This guide is for informational purposes only and is not intended as coverage or coding advice. AstraZeneca cannot provide specific reimbursement rates and does not guarantee reimbursement. You should verify the appropriate reimbursement information for services or items you provide. Contact the insurer to determine your patient’s current benefits and limitations.

AstraZeneca Access 360™ provides patient access, reimbursement support, and information about affordability programs for AstraZeneca’s medicines. Please visit www.MyAccess360.com for additional information.

Coding and Reimbursement Guide

This guide contains general information regarding coding and reimbursement for medicines distributed by retail or specialty pharmacy.

Payers

Medicine Supply and Payment

Coding Information

Claim Submission Process

This guide is for informational purposes only and is not intended as coverage or coding advice. AstraZeneca cannot provide specific reimbursement rates and does not guarantee reimbursement. You should verify the appropriate reimbursement information for services or items you provide. Contact the insurer to determine your patient’s current benefits and limitations.
Payers

This section provides an overview of 3 main types of payers that may be involved in access to your patient’s medicine.

**Commercial**

Commercial payers may include different types of organizations that provide coverage and reimbursement for medicines. This coverage is called commercial, or private, insurance. A patient’s benefits will vary based on plan type and provider site of service. Medicines may be covered as a medical benefit, a pharmacy benefit, or both.

**Medicaid**

Medicaid is a state-run health insurance program funded by the federal and state governments for:
- people with annual income levels that meet state eligibility requirements
- people that meet other non-financial eligibility criteria

Medicaid provides coverage and reimbursement for eligible patients based on state-specific guidelines. Medicines may be covered as a medical benefit, a pharmacy benefit, or both. In addition, Medicaid programs may use coverage and utilization restrictions. Each benefit may have different out-of-pocket expenses for patients.

**Medicare**

Medicare is a national health insurance program funded by the US government for:
- people age 65 or older
- people under age 65 with certain disabilities
- people of all ages with end-stage renal disease

Different parts of Medicare help cover specific services:

- **Part A Hospital Insurance** – Covers inpatient hospital services, skilled nursing facility care, nursing home care, hospice, and home health services.
- **Part B Medical Insurance** – Covers doctor services, outpatient care, medically necessary supplies, and preventive services. Also covers drugs prescribed and administered by a healthcare provider.
- **Part C Medicare Advantage Coverage** – Part A and Part B benefits provided by a private company under contract with Medicare.
- **Part D Prescription Drug Coverage** – Prescription drug coverage provided by private insurance plans.
A range of entities and channels distribute, pay for, and receive payment as medicines move from supply networks to patients, depending on the type of drug, reimbursement mechanism, and retail or specialty pharmacy.

- Healthcare provider (HCP) purchases medicine from specialty distributor
- HCP submits claim to payer for medicine and administration procedures
A range of entities and channels distribute, pay for, and receive payment as medicines move from supply networks to patients, depending on the type of drug, reimbursement mechanism, and retail or specialty pharmacy.

- HCP orders medicine through Specialty Pharmacy Provider (SPP)
- SPP seeks payment for medicine from payer
- SPP collects patient’s out-of-pocket for medicine from patient, if applicable
- HCP seeks payment for administration or other services from payer
Medicine Supply and Payment

A range of entities and channels distribute, pay for, and receive payment as medicines move from supply networks to patients, depending on the type of drug, reimbursement mechanism, and retail or specialty pharmacy.

- **Specialty Distributor** supplies medicine to SPP or directly to Home Health Agency (operating as an SPP)
- **Patient** receives medicine directly from SPP or from Home Health Agency
- **Medicine** is either self-administered by patient or by Home Health Agency staff
- **SPP** or Home Health Agency seeks payment from payer

©2017 AstraZeneca. All rights reserved. ACCESS194 8/17
A range of entities and channels distribute, pay for, and receive payment as medicines move from supply networks to patients, depending on the type of drug, reimbursement mechanism, and retail or specialty pharmacy.

- Retail Pharmacy purchases medicine from Specialty Distributor
- Patient receives medicine at home or picks up at pharmacy, paying any out-of-pocket cost
- Pharmacy is paid by payer for cost of medicine (no administration cost for HCPs)
# Types of Codes Used in Reimbursement

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Product code</strong></td>
<td>The NDC is a universal, unique, 3-segment number identifying drugs by manufacturer, strength, dosage form, formulation, and package size. Payers may require the submission of the 11-digit NDC on healthcare claim forms, and electronic claims may be denied for drugs billed without a valid 11-digit NDC.</td>
</tr>
<tr>
<td><strong>Diagnosis code</strong></td>
<td>ICD-10-CM codes are used to report a patient’s diagnosis on claim submissions.</td>
</tr>
<tr>
<td><strong>Procedure code</strong></td>
<td>CPT codes describe medical procedures and services.</td>
</tr>
<tr>
<td><strong>Code for product, supplies, and services when used outside a physician’s office</strong></td>
<td>Certain classes of drugs that require detailed coding must be billed with revenue codes.</td>
</tr>
<tr>
<td><strong>Revenue codes</strong></td>
<td>Revenue codes capture facility cost data by department, which the facility uses for cost-reporting purposes. Some payers request that providers report revenue codes on claim forms.</td>
</tr>
<tr>
<td><strong>Place of service (POS) codes</strong></td>
<td>The POS code provides setting information necessary to appropriately pay professional service claims. The POS is the location of the provider’s face-to-face encounter with the beneficiary.</td>
</tr>
</tbody>
</table>
Claim Submission Process

Each provider is responsible for ensuring all claims are accurate and appropriate. Submission of accurately coded and fully documented claims helps minimize delay and ensures proper reimbursement.

Claim Submission Checklist

☑ File the claim in a timely fashion

☑ Provide complete and accurate information upon request
  Make sure all patient-related information is correct and matches the insurer’s records. This includes:
  • Patient’s ID number
  • Patient’s name
  • Patient’s address

Verify provider’s National Provider Identifier (NPI) number
  • Make sure to include the NPI on the claim

☑ Indicate the setting where the service was provided:
  For example:
  • Physician’s office
  • Hospital inpatient
  • Hospital outpatient

☑ Always use the correct CPT and/or HCPCS codes and modifiers
  Verify that ICD-10-CM diagnosis and CPT codes are appropriate based on the patient’s diagnosis and care.

When billing for drugs, ensure the following information is on the claim form*:
  • Name of the drug
  • HCPCS code
  • 11-digit NDC number
  • Frequency of administration
  • Route of administration
  • Number of units administered

*If required by the payer.
Claim Submission Process

Each provider is responsible for ensuring all claims are accurate and appropriate. Submission of accurately coded and fully documented claims helps minimize delay and ensures proper reimbursement.

CMS-1500 Form

Prescribers typically use this form when billing insurers for medication administered in the physician’s office and for their professional services. In addition, many insurers prefer that Home Health Agencies bill their services with the CMS-1500.

Box 17B: NATIONAL PROVIDER IDENTIFIER (NPI)
Enter appropriate NPI as assigned by Centers for Medicare & Medicaid Services (CMS).

Box 19: NDC
Some payers may require medicine name, route of administration, NDC, and/or dosage to be provided; verify with the applicable payer.

Box 21: DIAGNOSIS CODE(S)
Enter appropriate diagnosis code(s) to the highest level of specificity for the date of service. Enter the diagnoses in priority order.

Box 24B: PLACE OF SERVICE
Provides setting information for services provided. If delivered in outpatient hospital setting, the specific off-campus or on-campus code must be used.

Box 24D: To submit electronic claim NDC drug information, submit the NDC code in the red-shaded portion under Box 24A/B/C. The NDC is to be preceded with the qualifier N4 and followed immediately by the 11-digit NDC code. To submit electronic claim NDC quantity information, submit the NDC quantity in the red-shaded portion under Box 24D.

Box 24G: UNITS - 1 unit is typically with a miscellaneous HCPCS code regardless of the dose and number of vials used.

Box 24E: DIAGNOSIS POINTER - letter that relates to service line
Claim Submission Process

Each provider is responsible for ensuring all claims are accurate and appropriate. Submission of accurately coded and fully documented claims helps minimize delay and ensures proper reimbursement.

UB-04 Form

Hospitals typically use this form when billing insurers for medication administered in the inpatient or outpatient setting.

Outpatient hospitals should bill with the appropriate revenue code.

Box 42: Enter the appropriate revenue code corresponding to the code in Box 44.

Box 43: Enter the name of the product and the description of the administration service.

Box 44: Enter the appropriate HCPCS and/or CPT codes. Other administration codes may be applicable.

Box 46: Enter the appropriate number of units.

Box 66: Diagnosis ICD-10-CM

Box 67A - 67Q: Enter the primary diagnosis code on line A, the secondary diagnosis code on line B, tertiary on line C, etc.
Access 360™

Program Inquiries and Support Requests

Monday – Friday, 8 AM – 8 PM ET, excluding holidays

AstraZeneca Access 360™ provides patient access, reimbursement support, and information about affordability programs for AstraZeneca’s medicines.

For local, personalized customer service, contact your Field Reimbursement Manager at the phone number below or online.

1-844-ASK-A360  (1-844-275-2360)
1-844-FAX-A360  (1-844-329-2360)

Access360@AstraZeneca.com

www.MyAccess360.com

AstraZeneca patient financial support includes savings programs for specialty products at www.astrazenecaspecialtysavings.com.