

ABRAXANE® for Injectable Suspension Sample 1500 Claim Form

(paclitaxel protein-bound particles for injectable suspension)(albumin-bound)
Effective for DOS on or after January 1, 2006 for claims to all payers

The Abraxis Oncology Resource Center, ARC of Support, Reimbursement Services can assist you with ABRAXANE® coverage, coding and reimbursement. Call toll free 800-564-0216, Option 3, Monday – Friday 8 AM to 8 PM ET, or visit www.ABRAXANE.com for more information.

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>	1a. INSURED'S I.D. NUMBER 123
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	4. INSURED'S NAME (Last Name, First Name, Middle Initial) 123
3. PATIENT'S BIRTH DATE MM DD YY	7. INSURED'S ADDRESS (No., Street)
5. PATIENT'S ADDRESS (No., Street)	8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	11. INSURED'S POLICY / GROUP OR FECA NUMBER
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	a. INSURED'S DATE OF BIRTH MM DD YY
a. OTHER INSURED'S POLICY OR GROUP NUMBER	b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
b. OTHER INSURED'S DATE OF BIRTH MM DD YY	c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
c. EMPLOYER'S NAME OR SCHOOL NAME On File	10d. RESERVED FOR LOCAL USE
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. <u>XYZ,XX</u>	24 G (Units Field): Indicate the units of ABRAXANE® per 1 mg. ABRAXANE is available in 100 mg SDVs
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY 01 05 07 01 05 07	24 D (CPT): Code 96413 (Chemotherapy administration, IV; infusion technique, up to one hour) can be used for the administration of ABRAXANE®.
B. PLACE OF SERVICE EMG CPT/HCPCS MODIFIER J9264	24 D (HCPCS): Indicate J9264 per 1 mg for ABRAXANE® (Injection, paclitaxel protein-bound particles)
C. EMG CPT/HCPCS MODIFIER 96413	25. FEDERAL COUNT NO.
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	30. BALANCE DUE
E. DIAGNOSIS POINTER	31. SIGNATURE
F. \$ CHARGES	31. SIGNATURE (If center apply)
G. DAYS OR UNITS XYZ	31. SIGNATURE
H. EPSDT Family Plan	31. SIGNATURE
I. ID. QUAL NPI	31. SIGNATURE
J. RENDERING PROVIDER ID. #	31. SIGNATURE

Box 21: (Diagnosis)
Indicate the patient's diagnosis to the highest level of specificity

24 G (Units Field):
Indicate the units of ABRAXANE® per 1 mg.
ABRAXANE is available in 100 mg SDVs

24D (HCPCS):
Indicate J9264 per 1 mg for ABRAXANE® (Injection, paclitaxel protein-bound particles)

24D (CPT): Code 96413 (Chemotherapy administration, IV; infusion technique, up to one hour) can be used for the administration of ABRAXANE®.

ABRAXANE® for Injectable Suspension Sample UB-04 Claim Form

(paclitaxel protein-bound particles for injectable suspension) (albumin-bound)
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1		2		3a PAT. CNTRL. # b. MED. REC. #		4 TYPE OF BILL	
5 PATIENT NAME				6 STATEMENT COVERS PERIOD FROM THROUGH			
7		8		9		10	
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99		100		101		102	

Revenue Codes & Description (FL 42 and 43): Revenue code 636 may be used to indicate ABRAXANE® given.

Revenue code 258 can be used to indicate the administration of ABRAXANE®.

HCPCS (FL 44): Report J9264 per 1 mg (Injection, paclitaxel protein-bound particles), for ABRAXANE®.

96413 can be used to indicate ABRAXANE® given IV infusion, up to one hour.

Units (FL 46): Indicate the units of ABRAXANE® per 1mg.

ABRAXANE is available in 100 mg SDVs

This sample form is intended as an ABRAXANE coding reference. It is not intended to be a directive or guarantee of reimbursement. Health care providers may deem other codes more appropriate and should select the codes that most accurately reflect the services rendered.

ABRAXANE® for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) is indicated for the treatment of breast cancer after the failure of combination chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy. Prior therapy should have included an anthracycline unless clinically contraindicated.

WARNING: ABRAXANE for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) should be administered under the supervision of a physician experienced in the use of cancer chemotherapeutic agents. Appropriate management of complications is possible only when adequate diagnostic and treatment facilities are readily available.

ABRAXANE therapy should not be administered to patients with metastatic breast cancer who have baseline neutrophil counts of less than 1,500 cells/mm³. In order to monitor the occurrence of bone marrow suppression, primarily neutropenia, which may be severe and result in infection, it is recommended that frequent peripheral blood cell counts be performed on all patients receiving ABRAXANE.

Note: An albumin form of paclitaxel may substantially affect a drug's functional properties relative to those of drug in solution. **DO NOT SUBSTITUTE FOR OR WITH OTHER PACLITAXEL FORMULATIONS.**

Please see the full Prescribing Information for Important Safety Information including the Black Box Warning

To Learn More,
Call the ARC of Support™ Hotline:
(800) 564-0216, Option 3

