

Sotradecol™ Drug Reimbursement Coding and Pricing Advisory™

HOW TO BILL FOR SOTRADECOL™ USING THE CMS 1500 FORM

SOTRADECOL™ (sodium tetradecyl sulfate injection) by *Bioniche Pharma USA*

Indications: Treatment of small uncomplicated varicose veins of the lower extremities. The benefit-to-risk ratios should be considered in selected patients who are at great surgical risk.

CODING AND BILLING INSTRUCTIONS:

The following information **must** appear on the CMS 1500 claim form for reimbursement for Sotradecol™.

Administration Code – Column 24D:

Since Sotradecol™ is a sclerosing agent administered by intravenous push, you need to include, on a separate line, the appropriate administration code(s):

- 36470:** Injection of sclerosing solution; single vein
- 36471:** Injection of sclerosing solution; multiple veins, same leg
- 90774:** Therapeutic, prophylactic or diagnostic injection; intravenous push, single or initial substance/drug
If administered and billed under the hospital outpatient prospective payment system (HOPPS) the appropriate administration code is:
- C8952:** Therapeutic, prophylactic or diagnostic injection; intravenous push

Diagnosis Code — Box 21:

Box 21: **Required:** Diagnosis or nature of illness or injury. In the case of Sotradecol™, suggested ICD-9-CM codes include:

- 454 - Varicose veins of lower extremities**
EXCLUDES that complicating pregnancy, childbirth, or the puerperium (671.0)
- 454.0 - With ulcer**
Varicose ulcer (lower extremity, any part)
Varicose veins with ulcer of lower extremity (any part) or of unspecified site
- 454.1 - With inflammation**
Stasis dermatitis
Varicose veins with inflammation of lower extremity (any part) or of unspecified site
- 454.2 - With ulcer and inflammation**
Varicose veins with ulcer and inflammation of lower extremity (any part) or of unspecified site
- 454.8 - With other complications**
Edema
Pain
Swelling

Other ICD-9-CM Codes may also be appropriate for use with Sotradecol™, please use your clinical judgement when selecting an appropriate ICD-9-CM code.

Medication Information — Column 24D and Box 19:

Column 24D: **Required:** The appropriate HCPCS drug code for the medication administered. The appropriate HCPCS drug code for Sotradecol™ is **J3490**: Unclassified drugs.

Box 19: **Required:** The full name of the medication administered including strength [e.g., Sotradecol™ 1% or 3% Injection (IV)] as well as the NDC (National Drug Code) on package used.

(See back for more important billing information for Sotradecol™)

Medication Charge — Column 24F:

Because **Sotradecol™** does not have a specific HCPCS code assigned, it must be billed under J3490. Reimbursement is based on the NDC and quantity utilized. The AWP for each NDC of **Sotradecol™** are as follows:

NDC	Drug Name	Effective Date	AWP (per 0.5 mL)	AWP (per 1 mL)	AWP (per 2 mL)
67457-0162-02	Sotradecol 1% Injection (IV)	09/07/2005	\$ 9.31	\$18.63	\$37.25
67457-0163-02	Sotradecol 3% Injection (IV)	09/07/2005	\$15.56	\$31.13	\$62.25

The AWP is only for the reimbursement of the medication and does not include the charge for administration.

Medication Quantity — Column 24G:

Column 24G: **Required:** The quantity of medication administered. In the case of **Sotradecol™**, enter the number of units (mLs) used.

The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee by Bioniche, AngioDynamics or RJ Health Systems concerning levels of reimbursement, payment or charge. The health care professional is responsible for checking the insurer's policies to confirm coding or billing requirements. The health care professional is responsible for completing claims forms using codes that accurately reflect the patient's condition, procedures performed, and products used.

SAMPLE CLAIM

DRUG WITHOUT ASSIGNED HCPCS DRUG CODE, STOCKED BY PHYSICIAN and ADMINISTERED AT THE OFFICE

DATE 01/06/06

SIGNED

15. IF PATIENT UNABLE TO WORK IN CURRENT OCCUPATION... (DD YY) TO (MM DD YY)

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

19. RESERVED FOR LOCAL USE
Sotradecol 1% Injection (IV), NDC: 67457-0162-02

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4)

1. 454.1

23. PRIOR AUTHORITY

1	A		B	C	D	E	F	G	H	I	J	K
	DATE(S) OF SERVICE From	To										
1	01 06 06	01 06 06	11	1	99211							
2	01 06 06	01 06 06	11	1	36470							
3	01 06 06	01 06 06	11	1	J3490	2mL						

26. PATIENT ID NUMBER: 123

29. AMOUNT PAID: \$

30. BALANCE DUE: \$ XXX XX

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

32. NAME OF SUPPLIER: John Brown, M.D.
111 Hospital Drive
Anytown, USA 12345

SIGNED DATE

PIN#

GRP#

790-0115 (12/90) (OCR) 1 pt

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

FORM CMS 1500 (12-90)
FORM OWCP-1500 FORM RRB-1500

PHYSICIAN OR SUPPLIER INFORMATION

Diagnosis Code:
ICD-9-CM code for appropriate diagnosis or nature of illness

Office Visit Code:
CPT code for appropriate services provided: for example, to an established patient

Administration Code
CPT code for an injection: for example, Injection of sclerosing solution; single vein

Required:
Name, strength, and NDC# of medication administered

Required:
Appropriate HCPCS Drug Code for Non-Classified Drug

Medication charge

Quantity of medication used