

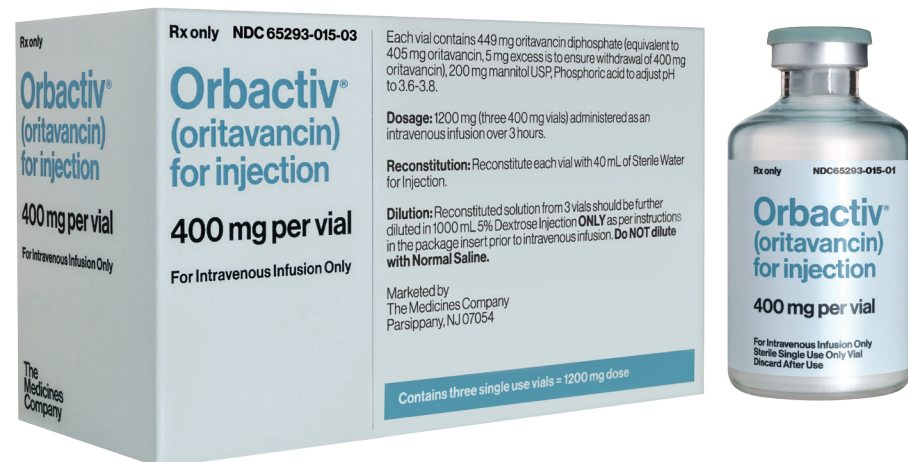
# Orbactiv® (oritavancin) for injection

**ORBACTIV® (oritavancin) for injection**  
J code is J2407 injection, oritavancin, 10 mg.

## Reimbursement Guide Executive Summary

## Sample Billing Forms

Revised January 2017



**ORBACTIV® is typically covered and reimbursed by most payers\*** when administered in an outpatient setting of care including:

- ED/observation unit
- Hospital outpatient department
- Home infusion
- Free standing infusion center
- Physician office

\*Coverage is not guaranteed by Melinta Therapeutics, Inc. Please consult payers for all coverage, coding & reimbursements.

**Please see Indication and Important  
Safety Information on last page.**

## Separate Reimbursement for ORBACTIV® (oritavancin)

Setting of Care	Medicare	Medicaid	Private Insurers
Hospital Inpatient	No	Varies; Typically not	Varies; Typically not
Hospital Outpatient	Yes	Varies	Varies
Freestanding Infusion Centers and Physician Offices	Yes	Varies	Varies
Home Health	No, but potential coverage under Part D (see below)	Varies	Varies

Hospital Inpatient	Hospital Outpatient	Freestanding Infusion Centers and Physician Offices	Home Health
Medicare does not reimburse separately for ORBACTIV® when used in the Inpatient setting of care; rather, ORBACTIV® is reimbursed through the MS-DRG payment. Private insurers and State Medicaid agency reimbursement policies vary, but typically will not provide a separate reimbursement for ORBACTIV® in the Inpatient setting.	Medicare will reimburse the hospital for ORBACTIV® separately when used in the outpatient setting of care. Reimbursement will be processed through correct reporting of a drug specific J-Code using the corresponding units delineated in the instructions below. Private insurers and State Medicaid agency reimbursement policies vary; many will provide a separate reimbursement for ORBACTIV® in the outpatient setting.	Medicare will reimburse for ORBACTIV® separately when used in freestanding infusion centers. Reimbursement will be processed through correct reporting of a drug-specific J-Code using the corresponding units delineated in the instructions below. Private insurers and State Medicaid agency reimbursement policies vary; many will provide a separate reimbursement for ORBACTIV® in the freestanding infusion center setting.	Medicare does not reimburse separately for ORBACTIV® when used in the Home Health setting of care. However, payment for drug may be available through the patient's Part D plan; drug must be on the formulary and prior authorization may be required. Private insurance and state Medicaid agency reimbursement policies vary; payment for drug may be available under the Pharmacy benefit; drug must be on the formulary and prior authorization may be required.

## Quick Coding View for Medicare, Medicaid and Private Insurers

Hospital Inpatient	Freestanding Infusion Centers and Physician Offices
<p><b>ICD-10-CM Diagnosis Codes:</b> L00.XX-L08.XX, Infections of skin and subcutaneous tissue</p> <p>Additional ICD-10-CM Diagnosis Codes related to cellulitis, abscess, carbuncle, furuncle, and wound infection but outside of the range specified above may also be applicable when using ORBACTIV®. Please call 1-844-ORBACTIV for more information. Please also consult with your payer to obtain specific coverage policies and requirements for covered indications.</p> <p><b>ICD-10-CM Procedure Codes:</b> 3E03329, Introduction of other anti-infective into peripheral vein, percutaneous approach</p> <p><b>Common MS-DRGs</b>  <b>MS-DRG 602:</b> Cellulitis with MCC  <b>MS-DRG 603:</b> Cellulitis without MCC  <b>MS-DRG 862:</b> Postoperative and Post-Traumatic infections w/MCC  <b>MS-DRG 863:</b> Postoperative and Post-Traumatic infections w/o MCC</p>	<p><b>ICD-10-CM Diagnosis Codes:</b> Please refer to the Inpatient section for diagnosis codes</p> <p><b>ICD-10-CM Procedure Codes:</b> do not apply to outpatient procedures. Providers should continue to utilize CPT codes for outpatient procedures.</p> <p><b>CPT Procedure Codes:</b>            96365: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour</p> <p>96366: Intravenous infusion, for therapy, prophylaxis, or diagnosis; each additional hour</p>
Hospital Outpatient	Home Health
<p><b>ICD-10-CM Diagnosis Codes:</b> Please refer to the Inpatient section for diagnosis codes</p> <p><b>ICD-10-CM Procedure Codes:</b> do not apply to outpatient procedures. Providers should continue to utilize CPT codes for outpatient procedures.</p> <p><b>CPT Procedure Codes:</b>            96365: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour</p> <p>96366: Intravenous infusion, for therapy, prophylaxis, or diagnosis; each additional hour</p> <p>G0463: Hospital outpatient clinic visit for assessment and management of a patient</p>	<p><b>ICD-10-CM Diagnosis Codes:</b> Please refer to the Inpatient section for diagnosis codes</p> <p><b>ICD-10-CM Procedure Codes:</b> do not apply to outpatient procedures. Providers should continue to utilize CPT codes for outpatient procedures.</p> <p><b>CPT Procedure Codes:</b>  <b>May vary by payer</b>            99601: Home infusion/specialty drug administration, per visit (up to 2 hours).</p> <p>99602: Each additional hour (list separately in addition to primary procedure, use CPT code 99602 in conjunction with CPT code 99601)</p> <p>Some private and state Medicaid program payers may use S9494 (Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Per Diem)</p>

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; MCC=major complication or commodity; MS-DRG=Medicare Severity Diagnosis-Related Group

**Please see Indication and Important Safety Information on last page.**

## Healthcare Common Procedure Coding System (HCPCS) Codes

The following are the drug codes for appropriate billing. Medicare, private payers, and state Medicaid programs require UB-04 (CMS-1450) claim forms (for Hospital Outpatient setting) or CMS-1500 (for Freestanding Infusion Center setting) to report the following codes and amount of product used to facilitate appropriate reimbursement.

Setting	HCPCS	Billing Description	2016 Medicare Payment Rates
Hospital Outpatient	J2407	Injection, oritavancin, 10 mg	ASP + 6% <sup>‡</sup>
Freestanding Infusion Centers and Physician Offices	J2407	Injection, oritavancin, 10 mg	ASP + 6% <sup>‡</sup>

<sup>‡</sup> Does not include impact of sequestration required by the Budget Control Act of 2011. The effective payment rate for separately covered drugs, including ORBACTIV®, is ASP + 4.3%.

The following are the billing units for ORBACTIV® (oritavancin).

Setting	HCPCS	Billing Description	Billing Unit
Hospital Outpatient <sup>§</sup>	J2407	Injection, oritavancin, 10 mg	120 units (1200 mg = 120 billing units)
Freestanding Infusion Centers and Physician Offices <sup>§</sup>	J2407	Injection, oritavancin, 10 mg	120 units (1200 mg = 120 billing units)

<sup>§</sup> Please note: Other payers may require different billing units. Please follow payer guidance.

Accurate reporting of the ORBACTIV® HCPCS code, as well as the quantity administered to each patient, is required for appropriate reimbursement. When completing a UB-04/ CMS 1450 or CMS 1500 form for ORBACTIV®, payers may also require the following information:

<b>Drug Name</b>	ORBACTIV® (oritavancin) for injection
<b>Route of Administration</b>	By intravenous infusion over 3 hours
<b>Quantity Administered</b>	1200 mg
<b>Dose of Product</b>	1200 mg
<b>NDC</b>	<p><b>65293-015-01</b> ORBACTIV® single use 50 mL capacity vial of lyophilized powder containing 400 mg of oritavancin</p> <p><b>65293-015-03</b> Three vials are packaged in a carton to supply for a single 1200 mg dose treatment</p>
<b>Packaging (e.g., single dose vial)</b>	Three vials packaged in a carton to supply for a single 1200 mg dose treatment

Some payers may also require prescribing information, FDA-approval letter, support of medical necessity and a drug purchase invoice.

**Please see Indication and Important Safety Information on last page.**

# Sample CMS 1450 Billing Form

For service performed in the hospital

This document is provided for informational purposes only.

**Fields 42-43:** Enter the appropriate revenue code and description corresponding to the HCPCS code in field 44; e.g.:

- 0636 for ORBACTIV®
- 0510 for IV infusion administration in the clinic

*Note: Other revenue codes may apply.*

**Field 44:** Enter appropriate CPT/HCPCS codes and modifiers; e.g.:

- J2407 is the designated HCPCS code for patients in the hospital outpatient setting.
- 96365 for first hour of IV infusion
- 96366 for each additional hour of IV infusion

**Field 46:** Report the appropriate unit of service. ORBACTIV® is typically billed in the hospital outpatient setting on a "per 10 mg basis." However, some payers may provide alternate guidance.

Example: A full course of ORBACTIV® is equal to 120 units of J2407 (1200 mg).

**Field 66:** Identify the type of ICD diagnosis code used; e.g. enter a "0" for ICD-10-CM.

**Field 74:** Enter ICD-10-CM procedure code for treatment in the hospital inpatient setting; e.g. 3E03329 Introduction of other anti-infective into peripheral vein, percutaneous approach.

Enter principal ICD-9-CM procedure code for treatment in the hospital outpatient setting; e.g. 99.21 for Injection of Antibiotic.

1	2	3a PAT CNTL #	3b REG REC #	4 TYPE OF BILL
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7	8	9
8 PATIENT NAME				
9 PATIENT ADDRESS				
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE
15 SRC	16 DHR	17 STAT	18	19
20	21	22	23	24
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35	36	37	38	39
40	41	42	43	44
45	46	47	48	49
50	51	52	53	54
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**ORBACTIV® (oritavancin) for injection**  
**J code is J2407 injection, oritavancin, 10 mg.**

**Disclaimer**

The use of this guide is strictly for informational purposes. The information contained in this document is not intended for purposes of providing clinical practice guidelines for use of ORBACTIV®. Please see the package insert for more information.

Melinta Therapeutics, Inc. specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information in this sample form. Melinta Therapeutics, Inc. cannot guarantee, nor is responsible for, the payment of any claim. The coding, coverage, and payment for ORBACTIV® may vary by payer, plan, patient, and setting of care. For more information, healthcare professionals should check with individual payers for specific coding, coverage and payment requirements in the use of ORBACTIV®. It is the sole responsibility of the healthcare professional to properly code and ensure the accuracy of all claims used in seeking reimbursement. All services must be medically appropriate and properly supported in the patient's medical records.

Coding determinations and analyses should always be independently researched and assessed. Providers are responsible for selecting the most appropriate diagnosis code for a specific patient. Providers should contact a patient's health plan, as health plans may have specific code requirements for ORBACTIV® administration.

**Indication**

ORBACTIV® (oritavancin) for injection is indicated for the treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI) caused or suspected to be caused by susceptible isolates of the following Gram-positive microorganisms: *Staphylococcus aureus* (including methicillin-susceptible [MSSA] and methicillin-resistant [MRSA] isolates), *Streptococcus pyogenes*, *Streptococcus agalactiae*, *Streptococcus dysgalactiae*, *Streptococcus anginosus* group (includes *S. anginosus*, *S. intermedius*, and *S. constellatus*), and *Enterococcus faecalis* (vancomycin-susceptible isolates only).

**Important Safety Information**

**Contraindications**

Use of intravenous unfractionated heparin sodium is contraindicated for 120 hours (5 days) after ORBACTIV® administration because the activated partial thromboplastin time (aPTT) test results are expected to remain falsely elevated for approximately 120 hours (5 days) after ORBACTIV® administration.

ORBACTIV® is contraindicated in patients with known hypersensitivity to ORBACTIV®.

**Warnings and Precautions**

Coagulation test interference: ORBACTIV® has been shown to artificially prolong aPTT for up to 120 hours, and may prolong PT and INR for up to 12 hours, ACT for up to 24 hours, and D-dimer for up to 72 hours.

Hypersensitivity reactions have been reported with the use of antibacterial agents including ORBACTIV®. Discontinue infusion if signs of acute hypersensitivity occur. Monitor closely patients with known hypersensitivity to glycopeptides.

Infusion-related reactions have been reported. Slow the rate or interrupt infusion if infusion reaction develops.

*Clostridium difficile*-associated colitis: Evaluate patients if diarrhea occurs.

Concomitant warfarin use: Patients should be monitored for bleeding if concomitantly receiving ORBACTIV® and warfarin.

Osteomyelitis: Institute appropriate alternate antibacterial therapy in patients with confirmed or suspected osteomyelitis.

Prescribing ORBACTIV® in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of development of drug-resistant bacteria.

**Adverse Reactions**

The most common adverse reactions (≥3%) in patients treated with ORBACTIV® were headache, nausea, vomiting, limb and subcutaneous abscesses, and diarrhea.

**Please see accompanying full Prescribing Information.**

**Physicians Request Form**  
**Instructions for page 1**

Select Service(s) that you are requesting

If selecting Copay Savings Program, fill out the information on the lower half of page 2.

Complete the Prescriber, Facility and Shipment Information

Complete the Patient Information and the Patient Insurance Information. If available, include a copy of the patient's insurance card.

Complete the Diagnosis and Treatment Information-

**Melinta**  
THE THERAPEUTICS  
The Antibiotics Company

ORBACTIV® Support Programs  
 PO Box 4280  
 Gaithersburg, MD 20855-4280

**ORBACTIV® (oritavancin) Support Programs**  
**PHYSICIAN REQUEST FORM**

**Phone:** 1.844.ORBACTIV      **Fax:** 1.855.886.2482  
**Hours:** Monday through Friday, 8:00 a.m. – 8:00 p.m. ET

**SERVICE(S) REQUESTED**

Check all that apply:  Insurance Verification       Prior Authorization Assistance  
 Copay Savings Program       Patient Assistance Program (PAP)  
(NOTE: For Copay Savings Program and Patient Assistance Program, complete and sign page 2)

**PRESCRIBER, FACILITY & SHIPMENT INFORMATION** (Stock replacement for Patient Assistance Program requests will be shipped to the address listed)

Physician Name:	Specialty:
Physician Tax ID#	Physician NPI#
State License# (Provide copy of license if available)	Issuing State
Facility Name	Expiration Date
Facility Address	City
Contact Name	Contact Phone#
Fax#	Facility Tax ID#
	Facility Contact Name
	State
	Zip Code
	Contact Email
	Facility NPI#

**PATIENT INFORMATION** (required)

Patient Name	Date of Birth	SSN/ID# (last 4 digits)
Phone#	US Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Patient Address	City	State
		Zip Code

**PATIENT INSURANCE INFORMATION** (Attach a copy of insurance cards, if available). CHECK HERE IF UNINSURED

Primary Insurance	Insurer Phone#	Policy#	Group#
Policy Holder's Name	Policy Holder's Date of Birth		
Secondary Insurance	Insurer Phone#	Policy#	Group#
Policy Holder's Name	Policy Holder's Date of Birth		

**DIAGNOSIS and TREATMENT INFORMATION** (required)

**SETTING of CARE:**  Hospital Inpatient     Hospital Outpatient     Physician's Office     Home Infusion     Other – Please specify:

**Date of Service:**      **ICD-10 Code:**

**PRESCRIBING CLINICIAN CERTIFICATION AND CONSENT** (required)

**Orbactiv® (oritavancin)**  
**Support Programs**

**Physician Request Forms**  
**and Instruction Sheet**

