

Eli's Rehab Report

Reader Question: J Codes With No Dosage Descriptors

Question: How should we bill pharmaceutical J codes whose long descriptors either do not include a dosage or do not match the dosage administered?

Pennsylvania Subscriber

Answer: Although J codes describe common dosages of medications, they often do not list the exact dose used. This is a carrier-specific billing policy that should be individually verified with the carriers you bill most frequently. Some payers will allow you to bill the dosage described by the J code even if it overstates what is used, while others request that in addition to billing the J code, you also communicate the exact amount of the dose administered.

When standard dosages do not match how the drug is administered, you should use the unit field to report multiples of the dosage identified in the code descriptor. When no other J code more closely describes the amount of drug given, a multiplier should be used. For instance, if one gram of a drug is administered from two 500-mg vials, the report should indicate the HCPCS code with two units notated.

If the amount of the drug administered to a patient is less than the amount described by the HCPCS code, you can usually bill for one full unit, depending on the life span of the drug. For instance, Botox (J0585) does not last long after the vial is opened, so most carriers allow practices to bill for the whole vial when only part is used, but the chart must show the exact dosage administered, and practices are encouraged to schedule more than one patient on the same day so the vial can be shared.

Medicare may reimburse for a drug in units that clinically do not represent what is considered a standard dosage, however. For example, if a drug is eligible for reimbursement in units of 10 mg and your practice uses 100 mg of the drug, to be properly reimbursed the claim should reflect 10 units of a 10-mg dose. Failing to do so could mean that your practice is losing reimbursement.