to Medicare.

## What You Need to Know

This article informs you that the Recovery Auditors conducted complex reviews of claims billed for rituximab and bevacizumab. According to the Healthcare Common Procedure Coding System

(HCPCS), rituximab is coded as J9310 and bevacizumab is coded as C9257 or J9035. Recovery Auditors reviewed medical records to verify the exact number of milligrams (mg) administered and identify the correct number of units that should have been billed to Medicare.

Please remember to verify the milligrams given to the patient and then convert to the proper units for billing. When the Recovery Auditors reviewed medical records, the common billing error was forgetting to convert milligrams to units.

To accurately bill for rituximab and bevacizumab, it is very important that providers instruct their billing staff to verify the milligrams given, convert to the proper units for billing, and ensure the quantity administered is consistent with the units billed. Providers should differentiate between unit billing versus milligram billing on these high cost drugs.

The following are key points to remember when billing Medicare for rituximab (J9310):

- J9310 is defined in the HCPCS manual as: Injection, rituximab, 100 mg
- One (1) unit represents 100 mg of rituximab ordered/administered per patient
- Rituximab should be billed based on units, not the total number of milligrams
    - For example, if the quantity administered is 200 mg and the description of the drug code is 100 mg, the units billed should be two (2).

The following are key points to remember when billing Medicare for bevacizumab (J9035 or C9257):

- C9257 is defined in the HCPCS manual as: Injection, bevacizumab, 0.25 mg
- J9035 is defined in the HCPCS manual as: Injection, bevacizumab, 10 mg
- One (1) unit represents 10 mg of (J9035) or 0.25 mg (C9257) of bevacizumab ordered/administered per patient
- Bevacizumab should be billed based on units, not the total number of milligrams
    - For example, if the quantity administered is 300mg and the description of the drug code is 10 mg, the units billed should be thirty (30).

## Examples of Findings

Rituximab (Rituxan®)

1. For date of service 10/27/2009, the provider billed J9310 for 71 units. Since J9310 has 1 unit equal to 100 mg, this would mean that the patient received 7,100 mg of rituximab for that date of service. This seemed abnormal and, therefore, a chart was requested. The medical record showed that the patient only received 710 mg and the provider billed an incorrect number of units. The correct units should be 7.1 units; however, this would be rounded up to 8 units for billing purposes.
2. For date of service 04/29/2010, the provider billed J9310 for 100 units. Since J9310 has 1 unit equal to 100 mg, this would mean that the patient received 10,000 mg of rituximab for that date of

service. This seemed abnormal and, therefore, a chart was requested. The medical record showed that the patient only received 1,000 mg and the provider billed an incorrect number of units. The units were adjusted down to 10 units to reflect the proper dosage amount given.

Bevacizumab (Avastin®)

1. A provider billed code J9035 for 1,300 units. Since J9035 has 1 unit equal to 10 mg, this would mean that the patient received 13,000 mg of bevacizumab for that date of service. It is unlikely a patient would receive 13,000 mg of bevacizumab in one day. The medical record showed that the patient only received 1,300 mg and the provider billed an incorrect number of units. Therefore, the correct number of units that should have been billed is 130 units.
2. For date of service 10/6/2010, the provider billed code J9035 for 1,600 units. Since J9035 has 1 unit equal to 10 mg, this would mean that the patient received 16,000 mg of bevacizumab for that date of service. It is unlikely a patient would receive 16,000 mg of bevacizumab in one day. The medical record showed that the patient only received 1,600 mg and the provider billed an incorrect number of units. Therefore, the correct number of units that should have been billed is 160 units.

## Supplemental Information Related to Reporting Drugs

The following serves to clarify billing guidelines and provide examples of proper billing with a single-dose vial and discarded drug billing:

- Providers and hospitals are reminded to ensure that amounts of drugs administered to patients are accurately reported in terms of the dosage specified in the long descriptors for the applicable HCPCS codes. This is because the short descriptors are limited to 28 characters so they do not always capture the complete description of the drug.

- When submitting Medicare claims, units should be reported in multiples of the dosage included in the long HCPCS descriptor. If the dosage given is not a multiple of the number provided in the HCPCS code description, the provider shall round up to the nearest whole number in order to express the number as a multiple.

- If the provider must discard the remainder of a single-use vial or other package after administering the prescribed dosage of any given drug, Medicare may cover the amount of the drug discarded along with the amount administered. The following elements must be followed in order for the discarded amount to be covered.

    1. The vial must be a single-use vial. Multi-use vials are not subject to payment for any discarded amounts of the drug.

    2. The units billed must correspond with the smallest dose (vial) available for purchase from the manufacturer(s) that could provide the appropriate dose for the patient.

3. The left-over amount must actually be discarded and may not be used for another patient regardless of whether or not that other patient has Medicare.

- Please clearly document in the patient's medical record the actual dose administered in addition to the exact amount wasted and the total amount the vial is labeled to contain. This kind of detailed documentation helps benefit your practice by justifying your billing in the event a medical review should occur.

- If your Medicare contractor requires discarded drugs to be reported with the JW modifier on a separate line, the total number of discarded units reported should not include amounts of the drug also included on the administered line due to the rounding up of units (see examples below).

- Please remember to verify the milligrams given to the patient and then convert to the proper units for billing.

Hypothetical Examples:

- Rituximab (Rituxan®)

  - Rituxan® is supplied as 100 mg/10 mL and 500 mg/50 mL solution in single-use vials.

  - The physician administers 80 mg of rituximab to a patient. The smallest-sized vial available for this dose is 100 mg. The physician uses the 100 mg vial to administer 80 mg. The physician discards the remaining 20 mg in the vial.

  - Since the J9310 long descriptor for rituximab (Rituxan®) shows that 1 billing unit represents 100 mg ordered/administered per patient, the correct calculation of units would be 0.8 units (80/100). However, for billing purposes, this would be rounded up to 1 unit.

  - In this example, billing for 100 units would be an error. Since J9310 is defined as 1 unit being equal to 100 mg, this would mean that the patient received an unlikely dosage of 10,000 mg of rituximab for that date of service.

  - Due to the single-use vial type, the provider may bill for the amount administered as well as the amount appropriately discarded. The discarded amount is reported with the JW modifier. The JW modifier is only applied to the amount of drug or biological that is discarded. A situation in which the JW modifier is not permitted is when the actual dose of the drug or biological administered is less than the billing unit. (See the "Medicare Claims Processing Manual," Chapter 17, Section 40 at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf on the CMS website.) For example, one billing unit for a drug is equal to 10mg of the drug in a single use vial. A 7mg dose is administered to a patient while 3mg of the remaining drug is discarded. The 7mg dose

is billed using one billing unit that represents 10mg on a single line item. The single line item of 1 unit would be processed for payment of the total 10mg of drug administered and discarded. Billing another unit on a separate line item with the JW modifier for the discarded 3mg of drug is not permitted because it would result in overpayment. Therefore, when the billing unit is equal to or greater than the total actual dose and the amount discarded, the use of the JW modifier is not permitted.

- Bevacizumab (Avastin®)
    - Avastin® is supplied as 100 mg/4 mL and 400 mg/16 mL solution in single-use vials.
    - The physician administers 395 mg of bevacizumab to a patient. The smallest- sized vial available for this dose is 400 mg. The physician uses the 400 mg vial to administer 395 mg. The physician discards the remaining 5 mg in the vial.
    - Since the J9035 long descriptor for bevacizumab (Avastin®) shows that 1 billing unit represents 10 mg ordered/administered per patient, the correct calculation of units would be 39.5 units (395/10). However, for billing purposes, this would be rounded up to 40 units.
    - In this example, billing for 395 units would be an error. Since J9035 is defined as 1 unit being equal to 10 mg, this would mean that the patient received 3,950 mg of bevacizumab for that date of service. This would be a billing error.
    - Due to the single-use vial type, the provider may bill for the amount administered as well as the amount appropriately discarded.

## Additional Information

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.

Links to additional resources:

National coverage determination (NCD) for bevacizumab

- http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx
    - Document ID: 110.17

Supplementary MLN Matters® articles:

- http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM3419.pdf

- http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM3742.pdf

Alpha-Numeric HCPCS codes:

- http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html

JW HCPCS Modifier Information:

- http://www.wpsmedicare.com/part_b/resources/modifiers/modifier-jw.shtml
- http://www.palmettogba.com/palmetto/providers.nsf/vmasterdid/8eelbr2808
- http://www.cgsmedicare.com/parta/pubs/news/2012/1112/786.html

Medicare Manual References:

- http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf
- http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf

2013 Medicare Part B Drug Average Sales Price:

- http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/2013ASPFiles.html