

Mozobil® (plerixafor injection) Billing Instruction Sheet



Completing the CMS-1450 Claim Form for Hospital Outpatient Services

Most third-party payers, including Medicare, state Medicaid plans, managed care organizations, indemnity plans, and others, provide coverage for Mozobil when administered in a hospital outpatient department (HOPD).

CLAIMS SUBMISSION

The HOPD submits a CMS-1450 (UB-04) claim form or its electronic equivalent for Mozobil. Hospitals report various codes on the claim form to indicate the medical necessity for Mozobil and its administration in order to receive proper payment from payers.

BILL TYPE

Hospitals report the type of care provided and the sequence of the claim in a particular episode of care with a 4-digit code in Box 4 TYPE OF BILL. The first digit is always a leading zero. The second digit identifies the type of facility (e.g., hospital: 1). The third digit identifies the bill classification (e.g., outpatient: 3). The fourth digit identifies the frequency code.

Type of Bill	Description	CMS-1450 Location
013X	Hospital outpatient	Box 4 TYPE OF BILL

DIAGNOSIS CODE(S)

All payers recognize International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes to indicate the medical necessity for Mozobil. The HOPD must list an appropriate diagnosis code for Mozobil in Box 66/67 DX of the CMS-1450 claim form. Payers may delay processing, deny, or reject claims without valid diagnoses, requiring the HOPD to complete and resubmit a corrected claim.

Mozobil, a hematopoietic stem cell mobilizer, is indicated in combination with granulocyte-colony stimulating factor (G-CSF) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in patients with non-Hodgkin's lymphoma and multiple myeloma. The following codes may be appropriate to describe these conditions:

ICD-9-CM Diagnosis Code	Description	CMS-1450 Location
Multiple Myeloma		
203.0X	Multiple myeloma	Box 66/67 DX
Non-Hodgkin's Lymphoma		
200.0X	Reticulosarcoma	Box 66/67 DX
200.1X	Lymphosarcoma	
200.2X	Burkitt's tumor or lymphoma	
200.3X	Marginal zone lymphoma	
200.4X	Mantle cell lymphoma	
200.5X	Primary central nervous system lymphoma	
200.6X	Anaplastic large cell lymphoma	
200.7X	Large cell lymphoma	
200.8X	Lymphosarcoma, other named variants	
202.0X	Nodular lymphoma	
202.1X	Mycosis fungoides	
202.2X	Sezary's disease	
202.3X	Malignant histiocytosis	
202.4X	Leukemic reticuloendotheliosis	
202.5X	Letterer-Siwe disease	
202.6X	Malignant mast cell tumors	
202.7X	Peripheral T-cell lymphoma	
202.8X	Other lymphomas	
202.9X	Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue	

The fifth digit, X, identifies further specificity regarding disease location.



Please see accompanying full Prescribing Information.

MOZOBIL DRUG CODE

Healthcare Common Procedure Coding System (HCPCS) Level 2 codes are used to report drugs. Effective January 1, 2010, the HCPCS code assigned to Mozobil is J2562. Report this HCPCS code in Box 44 HCPCS/RATE/HIPPS CODE of the CMS-1450 claim form.

HCPCS	Description	CMS-1450 Location
J2562	Injection, plerixafor, 1 mg	Box 44 HCPCS/RATE/HIPPS CODE

Mozobil is supplied in a single-use vial filled to deliver 1.2 mL of a 20 mg/mL solution containing 24 mg of plerixafor, and has the 10-digit NDC number 58468-0140-1. For claims processing purposes, if billing with the NDC number, make the NDC 11 digits by adding a leading zero to the last segment of the NDC: 58468-0140-**01**.

When billing with J2562, specify the total number of units administered to the patient on the claim form. Each single use vial of MOZOBIL contains 24 mg or 24 units of J2562.

24 units of MOZOBIL must be billed to reflect a full single dose vial
Example: 24mg product X 1 billing unit per mg = 24 billing units

NOTE: Though Medicare typically will reimburse unused drug from single use vials when it is medically reasonable to discard product, the practices of other payers regarding this practice may vary. Please contact your payer for specific coverage details.

MOZOBIL ADMINISTRATION CODE

Current Procedural Terminology (CPT) codes are used to report the administration of Mozobil. Based on the FDA-approved method of administration for Mozobil, the HOPD should list an appropriate CPT code for the administration of Mozobil in Box 44 HCPCS/RATE/HIPPS CODE of the CMS-1450 claim form. Prescribing information indicates Mozobil is administered via a subcutaneous injection. Per 2010 CPT code guidelines, a subcutaneous injection is reported with 1 unit (Box 46) of the following CPT code:

CPT	Description	CMS-1450 Location
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Box 44 HCPCS/RATE/HIPPS CODE

REVENUE CODES

The HOPD is required to indicate a revenue code in Box 42 REV. CD. and description in Box 43 DESCRIPTION. Revenue codes identify a specific accommodation (where a service was performed) and/or ancillary charge (the actual service performed). The table below provides examples of revenue codes that may be billed in conjunction with Mozobil.

Revenue Code	Description	CMS-1450 Location
0636	Drugs that require detailed coding (most payers, drug)	Box 42 REV. CD.
0510	Clinic (most payers, procedure)	
0250	General pharmacy (some non-Medicare payers, drug)	
0280	Oncology	

MOZOBILDirect – is a reimbursement resource for healthcare providers and patients. It provides support to help patients and providers better understand reimbursement for Mozobil. You can call the help line toll-free at 1-877-4MOZOBIL (1-877-466-9624) and select option 3 for personalized support with:

- Benefit Verifications
- Coding assistance
- Claims assistance
- Claim denial assistance
- Prior authorization assistance
- Co-insurance foundation assistance
- Patient Assistance Program

IMPORTANT SAFETY INFORMATION

- Mozobil may cause mobilization of leukemic cells and subsequent contamination of the apheresis product. Therefore, Mozobil is not intended for hematopoietic stem cell (HSC) mobilization and harvest in patients with leukemia
- Mozobil in conjunction with G-CSF increases circulating leukocytes and HSC populations. White blood cell counts should be monitored during treatment. Clinical judgment should be exercised when administering Mozobil to patients with peripheral white blood cell counts above 50,000/mcL
- Thrombocytopenia has been observed in patients receiving Mozobil. Platelet counts should be monitored in patients who receive Mozobil and then undergo apheresis
- In patients treated with Mozobil in combination with G-CSF for HSC mobilization, tumor cells may be released from the marrow and subsequently collected in the leukapheresis product. The effect of potential re-infusion of tumor cells has not been well studied
- The effect of Mozobil on spleen size was not specifically evaluated in clinical studies. Individuals receiving Mozobil in combination with G-CSF who report left upper abdominal pain and/or scapular or shoulder pain should be evaluated for splenic integrity
- Mozobil may cause fetal harm when administered to a pregnant woman. Plerixafor was teratogenic in animals. There are no adequate and well-controlled studies in pregnant women using Mozobil. Women of childbearing potential should be advised to avoid becoming pregnant while receiving treatment with Mozobil
- The most common adverse reactions ($\geq 10\%$) during HSC mobilization and apheresis were: diarrhea (37%), nausea (34%), fatigue (27%), injection site reaction (34%), headache (22%), arthralgia (13%), dizziness (11%), and vomiting (10%). The majority of these adverse reactions were Grade 1 and 2

DO YOU HAVE ADDITIONAL REIMBURSEMENT QUESTIONS?

Please call MOZOBILDirect for assistance toll-free at 1-877-4MOZOBIL (1-877-466-9624) and select option 3, Monday through Friday, 9:00 AM to 7:00 PM EST.

Please see accompanying full Prescribing Information.