**PROCRIT® (EPOETIN ALFA) CMS 1450 Sample Claim Form**

1. **Note**: Most recent HCT or Hb levels. Other documentation must be available upon request.

2. **Note**: Either a therapeutic injection OR a clinic visit may be billed with PROCRIT® on the same date.

3. **Note**: Indicate appropriate CPT® and HCPCS codes and modifiers, if required. HCPCS code J0885 should be utilized for PROCRIT® and should be considered equivalent to 1000 units. Consult your local payer for coding policy or call Janssen CarePath at 877-227-3728. Select appropriate modifier with J0885. For more information, click here.

4. **Note**: Indicate diagnosis using the appropriate ICD-10-CM code. Use FL 69 for inpatient visits and FL 70 for outpatient visits.

5. **Note**: Payer policies regarding use of the 10-digit NDC format (59676-302-02) or the 11-digit format (59676-0302-02) may vary. Consult your payer or call Janssen CarePath at 877-227-3728 to confirm payer-specific coding requirements.

6. **Note**: Some payers may ask providers to specify name, dosage strength, & method of administration. Payer requirements vary. Note: Some payers require alternate product codes. Call Janssen CarePath at 877-227-3728 to confirm payer-specific coding requirements.

7. **Item FL40**: Indicate number of EPO units using code 68.

8. **Item FL47**: Indicate total charges from each HCPCS or procedure code from FL 44.

9. **Item FL46**: Indicate the units of service from each HCPCS or procedure code from FL 44.


Please click here to read the full Prescribing Information, including Boxed WARNINGS, and Medication Guide for PROCRIT®. Provide the Medication Guide to your patients and encourage discussion.

Third-party reimbursement is affected by many factors. This document and the information and assistance provided by Janssen CarePath are presented for informational purposes only. They do not constitute reimbursement or legal advice. Janssen CarePath does not promise or guarantee coverage, levels of reimbursement, or payment.

Similarly, all CPT® and HCPCS codes are supplied for informational purposes only and represent no statement, promise, or guarantee, expressed or implied, by Janssen or its third-party service providers that these codes will be appropriate or that reimbursement will be made. The fact that a drug, device, procedure, or service is assigned an HCPCS code and a payment rate does not imply coverage by the Medicare program, but indicates only how the product, procedure, or service may be paid if covered by the Medicare program.

Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Accordingly, the information may not be current or comprehensive. Janssen and its third-party service providers strongly recommend you consult your payer for its most current coverage, reimbursement, and coding policies. Janssen and its third-party service providers make no representations or warranties, expressed or implied, as to the accuracy of the information provided. In no event shall the third-party service providers or Janssen, or their employees or agents, be liable for any damages resulting from or relating to any information provided by, or accessed to or through, Janssen CarePath. All HCPs and other users of this information agree that they accept responsibility for the use of this program.