

CODING FOR XERAVA: J CODE INCLUDED

XERAVA (eravacycline) for injection may be billed with a product-specific J code: when appropriate.

J code: J0122: Injection, eravacycline, 1 mg. Use JW modifier for wastage (see accompanying sample claim forms for details).

APC: 9325: Injection, eravacycline, 1 mg

Additional Coding for XERAVA and Associated Administration May Also Include the Following:

CODING		SITE OF SERVICE		
Code Set	Code	Physician Office	Hospital Outpatient	Home Infusion
NDC	50-mg vial 10-digit: 71773-050-12 (12-vial carton) 10-digit: 71773-050-05 (single vial) 11-digit: 71773-0050-12 (12-vial carton) 11-digit: 71773-0050-05 (single vial)	X	X	X
	100-mg vial 10-digit: 71773-100-12 (12-vial carton) 10-digit: 71773-100-05 (single vial) 11-digit: 71773-0100-12 (12-vial carton) 11-digit: 71773-0100-05 (single vial)			
CPT Codes	96365 IV infusion for therapy/prophylaxis/diagnosis, initial, up to 1 hour	X	X	
	96366 IV infusion for therapy/prophylaxis/diagnosis; each additional hour	X	X	
	99601 Home infusion/specialty drug administration, per visit (up to 2 hours)			X
ICD-10-PCS	3E03329 Introduction of other anti-infective into peripheral vein, percutaneous approach		X	
	3E04329 Introduction of other anti-infective into central vein, percutaneous approach		X	
HCPCS Codes	S9494 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	X		X
	S9500 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	X		X
	S9501 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	X		X
Revenue Codes	Product Revenue Codes	Physician Office	Hospital Outpatient	Home Infusion
	0250 Pharmacy – General		X	
	0258 Pharmacy – IV Solutions		X	
	0636 Pharmacy – Drugs requiring detailed coding		X	

Providers should accurately report the patient's condition and the services and supplies they provide to their patients. Coverage determinations are made based on individual patient conditions and can vary depending on local payor policies. Providers should consult with the appropriate payor(s) if they have any questions regarding billing and coding and follow the payor's guidelines.

CODING		SITE OF SERVICE		
Revenue Codes	Administration Revenue Codes	Physician Office	Hospital Outpatient	Home Infusion
	0260 IV Therapy – General		X	
	0510 Clinic – General		X	
	0550-0559 – Skilled Nursing			X
	0580-0589 – Home Health Other Visits			X
	0640-0649 – Home IV Therapy Services			X

Sample Claim Forms

Sample CMS-1500 Claim Form Submitted to Medicare for XERAVA and Administration Services From the Physician Office Site of Care

PRODUCT AND PROCEDURE CODES (Box 24D):
Administration procedure - Indicate the appropriate HCPCS code and CPT code to represent XERAVA and administration.
Appropriate coding for XERAVA may include:

- J0122 Injection, eravacycline, 1 mg**

CPT code(s) should be reported to identify administration services
Modifiers may be included on a claim for XERAVA:

- Modifier JW:** Drug amount discarded/ not administered to any patient
- Modifier -59:** Identify procedures or services, other than E/M services, that are not normally reported together (ie, a separate encounter on the same date of service) but are appropriate under the circumstances

Other modifiers may be appropriate.

1	2	3	4	5	6	7	8	9	10	11	12
MM	DD	YY	MM	DD	YY						
						J0122				200	NPI
						J0122	JW			X	NPI
						96365				1	NPI
						96365	59			1	NPI

SERVICE UNITS (Box 24G):
For **J0122**, bill the appropriate number of units administered (eg, 200 units if 200 mg administered)
The number of units for XERAVA and administration should reflect service provided in a 24 hour period.
Units wasted may be reported on the line including the JW modifier.

Providers should accurately report the patient’s condition and the services and supplies they provide to their patients. Coverage determinations are made based on individual patient conditions and can vary depending on local payor policies. Providers should consult with the appropriate payor(s) if they have any questions regarding billing and coding and follow the payor’s guidelines.

Sample UB-04 (CMS-1450) Claim Form Submitted to Medicare for XERAVA and Administration Services From the Hospital Outpatient Site of Care

PRODUCT AND PROCEDURE CODES (Field 44):
Administration procedure - Indicate the appropriate HCPCS code and CPT code to represent XERAVA and administration.
Appropriate coding for XERAVA may include:
• J0122 Injection, eravacycline, 1 mg

CPT code(s) should be reported to identify administration services.

Modifiers may be included on a claim for XERAVA:

- **Modifier JW:** Drug amount discarded/not administered to any patient
- **Modifier -59:** Identify procedures or services, other than E/M services, that are not normally reported together (ie, a separate encounter on the same date of service) but are appropriate under the circumstances

Other modifiers may be appropriate.

# REV CD	# DESCRIPTION	# HPOS / ICD-10 / ICD-9 CODE	# SERV DATE	# SERV UNITS	# TO BL CHARGE	# UNCOVERED CHARGE
0636	Drugs requiring detailed coding	J0122	MM DD YY	200	XXX.XX	
0636	Drugs requiring detailed coding	J0122-JW	MM DD YY	X	XXX.XX	
0510	Clinic	96365	MM DD YY	1	XXX.XX	
0510	Clinic	96365-59	MM DD YY	1	XXX.XX	

REVENUE CODES (Field 42) AND DESCRIPTIONS (Field 43):
Use the most appropriate revenue code corresponding to the cost center; eg.
• 0636 for XERAVA
Note: Other revenue codes may apply

SERVICE UNITS (Field 46):
For J0122, bill the appropriate number of units administered (eg, 200 units if 200 mg administered).

The number of units for XERAVA and administration should reflect service provided in a 24 hour period.

Units wasted may be reported on the line including the JW modifier.

Principal Procedure Code and Date (Field 74):
Enter the appropriate ICD-10-PCS code(s) for XERAVA; eg,
• 3E03329 Introduction of other anti-infective into peripheral vein, percutaneous approach
May not be required on claims submitted from the hospital outpatient site of care

PAGE		OF		CREATION DATE		TOTALS	
S9 PAYER NAME		S1 HEALTH PLAN ID		S4 PAYER ID		S5 EST. AMOUNT DUE	
S3 INPATIENT NAME		S2 ICD-10 CODE		S4 PAYER ID		S5 EST. AMOUNT DUE	
S6 TREATMENT AUTHORIZATION CODES		S7 ICD-10 CODE		S4 PAYER ID		S5 EST. AMOUNT DUE	
S8 ADMIT DATE		S9 PATIENT REASON FOR		S4 PAYER ID		S5 EST. AMOUNT DUE	
S10 OTHER PROCEDURE CODE		S11 OTHER PROCEDURE DATE		S4 PAYER ID		S5 EST. AMOUNT DUE	
S12 OTHER PROCEDURE CODE		S13 OTHER PROCEDURE DATE		S4 PAYER ID		S5 EST. AMOUNT DUE	

Information provided in this resource is not intended to be a comprehensive description of potential coding requirements for XERAVA. Providers are solely responsible for determining coding for patients treated with XERAVA and it is the provider's responsibility to select appropriate codes, charges, and modifiers that best reflect the actual service(s) furnished to a particular patient. This information should not be considered a guarantee of coverage or reimbursement of XERAVA.

Providers should accurately report the patient's condition and the services and supplies they provide to their patients. Coverage determinations are made based on individual patient conditions and can vary depending on local payor policies. Providers should consult with the appropriate payor(s) if they have any questions regarding billing and coding and follow the payor's guidelines.