

To: All Providers  
From: Carefirst Inc., Medicare Part A  
Date: December 9, 2003  
Subject: Coding and Billing Instructions for Velcade™ (Bortezomib)

The Centers for Medicare and Medicaid Services (CMS) has approved transitional pass-through status under the Medicare hospital outpatient prospective payment system (OPPS) for Velcade™ (Bortezomib) for injection. Payment for HCPCS code C9207, Injection, Bortezomib, per 3.5 mg, will be implemented in the Medicare systems in the January 1, 2004 release, but pass-through payments for this drug are effective for services furnished on after October 1, 2003

For services furnished before October 1, 2003: Hospitals should use HCPCS code J3490 (Unclassified drugs) with revenue code 636 with revenue code 636 to bill for Velcade™ (Bortezomib) administered for injection prior to October 1, 2003. When using HCPCS code J3490, claims remarks should include name and dosage of the drug and information used to determine medical necessity.

Although no separate payment is allowed under the OPPS for a drug billed with HCPCS J3490, charges associated with J3490 are split proportionally among all the other payable APCs on the claim and are added to the original charges for those other APCs. The resulting charges are converted to cost and used in determining whether the threshold for outlier payment is met. If the outlier threshold is met, claims will generate an outlier payment in addition to APC payments. Charges for J3490 also figure in the calculation of transitional corridor payments.

For services furnished on or after October 1, 2003 Under Hospital OPPS: Hospitals should use HCPCS code C9207, Injection, Bortezomib, per 3.5 mg, to bill for Velcade™ (Bortezomib) administered for injection on or after October 1, 2003 in order to receive the pass-through payment.

For claims with dates of service October 1, 2003 through December 31, 2003, when additional services are furnished that would be reported on the same claim as C9207, hospitals may wish to remove the charge for C9207 in order to receive payment for the other services on the claim. Hospitals that elect to bill in this manner would submit an adjustment bill in January 2004 to receive payment for C9207. Alternatively, hospitals may delay billing for all services furnished on the date that Velcade is administered until after the January 1, 2004 release is installed.

Hospitals that have submitted a claim using a code other than C9207 to bill for Velcade furnished on or after October 1 may submit an adjustment claim after January 1, 2004 in order to receive the pass-through payment for Velcade

For services furnished on or after October 1, 2003 for Non-OPPS Hospitals

Institutions that submit claims to fiscal intermediaries and that are not paid under the hospital OPPS should bill for Bortezomib the same way they bill for any other drug for which a national HCPCS code has not been assigned. Use revenue code 636 with HCPCS code J3490, unclassified drugs, and document the name of the drug and the dosage under “Remarks” on the claim.

Reference: Pub.100-20 # 26, CR# 2982

Should you have any questions, contact Provider Relations at 1-866-488-0545.

**THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE AT NO-COST FROM OUR WEBSITE AT [www.marylandmedicare.com](http://www.marylandmedicare.com)**