

# XIAFLEX® (collagenase clostridium histolyticum) Coding Scenario 2: Procedure Modifier Required



## HEALTH INSURANCE CLAIM FORM

## Medicare Part B Claims

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA										PICA <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> (Medicare#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>123-45-6789A</b>									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>Doe, John Q.</b>										3. PATIENT'S BIRTH DATE <b>10   19   1935</b>									
5. PATIENT'S ADDRESS (No., Street) <b>1212 Main St.</b>										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
7. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>Same</b>										7. INSURED'S ADDRESS (No., Street)									
8. RESERVED FOR NUCC USE										8. RESERVED FOR NUCC USE									
CITY <b>Any City</b>										CITY									
STATE <b>XX</b>										STATE									
ZIP CODE <b>XXXXX</b>										ZIP CODE									
TELEPHONE (Include Area Code)										TELEPHONE (Include Area Code)									
9. OTHER INSURANCE										9. OTHER INSURANCE									
a. OTHER INSURANCE <b>AARP</b>										a. OTHER INSURANCE									
b. RESERVED										b. RESERVED									
c. RESERVED										c. RESERVED									
d. INSURANCE										d. INSURANCE									
12. PATIENT'S SIGNATURE TO PROCESS BELOW										12. PATIENT'S SIGNATURE TO PROCESS BELOW									
SIGNED _____										SIGNED _____									
14. DATE OF SERVICE										14. DATE OF SERVICE									
17. NAME OF SUPPLIER										17. NAME OF SUPPLIER									
17b. NPI										17b. NPI									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										22. RESUBMISSION CODE ORIGINAL REF. NO.									
A. <b>M72.0</b>										23. PRIOR AUTHORIZATION NUMBER									
B. _____										F. \$ CHARGES									
C. _____										G. DAYS OR UNITS									
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)										H. EPSDT Family Plan									
E. DIAGNOSIS POINTER										I. ID. QUAL.									
J. RENDERING PROVIDER ID. #										J. RENDERING PROVIDER ID. #									
24. A. DATE(S) OF SERVICE From To 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. #										24. A. DATE(S) OF SERVICE From To 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. #									
1 10 03 16 10 03 16 11 J0775 A XXX XX 116 NPI										1 10 03 16 10 03 16 11 J0775 A XXX XX 116 NPI									
2 10 03 16 10 03 16 11 J0775 JW A XXX XX 64 NPI										2 10 03 16 10 03 16 11 J0775 JW A XXX XX 64 NPI									
3 10 03 16 10 03 16 11 20527 A XXX XX 1 NPI										3 10 03 16 10 03 16 11 20527 A XXX XX 1 NPI									
4 10 03 16 10 03 16 11 20527 A XXX XX 1 NPI										4 10 03 16 10 03 16 11 20527 A XXX XX 1 NPI									
5 10 05 16 10 05 16 11 26341 A XXX XX 1 NPI										5 10 05 16 10 05 16 11 26341 A XXX XX 1 NPI									
6 10 05 16 10 05 16 11 26341 A XXX XX 1 NPI										6 10 05 16 10 05 16 11 26341 A XXX XX 1 NPI									
25. FEDERAL TAX I.D. NUMBER SSN EIN										25. FEDERAL TAX I.D. NUMBER SSN EIN									
123456789										26. PATIENT'S ACCOUNT NO.									
27. ACCEPT ASSIGNMENT? (For gov. claims, see back)										27. ACCEPT ASSIGNMENT? (For gov. claims, see back)									
YES NO										28. TOTAL CHARGE \$									
29. AMOUNT PAID \$										29. AMOUNT PAID \$									
30. Rsvd for NUCC Use										30. Rsvd for NUCC Use									
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.)										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.)									
SIGNED _____ DATE _____										32. SERVICE FACILITY LOCATION INFORMATION									
33. BILLING PROVIDER INFO & PH #										33. BILLING PROVIDER INFO & PH #									

**SAMPLE 1500 FORM  
TREATMENT BILLING  
WHEN TREATING 2 CORDS/JOINTS**

Based on prior policy, this sample represents how your Medicare Administrative Contractor (MAC) is likely to require completion of claim forms for J0775, and the CPT® codes 20527 and 26341. This sample form is not intended to replace or modify your MAC's policy, and use of this form does not guarantee payment or take the place of professional coding advice. Coding is part of the clinical decision, and each provider is responsible for selecting the billing codes that most accurately describe the services provided, and for adhering to all payor guidance. Information is subject to change. Please refer to the policy on the MAC's Web site. This sample claim form does not represent any clinical or treatment recommendation.

Use JW modifier to indicate how much drug is wasted from single-use vials.

These amounts represent 58 units per cord/joint (total of 116 units) and wastage of 32 units per cord/joint (total of 64 units) and are provided as an example of the recommended dose and wastage in accordance with the XIAFLEX® Prescribing Information.

It is possible that any given payor may accept or require a different coding paradigm for same-day, dual cord treatments such as the use of modifier 51, 76, 59, or XS and/or billing service individually on separate line items. Please contact the XIAFLEX® Reimbursement Helpline (1-877-942-3539) or the payor's Provider Service Representative to acquire more information on coding guidance.

## INDICATION

XIAFLEX® (collagenase clostridium histolyticum) is indicated for the treatment of adult patients with Dupuytren's contracture with a palpable cord.

## IMPORTANT SAFETY INFORMATION FOR XIAFLEX®

- XIAFLEX® is contraindicated in patients with a history of hypersensitivity to XIAFLEX® or to collagenase used in any other therapeutic application or application method
- In the controlled and uncontrolled portions of clinical trials in Dupuytren's contracture, flexor tendon ruptures occurred after XIAFLEX® injection. Injection of XIAFLEX® into collagen-containing structures such as tendons or ligaments of the hand may result in damage to those structures and possible permanent injury such as tendon rupture or ligament damage. Therefore, XIAFLEX® should be injected only into the collagen cord with a MP or PIP joint contracture, and care should be taken to avoid injecting into tendons, nerves, blood vessels, or other collagen-containing structures of the hand. When injecting a cord affecting a PIP joint of the fifth finger, the needle insertion should not be more than 2 to 3 mm in depth and avoid injecting more than 4 mm distal to the palmar digital crease
- Other XIAFLEX®-associated serious local adverse reactions in the controlled and uncontrolled portions of the studies included pulley rupture, ligament injury, complex regional pain syndrome (CRPS), sensory abnormality of the hand, and skin laceration (tear). In a historically controlled post-marketing trial, the incidence of skin laceration (22%) was higher for subjects treated with two concurrent injections of XIAFLEX® compared with subjects treated with up to three single injections in the placebo-controlled premarketing trials (9%). Cases of skin laceration requiring skin graft after finger extension procedures have been reported post-marketing. Signs or symptoms that may reflect serious injury to the injected finger/hand should be promptly evaluated because surgical intervention may be required
- In the controlled portions of the clinical trials in Dupuytren's contracture, a greater proportion of XIAFLEX®-treated patients (15%) compared to placebo-treated patients (1%) had mild allergic reactions (pruritus) after up to 3 injections. The incidence of XIAFLEX®-associated pruritus increased after more XIAFLEX® injections in patients with Dupuytren's contracture
- Because XIAFLEX® contains foreign proteins, severe allergic reactions to XIAFLEX® can occur. Anaphylaxis was reported in a post-marketing clinical study in one patient who had previous exposure to XIAFLEX® for the treatment of Dupuytren's contracture. Healthcare providers should be prepared to address severe allergic reactions following XIAFLEX® injections
- In the XIAFLEX® trials in Dupuytren's contracture, 70% and 38% of XIAFLEX®-treated patients developed an ecchymosis/contusion or an injection site hemorrhage, respectively. Patients with abnormal coagulation (except for patients taking low-dose aspirin, eg, up to 150 mg per day) were excluded from participating in these studies. Therefore, the efficacy and safety of XIAFLEX® in patients receiving anticoagulant medications (other than low-dose aspirin, eg, up to 150 mg per day) within 7 days prior to XIAFLEX® administration is not known. In addition, it is recommended to avoid use of XIAFLEX® in patients with coagulation disorders, including patients receiving concomitant anticoagulants (except for low-dose aspirin)
- In the XIAFLEX® clinical trials for Dupuytren's contracture, the most common adverse reactions reported in ≥25% of patients treated with XIAFLEX® and at an incidence greater than placebo were edema peripheral (eg, swelling of the injected hand), contusion, injection site hemorrhage, injection site reaction, and pain in the injected extremity

Please [click here](#) for full Prescribing Information, including Medication Guide.

**XIAFLEX®**  
collagenase clostridium histolyticum

 **endo**  
pharmaceuticals  
an endo international company

**Rx Only**

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**XD-03533(1)e/October 2016** www.xiaflex.com 1-800-462-ENDO (3636)