CODING AND SAMPLE BILLING FORMS

Billing for REBYOTA®

DEDICATED J-CODE (J1440)

REBYOTA®
(fecal microbiota, live-jslm) suspension, for rectal use

For full Prescribing Information, please visit
www.REBYOTAHCP.com.

Revised August 2026

Table of codes

Diagnosis Code	**ICD-10**	**AØ4.71**	Enterocolitis due to *Clostridium difficile*, recurrent	
		AØ4.72	Enterocolitis due to *Clostridium difficile*, not specified as recurrent (accepted by most payers)	
Product Code	**HCPCS**	**J144Ø**	Fecal microbiota, live - jslm, 1 mL billed as 150 mL	
Administration Code	**MEDICARE FEE-FOR-SERVICE (FFS)**		**WHEN BILLING AS:**	
	Hospital Outpatient[b]	***CPT* Ø78ØT**	**Facility Payment**	Instillation of fecal microbiota suspension
	Office/Other[c]	***CPT* Ø78ØT**	**Physician Payment**	Instillation of fecal microbiota suspension
	Ambulatory Surgical Center (ASC)	REBYOTA® is listed on the Medicare FFS ASC fee schedule. Please see below for Medicare FFS administration coverage information.[a]		
	COMMERCIAL/MEDICAID/ MEDICARE ADVANTAGE			
	All Sites of Care	***CPT* Ø78ØT**	**Facility and/or physician payment dependent on site of care and policy** Use of GØ455 expected to be phased out by commercial payers	Instillation of fecal microbiota suspension
		GØ455		Instillation of fecal microbiota suspension

[a]Medicare makes separate payment to ASCs for certain covered ancillary services that are provided integral to a covered ASC surgical procedure. REBYOTA J1440 is listed on the Medicare ASC fee schedule. 0780T is currently NOT listed as a covered procedure for ASCs with a published fee schedule and therefore J1440 may not be reimbursed in ASC setting. These procedures can be found on the ASC addendum AA at https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda.

[b]https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/addendum-a-and-addendum-b-updates.

[c]Skilled Nursing Facility (SNF), Long-Term Acute Care (LTAC), etc.

Disclaimer: 1. The reimbursement information provided by Ferring is intended to provide general information relevant to coding and reimbursement of Ferring products only. Coverage and payment policies for the same insurer, such as Medicare, can vary from one region to another and may change from time to time because of ongoing changes in government and insurance industry rules and regulations. Please confirm HCPCS codes with the Pricing, Data Analysis and Coding (PDAC) contractor or your local DME MAC before processing claims. Ferring does not guarantee coverage or payment of its products.

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Explanation of codes for REBYOTA® (fecal microbiota, live - jslm)

Diagnosis

International Classification of Diseases, ICD-10 diagnosis codes

ICD-10 codes are an alphanumeric coding system used to report patient conditions, illnesses, or symptoms, which support medical necessity for healthcare services.

Product Code

Healthcare Common Procedure Coding System (HCPCS) codes

Each infused drug, or non-oral, non–self-administered drug that may be used in the inpatient, outpatient, hospital, doctor's office, or infusion center, is assigned a code to facilitate medical billing.

Administration

Current Procedural Terminology, CPT codes

CPT codes are a numeric coding system used to report medical services and procedures related to the administration of a drug or product, as provided by healthcare professionals.

Disclaimer continued:

2. These potential codes are provided for informational purposes only. Providers must use their independent judgment to select the codes that most appropriately describe the items or services provided to a patient. Providers are responsible for compliance with Medicare and other payer rules and requirements and for the information submitted with all claims and appeals. Providers should review applicable payer instructions and requirements and confirm the accuracy of their coding or billing practices with payers before claims or appeals are submitted.

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Sample UB-04 form (also known as CMS 1450) for service performed in the hospital

The sample forms provided are for informational purposes only. The accurate completion of this form is the responsibility of the healthcare provider and patient. Ferring makes no guarantee regarding reimbursement for any service or item.

A **Field 42**
Revenue Code–
For use in the hospital setting. This is required for billing. Add code 0250 or 0636.

B **Field 43**
Add the 2-digit product qualifier and the NDC code in 11-digit format followed by the 2-letter abbreviation for the unit of measurement.

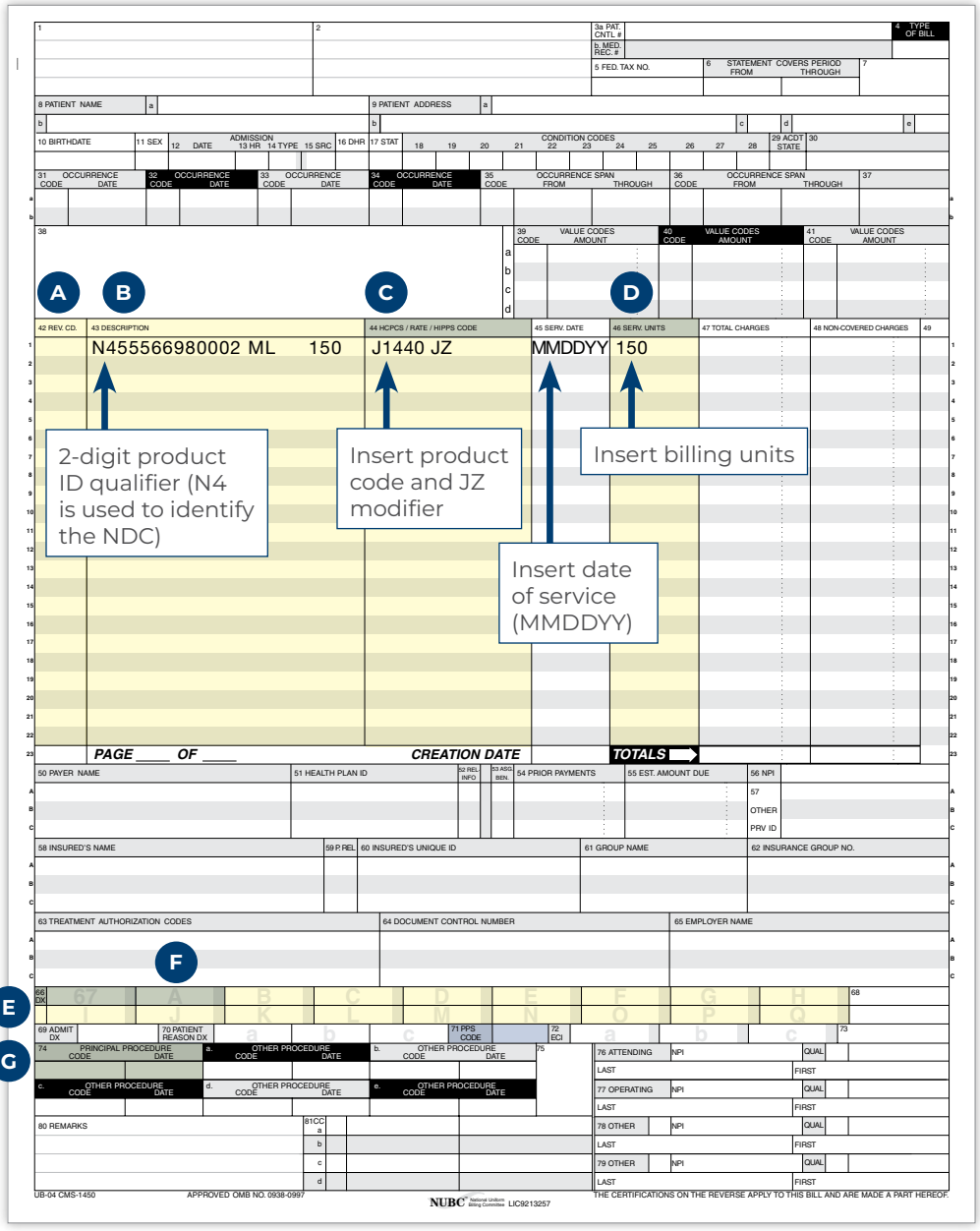
C **Field 44**
See table of codes and enter the appropriate administration code, the appropriate HCPCS product code for REBYOTA, **J1440**, and JZ modifier.

D **Field 46**
Billing units. Add **150 mL** for REBYOTA.

E **Field 66**
Enter the ICD-10 diagnosis code here. Refer to the table of codes and enter the appropriate ICD-10 code.

F **Field 67**
Enter appropriate diagnosis code.

G **Field 74**
Add the same administration code that was used in Field 44 and date.



Package NDC	11-digit NDC
55566-9800-2	55566-9800-02

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Sample CMS 1500 billing form for physician office service performed in the

The sample forms provided are for informational purposes only. The accurate completion of this form is the responsibility of the healthcare provider and patient. Ferring makes no guarantee regarding reimbursement for any service or item.

A **Field 19**
Enter the appropriate drug identifying information including drug name, total dosage and strength, method of administration, and NDC number code in 11-digit format.

B **Field 21**
Enter the ICD-10 diagnosis code here. Refer to the table of codes and enter the appropriate ICD-10 code.

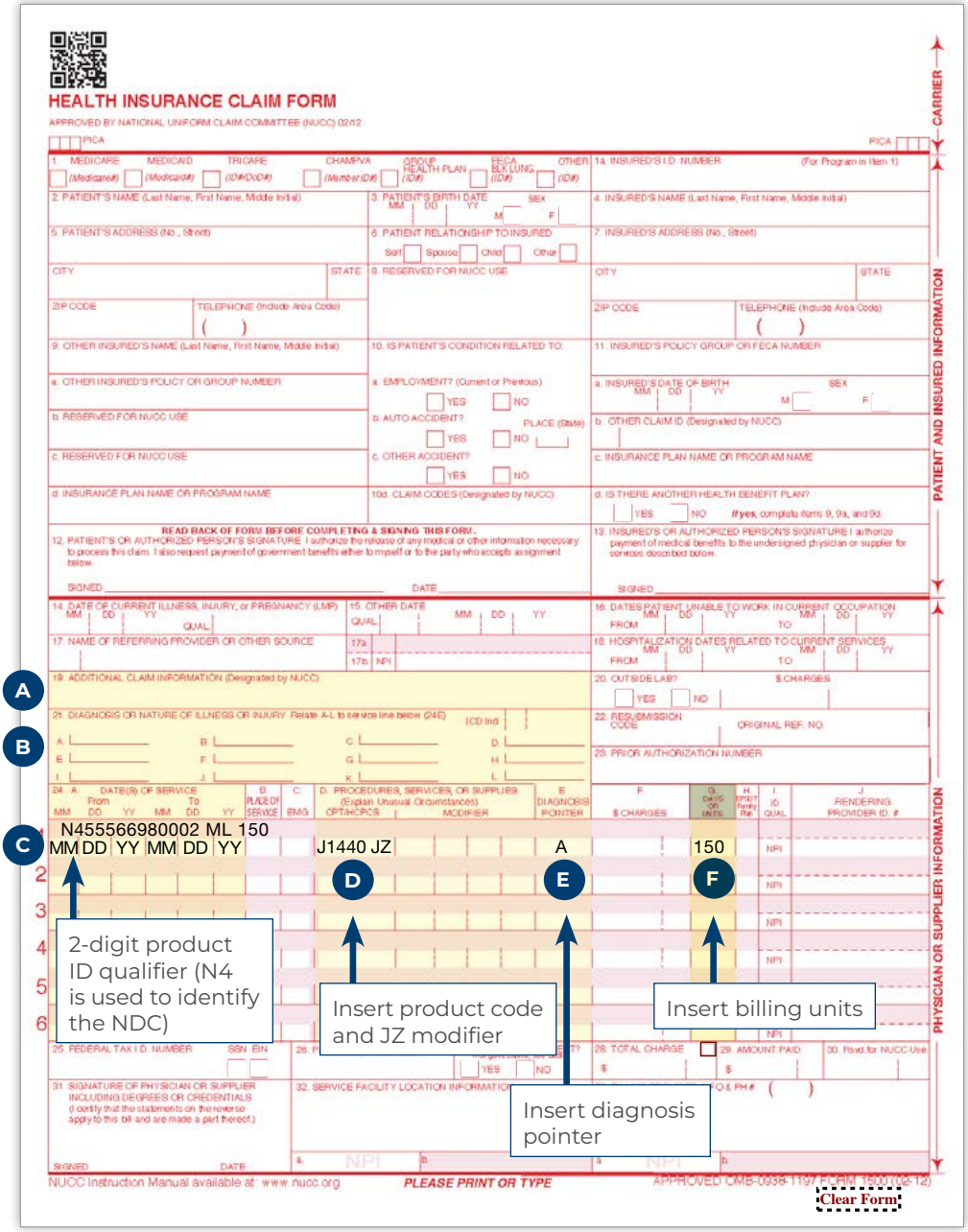
C **Field 24A**
Add the 2-digit product qualifier and the NDC code in 11-digit format followed by the 2-letter abbreviation for the unit of measurement. Date of service format is: MMDDYY.

D **Field 24D**
See table of codes and enter the appropriate administration code, the HCPCS product code for REBYOTA, **J1440**, and insert JZ modifier.

E **Field 24E**
Insert diagnostic pointer A-L from field 21.

F **Field 24G**
Billing units. Add **150 mL** for REBYOTA.

Package NDC	11-digit NDC
55566-9800-2	55566-9800-02



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FERRING PHARMACEUTICALS

Microbiome Therapeutics Development

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