

Billing for **REBYOTA**[®]



DEDICATED J-CODE (J1440)



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

Please click here for full [Prescribing Information](#).

Revised October 1, 2023

Table of codes

Diagnosis Code	ICD-10	A04.71	Enterocolitis due to <i>Clostridium difficile</i> , recurrent	
		A04.72	Enterocolitis due to <i>Clostridium difficile</i> , not specified as recurrent (accepted by most payers)	
 Product Code	HCPCS	J1440	Fecal microbiota, live - jslm, 1 mL billed as 150 mL <ul style="list-style-type: none"> • Hospital Outpatient includes pass-through status • For Ambulatory Surgical Center (ASC) Medicare Fee-For-Service (FFS) please see below for product coverage information^a 	
Administration Code	MEDICARE FEE-FOR-SERVICE (FFS) WHEN BILLING AS:			
	Hospital Outpatient ^b	CPT 0780T	Facility Payment	Instillation of fecal microbiota suspension
	Hospital Inpatient (NTAP)	ICD 10-PCS XW0H7X8	DRG Payment + NTAP	Introduction of broad consortium microbiota-based live biotherapeutic suspension into lower GI ^c
	Office/Other ^d	CPT 0780T	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 0780T	Facility and/or physician payment dependent on site of care and policy	Instillation of fecal microbiota suspension
		G0455	Use of G0455 expected to be phased out by commercial payers	Instillation of fecal microbiota suspension

^aREBYOTA J1440 is listed on the Medicare ASC fee schedule. Per CMS guidance, a product may be reimbursed when administered in addition to an ASC covered procedure. These procedures can be found on the ASC addendum AA at https://www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/11_addenda_updates.

^b<https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/addendum-a-and-addendum-b-updates>.

^cHospitals can report this code on claim forms related to REBYOTA to receive the add-on payment for eligible inpatient cases, when applicable.

^dSkilled 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.



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.

New Technology Add-on Payment, NTAP code

An NTAP code enables hospitals to receive an additional payment for certain eligible new products and technologies. This payment is in addition (added on) to the standard Medicare Severity Diagnosis-Related Group (MS-DRG) payment amount. A product's NTAP designation lasts for up to 3 years for a specific indication.

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.



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.

The form is a standard UB-04 (CMS 1450) with the following annotations:

- A:** Points to Field 42 (Revenue Code) in the 38-41 section.
- B:** Points to Field 43 (Product Qualifier and NDC) in the 42-43 section.
- C:** Points to Field 44 (HCPCS Code and Modifier) in the 44-45 section.
- D:** Points to Field 46 (Billing Units) in the 46-47 section.
- E:** Points to Field 66 (ICD-10 Diagnosis Code) in the 58-62 section.
- F:** Points to Field 67 (Diagnosis Code) in the 63-68 section.
- G:** Points to Field 74 (Administration Code and Date) in the 74-77 section.

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



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

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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Therapeutics
Development

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