



# *Transforming Oncology Care* Through Medically Integrated Collaboration

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# Managed Care Decoded: Winning Strategies for Oncology Billing & Audits

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# OBJECTIVES

1. Discuss accurate billing practices for Part B medications, including oral oncolytics and IV therapies, to ensure compliance with payer requirements.
2. Recognize CMS and commercial payer contracting, reimbursement strategies, and policy variations to optimize managed care billing in oncology.
3. Identify common audit triggers in oncology billing and their effects on compliance risks and claim denials.
4. Outline effective audit response strategies as they relate to auditor expectations, required documentation, and best practices for appeals.



# DISCLOSURES

There are no relevant conflicts of interest to disclose for this presentation for the following faculty and reviewers of this CE activity:

- Peter Mertens, MBA, CPhT
- Jacqueline Caban, MPA
- Taryn Newsome, CPhT
- Tahsin Imam, PharmD
- Daisy Doan, PharmD

# Oral Oncolytic Billing

# Overview of Oral Oncolytic Part B Medications

- Medicare Part B pays for 80% of medication costs.
- Patient coinsurance for 20% after the annual deductible has been met.
- Medicare Supplemental plans may cover the 20% OOP\*
  - Starting in 2020 it cannot be applied toward the annual Medicare deductible.
- Medication coverage is dependent on a valid diagnosis.
- The medication refill date is 7 days or less prior to the last fill.

# Oral Oncolytic Part B Medications

## Oral Oncolytics

- Capecitabine
- Temozolomide
- Etoposide
- Cyclophosphamide
- Melphalan

## Transplant/ Immunosuppressives

- Tacrolimus
- Sirolimus

## Antiemetics (That are part of the regimen)

- Aprepitant
- Ondansetron



# Common Billing Errors for Oral Oncolytics



- Billing Medicare B for self-administered medications that do not meet their criteria
- Using the incorrect HCPCS code (ICD-10)
- Submitting a claim with missing or incorrect information
- Verify if the patient has a Medicare B supplemental plan to cover Part B (Out of Pocket) OOP cost
- Filling for more than 1 month at a time
- Duplicate claim submission
- Oral anti-emetics should be used as a replacement for IV administration if billed under Part B
- Medication is filled outside the 7-day window

# Best Practices for Billing Success

- The script and label must match
- The script should reflect what is on the patient's chart (clean script)
- During a Part A-covered nursing home stay, prescription drugs are covered by Part A, not Part D
  - If a patient is entering a nursing home or transitioning from another setting, their plan must provide a 31-day emergency supply of medications while an exception request is processed
  - Also applies to patients in rehab for over 30 days
- If a Medicare Part B refill is mailed out, a medication refill form is required by CMS to be filled out and maintained in a file by the pharmacy (*see example*)
- Billing must occur on the date of sale

Medication Refill Request (sample)	
Name:	John Doe
DOB:	01/02/1957
Medical Record #	987654
Medicare #	D123-AB4-C56E
Date of Contact with Beneficiary	03/18/2022

  

Requested Items	
Rx#	87654321
LAST Fill date	02/10/2022
Medication	Temozolomide 100mg
Directions	Take 1 capsule by mouth on days 1-5 of each cycle
Remaining quantity	0

  

Rx#	
LAST Fill date	
Medication	
Directions	
Remaining quantity	

  

Refill Request (authorized by): \_\_\_\_\_ Mrs. Jane Doe \_\_\_\_\_  
Relationship with the Beneficiary (if applicable): \_\_\_\_ Wife \_\_\_\_\_  
Staff member name: \_ A. Smith \_\_\_\_\_ date: \_03/18/2022 \_\_\_\_\_  
Your Pharmacy (your location here)  
Site address  
City, State and Zip Code

# QUESTION 1

What is the most appropriate step if the directions on an oral oncolytic e-script are unclear?

- a. Fill out the prescription and clarify later
- b. Annotate the e-script with your best guess
- c. Get a new e-script, but if not practical, contact the prescriber, annotate, and initial/date
- d. Submit a prior authorization instead

# IV Chemotherapy Billing

# Medical Infusion Billing Overview



CMS-  
1500

UB-04



# CMS-1500 Claim Form

HEALTH INSURANCE CLAIM FORM											
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/92											
PICA <input type="checkbox"/>										PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> (Medicare)		MEDICAID <input type="checkbox"/> (Medicaid)		TRICARE <input type="checkbox"/> (DoD/DoD)		CHAMPVA <input type="checkbox"/> (Member Et)		GROUP HEALTH PLAN (ID#) <input type="checkbox"/>		FECA BLK LUNG (SD#) <input type="checkbox"/> (ID#)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE MM DO YY SEX M <input type="checkbox"/> F <input type="checkbox"/>			1a. INSURED'S I.D. NUMBER (For Program in Item 1)		
5. PATIENT'S ADDRESS (No., Street)						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial)		
CITY				STATE		7. INSURED'S ADDRESS (No., Street)			CITY		
ZIP CODE				TELEPHONE (Include Area Code) ( )		8. RESERVED FOR NUCC USE			STATE		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC)			11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DO YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME		
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.					
SIGNED _____						SIGNED _____					
DATE _____						DATE _____					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DO YY QUAL _____						15. OTHER DATE MM DO YY QUAL _____					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DO YY TO MM DO YY					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____						22. RE-EMMISSION CODE _____ ORIGINAL REF. NO. _____					
						23. PRIOR AUTHORIZATION NUMBER _____					

24. DATE(S) OF SERVICE				B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTERS		F. CHARGES		G. DENTS OR UNITS		H. OTHER Fees/Per		I. QUAL		J. RENDERING PROVIDER ID #	
MM	DD	YY	MM	DD	YY																
1																					
2																					
3																					
4																					
5																					
6																					

25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (If GHI checks, box YES)				28. TOTAL CHARGE				29. AMOUNT PAID				30. Ref'd for NUCC Use			
				<input type="checkbox"/> YES <input type="checkbox"/> NO						\$ <input type="text"/>				\$ <input type="text"/>				<input type="text"/>							

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.)												32. SERVICE FACILITY LOCATION INFORMATION												33. BILLING PROVIDER INFO & PFI # ( )											
SIGNED _____ DATE _____												a. NPI b. _____												a. NPI b. _____											

1		2		3a PAT. CNTL. # b. MED. REC. #		4 TYPE OF BILL	
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
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				25			
26				27			
28				29 ACCT STATE			
30							
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35		36		37			
38		39		40		41	
a		b		c		d	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	

# UB-04 Claim Form

## Used in the Hospital Setting

PAGE ____ OF ____		CREATION DATE		TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO	
53 PRIOR PAYMENTS		54 EST. AMOUNT DUE		55 NPI	
56		57		58	
59		60		61	
62		63		64	
65		66		67	
68		69		70	
71		72		73	
74		75		76	
77		78		79	
80		81		82	
83		84		85	
86		87		88	
89		90		91	
92		93		94	
95		96		97	
98		99		100	



# Billing Modifiers & Status Indicators

- **Billing Modifiers** - Provide additional information about a procedure or service
  - Modifiers are two-digit alphanumeric codes added to a Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code to provide context
- **Status Indicators** - Clarify the payer's payment rules or policies for a specific procedure code
  - Describe the payment rules for a particular procedure

# Common HCPCS Modifiers in Oncology Billing

## HCPCS J-Codes (Drug Codes)

- **Definition:** J-codes are part of the HCPCS Level II code set used to identify injectable drugs and infused chemotherapy agents
- **Example:** J9190 – Injection, fluorouracil, 500 mg
- **Use:** Required for billing Medicare and commercial payers for drugs administered in clinical settings



# Billing Modifiers Definitions

Modifier	Definition	Purpose
<b>JG</b>	Drug acquired with 340B discount	Required on institutional claims (before 1/1/25)
<b>TB</b>	340B-acquired drug (effective 1/1/25)	Replaces JG under OPPTS for Medicare
<b>JW</b>	Drug amount discarded	Reports wastage from single-use vials
<b>JZ</b>	No drug wastage	Required when no leftover drug remains
<b>K</b>	Status Indicator – Non-pass-through drug Outpatient Prospective Payment System (OPPS)	Affects how CMS reimburses hospitals
<b>G</b>	Status Indicator – Pass-through drug (OPPS)	Temporarily reimbursed separately from ambulatory payment classifications (APC) bundle



# New Technology Add-on Payment (NTAP)

The New Technology Add-on Payment (NTAP) program provides additional Medicare reimbursement to hospitals for certain new, high-cost medical services and technologies that are not fully compensated by the standard Medicare Severity-Diagnosis Related Group (MS-DRG) payments.

# 340B Drug Pricing Program

## What is the 340B Program?

- A federal program that allows eligible hospitals and clinics to purchase outpatient medications at discounted prices from manufacturers
- Intended to stretch scarce federal resources, allowing providers to:
  - Serve more eligible, low-income patients
  - Deliver comprehensive care
  - Reduce financial burden on the healthcare system



# 340B Eligibility Review

## Who Qualifies for 340B?

Covered entities must meet eligibility requirements regulated by HRSA (Health Resources and Services Administration)

## Common Eligible Entities:

- Federal grantee organizations
- Disproportionate Share Hospitals (DSH)
- Must serve a high volume of low-income or indigent patients
- Critical Access Hospitals (CAHs)
- Sole Community Hospitals (SCHs)
- Rural Referral Centers (RRCs)



# QUESTION 2

Which modifier should be used on claims for 340B drugs to indicate discounted acquisition cost after January 1, 2025?

- a. JW
- b. TB**
- c. JG
- d. NTAP

# Audit Response & Appeals



# Initial Audit Response

- Read audit requests carefully
- Gather and collate documentation
  - Present the documents in the order listed on the request
- Make sure:
  - All documents are legible
  - All requested items are included
    - Rx Hardcopy, Backtag, Signature Log, etc.
- Submit all requested documentation before the due date

# Reconsideration/Appeal

- Review all audit findings for accuracy
  - Auditors do make mistakes!
- Gather and collate any additional documentation that could refute findings
- Submit additional documentation before the reconsideration/appeal deadline
- Don't let anything go!

# Audit Triggers

High \$\$ Claims

Quantity  
Dispensed &  
Day Supply

Excessive  
Dispense As  
Written (DAW)  
>0

Drug Mix

Reversals

Member or Plan  
Sponsor  
Referrals

Random  
Selection

# What Causes Audit Citations?

- Differences between what is on the prescription and what is on the computer prescription label
- Failure to comply with requirements outlined in the pharmacy benefits manager (PBM)'s provider manual
- Failure to comply with legal requirements
- Failure to follow manufacturer/FDA requirements (Storage, Risk Evaluation and Mitigation Strategy (REMS))

# Keys to Successful Audit Outcomes

- Everything on the pharmacy label should match the e-script:
  - Prescriber, Patient, Drug/Strength, Directions, DAW, Quantity, Calculable Days Supply
- If anything is not going to match, it's best to get a new e-script
  - As Directed, Incorrect Quantity, Confusing Directions
- When a new e-script is not possible, annotation of the e-script is acceptable
  - Date and initial any annotations
- If any overrides are used (i.e. Vacation Supply), document the reason on the e-script



# Correct Annotation

- When annotating an e-script, be sure that it is initialed and dated (the date of the original fill)
- **Example:** 9/12/24 – verified with Dr. Smith that TDD = 8mg – PJM
- Annotation vs clean script

# QUESTION 3

Which of the following scenarios is most likely to result in an audit citation during a PBM or payer review?

- a. Label instructions exactly match the original e-script and all documentation is complete
- b. A prescription is filled and shipped despite a mismatch between the prescriber's directions and the label, with no annotation
- c. A specialty drug is stored according to REMS and temperature requirements
- d. PBM provider manual guidance is followed when choosing the billing NDC

# Audit Triggers & Red Flags

# Missing Directions

## RX INFO:

**Palbociclib Oral 100 mg tablet (Tablet)**

Written Date

NDC Sent: 00069-0486-07

NDC Used: 00069-0486-07 IBRANCE 100 MG TABLET

DAW: No

Quantity: 21

**Directions:** 1 capsule orally every day. on days 1-21 of each 28-day cycle. Take whole with water and food, at the same time each day.

Refills: 6

Comments:

**TAKE 1 TABLET BY MOUTH DAILY ON DAYS  
1-21 OF EACH 28-DAY CYCLE.**

**Qty:21 IBRANCE 100 MG TABLET**

Substituted for: IBRANCE 100 MG TABLET

MFG: PFIZER US PHARM

DISCARD 01/10/25

**00069-0486-03**

Safety Caps: Yes **Fills Remaining: 4 REFILLS**

Examples are provided from Texas Oncology Pharmacies and deidentified

- OptumRx. Optum Rx Pharmacy Provider Manual. UnitedHealth Group. Published 2024. Accessed April 15, 2025.  
<https://professionals.optumrx.com/content/dam/o4-dam/resources/pdfs/provider-manuals/optum-rx-pharmacy-provider-manual.pdf>
- Prime Therapeutics. Pharmacy Provider Manual January 2025. Published January 2025. Accessed April 15, 2025.  
<https://www.primetherapeutics.com/documents/d/primetherapeutics/document-primeprovidermanual-jan2025-1>



# Incalculable Days Supply

## RX INFO:

**Dexamethasone Oral 4 mg tablet (Tablet)**

Written Date:

NDC Sent: 60219-2043-01

NDC Used: 60219-2043-01 DEXAMETHASONE 4 MG TABLET

DAW: No

Quantity: 30

**Directions:** 20 mg orally As Directed. Take 12 and 6 hours prior to paclitaxel.

Refills: 3

Comments:

Examples are provided from Texas Oncology Pharmacies and deidentified



- OptumRx. Optum Rx Pharmacy Provider Manual. UnitedHealth Group. Published 2024. Accessed April 15, 2025.  
<https://professionals.optumrx.com/content/dam/o4-dam/resources/pdfs/provider-manuals/optum-rx-pharmacy-provider-manual.pdf>
- Prime Therapeutics. Pharmacy Provider Manual January 2025. Published January 2025. Accessed April 15, 2025.  
<https://www.primetherapeutics.com/documents/d/primetherapeutics/document-primeprovidermanual-jan2025-1>



# Confusing Directions

## RX INFO:

**Cabometyx (Cabozantinib Oral (Cabometyx)) 40 mg tablet (Tablet)**

Written Date:

NDC Sent: 42388-0025-26

NDC Used: 42388-0025-26 Cabometyx (Cabozantinib Oral (Cabometyx)) 40 mg tablet

DAW: No

Quantity: 30

**Directions:** 1 tablet orally every day. 1 PO EVERY OTHER DAY

Refills: 5

Comments:

TOME 1 TABLETA POR LA BOCA CADA OTRO  
DIA

Qty: 15 CABOMETYX 40 MG TABLET

Substituted for: CABOMETYX 40 MG TABLET

MFG: EXELIXIS, INC.

DISCARD 01/22/25

42388-0025-26

Safety Caps: Yes Fills Remaining: 3.5 REFILLS

Examples are provided from Texas Oncology Pharmacies and deidentified

- OptumRx. Optum Rx Pharmacy Provider Manual. UnitedHealth Group. Published 2024. Accessed April 15, 2025.  
<https://professionals.optumrx.com/content/dam/o4-dam/resources/pdfs/provider-manuals/optum-rx-pharmacy-provider-manual.pdf>
- Prime Therapeutics. Pharmacy Provider Manual January 2025. Published January 2025. Accessed April 15, 2025.  
<https://www.primetherapeutics.com/documents/d/primetherapeutics/document-primeprovidermanual-jan2025-1>



# Too Many Refills

## RX INFO:

**Cabometyx (Cabozantinib Oral (Cabometyx)) 60 mg tablet (Tablet)**

Written Date

Effective Date:

NDC Sent: 42388-0023-26

DAW: No

Quantity: 30

Days Supply:

**Directions:** 60 mg orally daily. Take on an empty stomach.

Refills: 5

Comments:

Examples are provided from Texas Oncology Pharmacies and deidentified

TAKE 1 TABLET BY MOUTH DAILY ON EMPTY  
STOMACH

Qty:30 CABOMETYX 60 MG TABLET

Substituted for: CABOMETYX 60 MG TABLET

MFG: EXELIXIS, INC.

42388-0023-26

DISCARD

Safety Caps: Yes **Fills Remaining: 6 REFILLS**



- OptumRx. Optum Rx Pharmacy Provider Manual. UnitedHealth Group. Published 2024. Accessed April 15, 2025.  
<https://professionals.optumrx.com/content/dam/o4-dam/resources/pdfs/provider-manuals/optum-rx-pharmacy-provider-manual.pdf>
- Prime Therapeutics. Pharmacy Provider Manual January 2025. Published January 2025. Accessed April 15, 2025.  
<https://www.primetherapeutics.com/documents/d/primetherapeutics/document-primeprovidermanual-jan2025-1>

# Units and Route

## RX INFO:

**TBO-Filgrastim (Granix) 480 MCG/0.8 ML DISP.SYRIN (Milliliter)**

Written Date:

Effective Date:

NDC Sent: 63459-0912-11

DAW: No

Quantity: 14

Days Supply:

**Directions: 480 MCG IV DAILY**

Refills: 0

Comments:

<BeginSureScripts>Item Description:TBO-Filgrastim (Granix) 480  
MCG/0.8 ML DISP.SYRINQty units:14 Milliliter<EndSureScripts>

**INJECT CONTENTS OF SYRINGE  
SUBCUTANEOUSLY DAILY**

**Qty: 11.2 GRANIX 480 MCG/0.8 ML SAFE SYR**

Substituted for: GRANIX 480 MCG/0.8 ML S.

MFG: CEPHALON,INC.-T

DISCARD 01/24/25

**63459-0912-11**

Safety Caps: Yes **Fills Remaining: NO REFILLS**

Examples are provided from Texas Oncology Pharmacies and deidentified

- OptumRx. Optum Rx Pharmacy Provider Manual. UnitedHealth Group. Published 2024. Accessed April 15, 2025.  
<https://professionals.optumrx.com/content/dam/o4-dam/resources/pdfs/provider-manuals/optum-rx-pharmacy-provider-manual.pdf>
- Prime Therapeutics. Pharmacy Provider Manual January 2025. Published January 2025. Accessed April 15, 2025.  
<https://www.primetherapeutics.com/documents/d/primetherapeutics/document-primeprovidermanual-jan2025-1>



# Total Daily Dose Confusion

**RX INFO:**  
**Axitinib Oral 1 mg tablet (Tablet)**  
Written Date:  
Effective Date:  
NDC Sent: 00069-0145-01  
DAW: No  
Quantity: 240  
Days Supply:  
**Directions:** 4 mg orally every 12 hours. Take whole with water,  
with or without food, at the same times each day.  
**Total daily dose is 10 mg.**  
Refills: 5  
Comments:  
<BeginSureScripts>Item Description:Axitinib Oral 1 mg tabletQty  
units:240 Tablet Primary Diagnosis: ICD10:C641<EndSureScripts>

Examples are provided from Texas Oncology Pharmacies and deidentified



- OptumRx. Optum Rx Pharmacy Provider Manual. UnitedHealth Group. Published 2024. Accessed April 15, 2025.  
<https://professionals.optumrx.com/content/dam/o4-dam/resources/pdfs/provider-manuals/optum-rx-pharmacy-provider-manual.pdf>
- Prime Therapeutics. Pharmacy Provider Manual January 2025. Published January 2025. Accessed April 15, 2025.  
<https://www.primetherapeutics.com/documents/d/primetherapeutics/document-primeprovidermanual-jan2025-1>

# Inappropriate DAW Usage

**RX INFO:**  
**Dasatinib Oral 50 mg tablet (Tablet)**  
Written Date: 02/19/2025  
Effective Date:  
NDC Sent: 60505-3629-06  
DAW: No  
Quantity: 60  
Days Supply: 30  
**Directions:** 1 tablet orally 2 times per day. 1 tablet orally 2 times per day. Take whole with water. Take antacids 2 hrs before or 2 hrs after each dose. Do not take H2-antagonist or PPI.  
Refills: 3  
Comments:  
**DAW1 Brand Med Necessary** <BeginSureScripts>Item

Examples are provided from Texas Oncology Pharmacies and deidentified



# Sold > 14 Days After Fill

Date: 1/20/2023

TAKE 1 CAPSULE BY MOUTH DAILY FOR 21 DAYS, THEN OFF FOR 7 DAYS.

Qty: 21 POMALYST 4 MG CAPSULE

Substituted for: POMALYST 4 MG CAPSULE

MFG: CELGENE/BMS

DISCARD 01/20/24

59572-0504-21

Safety Caps: Yes

Fills Remaining: NO REFILLS

Transaction		Customer		
Store: TONP14 Tran: 51726		Code:		
Date: Feb 14, 2023 17:06:27 Pts Redeemed:0		Name:		
PM: REGULAR EM: Cur Pts (Before Txn):0		Street:		
Type: Reg Sale Earned Pts/Today: 0 / 21719		City:		
C:SAUCEJ2 JESUS D:Tuesday Stop: 17:06:42		Postal:		
Item		Qty	Unit	Ext
01 PRESCRIPTION		1.000	0.00	0.00
Rx Reference: 10444386				
Rx Number				
d				
Signature		COVID 14		
Rx				

Examples are provided from Texas Oncology Pharmacies and deidentified



- OptumRx. Optum Rx Pharmacy Provider Manual. UnitedHealth Group. Published 2024. Accessed April 15, 2025.  
<https://professionals.optumrx.com/content/dam/o4-dam/resources/pdfs/provider-manuals/optum-rx-pharmacy-provider-manual.pdf>
- Prime Therapeutics. Pharmacy Provider Manual January 2025. Published January 2025. Accessed April 15, 2025.  
<https://www.primetherapeutics.com/documents/d/primetherapeutics/document-primeprovidermanual-jan2025-1>

# Packaging & Days Supply

## RX INFO:

**Idhifa (Enasidenib Oral) 100 mg tablet (Tablet)**

Written Date:

Effective Date:

NDC Sent: 59572-0710-30

DAW: No

Quantity: 21

Days Supply: 21

**Directions:** 1 tablet orally daily. 1 Tablet PO QDAY Days 8-28  
during induction

Refills: 5

Store at 20°C-25°C (68°F-77°F); excursions permitted between 15°C-30°C (59°F-86°F) [see USP Controlled Room Temperature]. Keep the bottle tightly closed. Store and dispense in the original bottle (with a desiccant canister) to protect from moisture.

TAKE 1 TABLET BY MOUTH ONCE DAILY (ON  
DAYS 8-28 DURING INDUCTION)

**Qty: 21 IDHIFA 100 MG TABLET**

Substituted for: IDHIFA 100 MG TABLET

MFG: CELGENE/BMS

DISCARD 09/06/25

**59572-0710-30**

Safety Caps: Yes Fills Remaining: 3 REFILLS

Examples are provided from Texas Oncology Pharmacies and deidentified

• OptumRx. Optum Rx Pharmacy Provider Manual. UnitedHealth Group. Published 2024. Accessed April 15, 2025. <https://professionals.optumrx.com/content/dam/o4-dam/resources/pdfs/provider-manuals/optum-rx-pharmacy-provider-manual.pdf>

• Prime Therapeutics. Pharmacy Provider Manual January 2025. Published January 2025. Accessed April 15, 2025. <https://www.primetherapeutics.com/documents/d/primetherapeutics/document-primeprovidermanual-jan2025-1>



# Packaging & Days Supply (cont.)

- If a prescription is written for a lower than usual dose of a drug that must be dispensed in its original packaging, causing the days supply to be greater than 30 days:
  - Call the PBM for an override
  - If the PBM won't give an override, fill for the full package size using 30 days supply (Be sure to get a new e-script with the full pack quantity)
  - Annotate the e-script and document that the PBM refused the override
- There are typically no recoupments for incorrect days supply. A recoupment will only happen if the next refill is filled too early as a result of the incorrect days supply.

# QUESTION 4

Which of the following is a common reason for audit recoupment in oral oncolytic billing?

- a. E-script was printed in color
- b. Prescriber's name was abbreviated
- c. Inappropriate quantity for the billed package size
- d. NDC code matched package insert



# SUMMARY

- **Accurate billing prevents audits**
  - Ensure claims for oral and IV Part B medications are complete, legible, and aligned with payer policies.
- **Documentation is your defense**
  - Audit-proof your practice with clear annotations, signature logs, and supporting documentation tied to each claim.
- **Know your modifiers**
  - Use correct 340B billing modifiers (e.g., JG → TB in 2025), and accurately document discarded drugs using JW/JZ.
- **Identify red flags early**
  - Watch for common audit triggers like mismatched days supply, excessive DAW use, or unclear directions.
- **Fight for every dollar**
  - Always review audit results and submit reconsiderations or appeals with additional documentation—don't let recoupments go uncontested.



# QUESTION & ANSWER

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