

# UNCLASSIFIED J-CODE CODING AND BILLING

# UNCLASSIFIED/MISCELLANEOUS CODES

- Used when no existing national code adequately describes the item or service being billed
- Allows suppliers to begin billing immediately for a service or item as soon as the Food and Drug Administration (FDA) allows it to be marketed
- Used during the period of time a request for a new code is being considered under the HCPCS review process<sup>1</sup>

# CODING FOR PHYSICIAN ADMINISTERED DRUGS

- Drugs are typically reported using a HCPCS code (Jxxx) assigned by Centers for Medicare and Medicaid Services (CMS)<sup>2</sup>
- Until a permanent J-Code is assigned, an unclassified code is normally used

HCPCS Code <sup>1</sup>	Descriptor
J3490	Unclassified Drugs
J3590	Unclassified Biologics
J9999	Not otherwise classified, antineoplastic drugs
C9399	Unclassified drugs or biologics (Medicare Outpatient Hospital POS)

1. Centers Alpha Numeric biologics (Medicare hospital outpatient setting) for Medicare and Medicaid Services, 2012 HCPS HCPCS File. <http://www.cms.gov/HCPCSReleaseCodeSets/Downloads/12anweb.zip>. Accessed January, 23, 2012.

2. CMS. Healthcare Common Procedure Coding System (HCPCS) Level II Coding Procedures. [http://www.cms.gov/MedHCPCSGenInfo/02\\_HCPCSCODINGPROCESS.asp](http://www.cms.gov/MedHCPCSGenInfo/02_HCPCSCODINGPROCESS.asp). Accessed 9/29/2010

# ADDITIONAL INFORMATION MAY BE REQUESTED BY PAYERS

## Claim Form

- Branded/generic name
- Strength/dose/route of administration
- National Drug Code (NDC)

## Approval Documents

- Package Insert
- FDA approval letter
- Documentation to support medical necessity

## Pricing

- WAC
- AWP
- Invoice

# MEDICAID BILLING UNCLASSIFIED CODES

## Physician Office

- Bill using the CMS-1500 or electronic equivalent
- HCPCS J3490 or J3590 (check payer guidance)
- Medicaid FFS will require an NDC on all claims
  - CMS-1500, electronic 837P, Web Interchange claims and Medicare crossover claims
- Payer guidance may vary

Providers will need to report the NDC in the standard 11 digit format of 5-4-2

Example: 13456 – 123 – 12 would be reported as  
**12345012312**

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER								
N4XXXXXXXXXX Drug Name UN1								J3590			1	XXX xx	1	N	1B	12345678901	
11	01	YY	11	01	YY	11		J3590			1	XXX xx	1	N	NPI	12345678901	

# PRIVATE PAYERS BILLING UNCLASSIFIED CODES

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## Physician Office

- Bill on the CMS 1500 or the electronic equivalent
  - J3490 – unclassified drugs
  - J3590 – unclassified biologics
- Additional information required in Box 19 on the CMS 1500 form will vary by payer

## Hospital Outpatient

- Bill on the UB-04/CMS 1450 or electronic equivalent
  - J3490 – unclassified drugs
  - J3590 – unclassified biologics
- Additional information required in Field 80 (Remarks) will vary by payer

# SAMPLE CMS 1500

Box 19: List drug name (brand/generic), dosage, route of administration, and NDC

Box 21: Enter patients ICD – 10– CM diagnosis code based on the patient’s documented medical record

Box 24 D – Enter CPT/HCPCS code for procedure and services provided;

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE		
MM	DD	YY	MM	DD	YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a		
			17b	NPI	
19. RESERVED FOR LOCAL USE					
Brand Name (generic name), dose, administered, NDC XXXXXXXXXXXXX					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)					
1	XXX XX		3		
2	XXX XX		4		
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	
From	To			DPT/HCPOS	MODIFIER
MM	DD	YY	MM	DD	YY
E. DIAGNOSIS POINTER					
1			96413		
2			J3590		
3					
4					
5					
6					
25. FEDERAL TAX I.D. NUMBER			SSN	EIN	
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.)			26. PATIENT'S ACCOUNT NO.		
			Same		
SIGNED			a. NPI		b.
DATE					

## Infusion Procedure Coding

96413 – chemo infusion *OR*  
 96365 – intravenous infusion ; 1<sup>st</sup> hour  
*AND*  
 96415 – chemo infusion *OR*  
 96366 – intravenous infusion  
 Each additional hour

# SAMPLE UB-04

Field 44: Enter HCPCS/CPT code(s) for procedures and services provided;

Field 69: Enter ICD – 10– CM diagnosis code(s) based on documentation in the medical record

Field 80: List drug name (brand/generic) , dosage, and NDC

42 REV CD	43 DESCRIPTION	44 HCPCS / ICD-10 / ICD-9 CODE	45 SERV DATE	46 SERV UNITS			
11	****	96413					
12		J3590					
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41							
PAGE		OF	CREATION DATE	TOTALS			
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ARG BEN	54 PRIOR PAYMENTS	55 EST		
Blue Cross				.			
Medicaid				.			
56 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	51 GROUP NAME				
		NONE					
		AB12345C					
63 TREATMENT AUTHORIZATION CD DGR	64 DOCUMENT CONTROL NUMBER		65 EMPLO				
66 DX	67	A	B	C	D	E	F
	I	J	K	L	M	N	O
68 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	a
74 PRINCIPAL PROCEDURE CODE	DATE	* OTHER PROCEDURE CODE	DATE	* OTHER PROCEDURE CODE	DATE	75 ATTENDING	
XXX						LAST	
* OTHER PROCEDURE CODE	DATE	* OTHER PROCEDURE CODE	DATE	* OTHER PROCEDURE CODE	DATE	77 OPERATING	
						LAST	
80 REMARKS		81 CC				18 OTHER	DN
Brand (generic), dose, route of administration, NDC XXXXXXXXXXXXX		b				LAST	Smith
		c				19 OTHER	
		d				LAST	

**Infusion Procedure Coding**  
 96413 – chemo infusion *OR*  
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# REASONS FOR DENIAL

## Common Reasons for a denial:

- Incorrect or transposed patient identification (eg, insurance identification number, date of birth)
  - Invalid codes (ICD-10, CPT, HCPCS)
  - Missing or incorrect number of units
  - Incorrect modifier or lack of a modifier
  - Service deemed not medically necessary
- Insufficient information to process the claim (eg, missing NDC, PA number, NPI number, etc.)
  - Place of Service mismatch

# CLEAN CLAIMS SUBMISSION = CLEAN CLAIMS PROCESSING



- Provide appropriate documentation from the patients medical record to justify the coding
- If submitting an unclassified code, insure all of the additional information the payer is requesting is included
- Verify your computer software is up to date and consistent with built in edits
- Track clearinghouse claims to insure successful transmission
- Monitor payer coding and coverage policies for the product you are billing