

OPPS means:

- Outpatient Prospective Payment System
- This payment system uses APCs

APC means:

- Ambulatory Payment Classification
- For Medicare Part B services in the Hospital Outpatient Department
- Billed on the UB-04
- Paid by the A/B MAC/Fiscal Intermediary

APCs for drugs and biologics can be:

- Paid through regular APC methods
- Paid through a pass-through formula (temporary)
- Packaged—not paid separately, but packaged or bundled with other services

In the case of REMICADE®:

- REMICADE® is paid separately through regular APC methods
- Infusion therapy is paid as a regular APC
- The saline solution used for infusion therapy is packaged with the infusion therapy procedure and is not paid separately under APCs

Payment is in two parts:

- The Medicare program payment
- The co-insurance payment
(see *inside* for payment amounts)

Proper payment depends on correct coding:

- The code determines the APC, and the APC determines the Medicare allowable

Sources: Medicare Program: Hospital Outpatient Prospective Payment System and CY 2011 Payment Rates; Final Rule. 75 *Fed. Reg.* 71,800. (Nov. 24, 2010) October, 2010, ASP Pricing File, available at: http://www.cms.gov/McrPartBDrugAvgSalesPrice/01a19_2010aspfiles.asp#TopOfPage (last accessed 23-Nov-2010).

REMICADE® and APCs

A Quick Reference Guide for 2011

Medicare Program OPPS payment for REMICADE® is based on the Average Sales Price (ASP) + 5% in 2011. This rate will be adjusted quarterly and can be found at the Medicare website at www.cms.hhs.gov. After the patient's deductible for the cost of the drug is met, Medicare pays the HOPD 80% of those established rates, and the patient or secondary/supplemental insurance is responsible for the remaining 20% co-insurance.

Note: Private payer policies for codes to describe IV therapy may vary. Consult local payers for coding policy regarding use of 96413 and 96415 or 96365 and 96366.

Please see Full Prescribing Information for REMICADE®, including *Boxed Warnings, Contraindications, Warnings and Precautions, and Adverse Reactions, and Medication Guide*, at www.remicade.com.

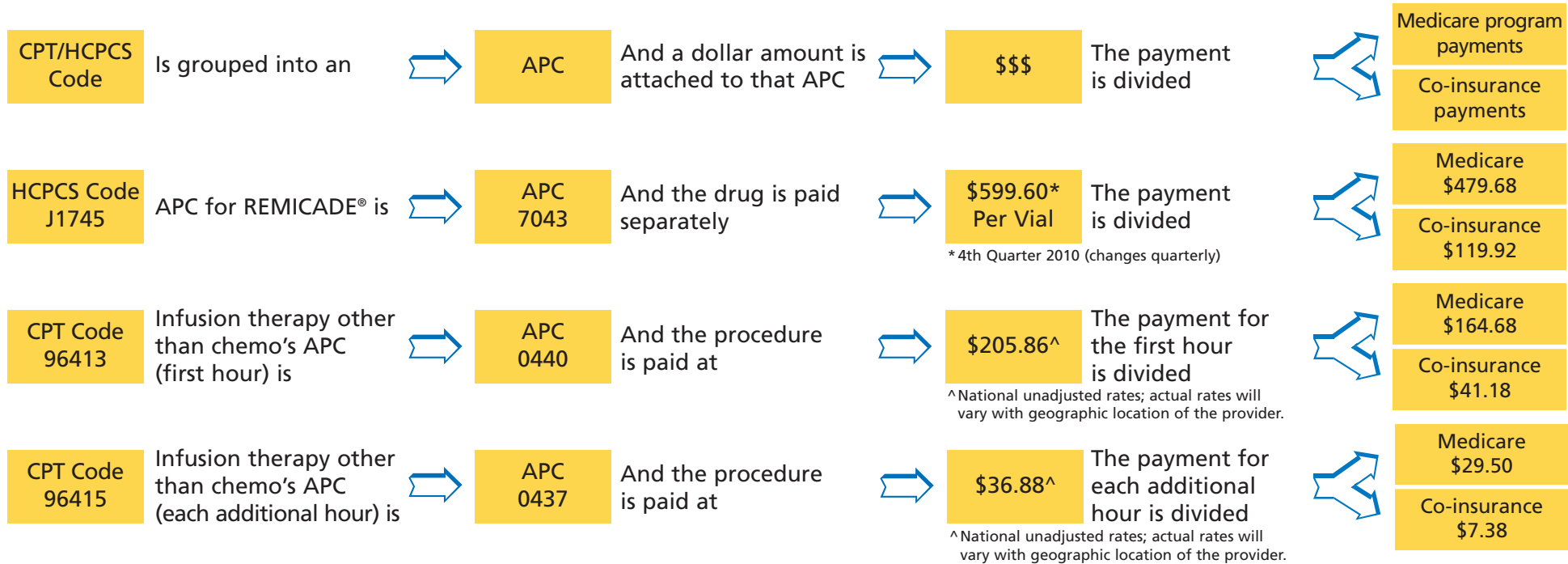


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The information in this guide is provided to assist you in understanding the reimbursement process. It is intended to help providers in accurately obtaining reimbursement for healthcare services. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that you consult your payer organization with regard to local reimbursement policies. This document is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and updated frequently. While Centocor Ortho Biotech Products, L.P. has made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Please consult with your counsel or reimbursement specialist for any reimbursement or billing questions. Similarly, all Current Procedural Terminology (CPT®) & Healthcare Common Procedural Coding System (HCPCS) billing codes are supplied for informational purposes only and represent no statement, promise or guarantee by Centocor Ortho Biotech Products, L.P. that these codes will be appropriate or that reimbursement will be made.

How Payment Happens



You Should Know

- 1 Vial = 10 Units (not 1 unit)
- 2 Vials = 20 Units (not 2 units)
- 3 Vials = 30 Units (not 3 units)
- 4 Vials = 40 Units (not 4 units)
- REMICADE® J1745 and Infusion Therapy CPT codes 96413 and 96415 should be listed on the claim form with the same date of service
- Revenue Code 0636 is required with J1745 infliximab (REMICADE®)

Payment Codes Calendar Year 2011

Revenue Code	Description	CPT Code*	Service Date	(# of Units) Service Units	Total Payment (\$)	Medicare Payment (\$)	Co-Insurance Payment (\$)
1 Vial							
0636 [†]	Infliximab (REMICADE®)			10	599.60 [‡]	479.68	119.92
0260 [§]	Infusion therapy other than chemo first hr	96413	xx/xx/xx	1	205.86	164.68	41.18
0260 [§]	Infusion therapy other than chemo each add'l hr	96415	xx/xx/xx	1	36.88	29.50	7.38
2 Vials							
0636 [†]	Infliximab (REMICADE®)			20	1,199.20 [‡]	959.36	239.84
0260 [§]	Infusion therapy other than chemo first hr	96413	xx/xx/xx	1	205.86	164.68	41.18
0260 [§]	Infusion therapy other than chemo each add'l hr	96415	xx/xx/xx	1	36.88	29.50	7.38
3 Vials							
0636 [†]	Infliximab (REMICADE®)			30	1,798.80 [‡]	1,439.04	359.76
0260 [§]	Infusion therapy other than chemo first hr	96413	xx/xx/xx	1	205.86	164.68	41.18
0260 [§]	Infusion therapy other than chemo each add'l hr	96415	xx/xx/xx	1	36.88	29.50	7.38
4 Vials							
0636 [†]	Infliximab (REMICADE®)			40	2,398.40 [‡]	1,918.72	479.68
0260 [§]	Infusion therapy other than chemo first hr	96413	xx/xx/xx	1	205.86	164.68	41.18
0260 [§]	Infusion therapy other than chemo each add'l hr	96415	xx/xx/xx	1	36.88	29.50	7.38

* CPT® is a registered trademark of the American Medical Association. All Rights Reserved.

[†] Unless specific instruction states otherwise, 0630 is required for drug claims billed on the CMS-1450 (UB-04)

[‡] Effective for 4th Quarter 2010 (Oct. 1 - Dec. 31, 2010; will be updated quarterly)

[§] 0260 is an available choice, but is not mandatory.

