

Payer Policy Summary Sheet

Payer _____ Payer Type (e.g., PPO, HMO) _____

Coverage: Physician Office Infusion Hospital Outpatient Department
 Home Infusion/Ambulatory Infusion Suite Other _____

Prior Authorization needed for drug: Yes No Prior Authorization needed for infusion service: Yes No

Electronic Prior Authorization available: Yes No

Prior Authorization valid for _____ months or _____ infusions

Primary Care Physician referral required: No Yes If yes, please describe _____

Category	Coding	Payment Rules / Policies
REMICADE® (infliximab)	<input type="checkbox"/> J1745 10 mg per unit _____	
	<input type="checkbox"/> NDC 57894-0030-01 (11 digits)	
	<input type="checkbox"/> NDC 57894-030-01 (10 digits)	
	<input type="checkbox"/> Other _____	
Infusion Service	<input type="checkbox"/> CPT 96365	
	<input type="checkbox"/> CPT 96366	
	<input type="checkbox"/> CPT 96413	
	<input type="checkbox"/> CPT 96415	
	<input type="checkbox"/> CPT 96375 Each additional sequential IVP of a new substance/drug, non-chemo	
	<input type="checkbox"/> CPT 96372 Therapeutic, prophylactic or diagnostic injection, subcutaneous or intramuscular	
	<input type="checkbox"/> CPT 96401 Chemo administration, subcutaneous or intramuscular, non-hormonal anti-neoplastic	
Home Infusion / AIS	<input type="checkbox"/> HCPCS S9359* Some payers may not recognize S9359 but will recognize a generic per diem CPT code	
	<input type="checkbox"/> CPT 99601*	
	<input type="checkbox"/> CPT 99602*	
	<input type="checkbox"/> Other _____	

* If the infusion is performed in an ambulatory infusion suite rather than a patient's home, it may be appropriate to use modifier SS with all billable codes. Please note, depending on individual payer and state Medicaid policies, some codes may not be acceptable codes for billing REMICADE® on home infusion and ambulatory infusion service claims.

Specialty pharmacy requirements: Voluntary Mandatory

List preferred specialty pharmacies: _____

How often does payer update ASP/AWP payment methodology? _____

List preferred CPT codes for billing REMICADE® infusion services: _____

Online medical policy available via website? No Yes If yes, list website _____

Other comments: _____

Key Contact at Payer:

Name _____ Phone _____

Fax _____ E-mail _____

Before prescribing REMICADE®, please see Full Prescribing Information and Medication Guide, including *Boxed Warnings, Contraindications, Warnings, Precautions, and Adverse Reactions*, available at www.REMICADE.com.

