CroFab®
crotalidae polyvalent immune fab (ovine)

Coding Guide

Diagnosis and Billing Codes

DISCLAIMER:
The following publicly available information is presented for illustrative purposes only and is not intended to provide coding, reimbursement, treatment, or legal advice. It is not intended to guarantee, increase, or maximize reimbursement by any payer.

Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Individual coding decisions should be based upon diagnosis and treatment of individual patients. BTG does not warrant, promise, guarantee, or make any statement that the codes supplied in this guide are appropriate or that the use of this information will result in coverage or payment for treatment using CroFab® or that any payment received will cover providers' costs.

BTG is not responsible for any action providers take in billing for, or appealing CroFab® claims. Hospitals and physicians are responsible for compliance with Medicare and other payer rules and requirements and for the information submitted with all claims and appeals. Before any claims or appeals are submitted, hospitals and physicians should review official payer instructions and requirements, should confirm the accuracy of their coding or billing practices with these payers, and should use independent judgment when selecting codes that most appropriately describe the services or supplies furnished to a patient. It is the provider's responsibility to determine and document that the services provided are medically necessary and that the site of service is appropriate.

While we have made an effort to be current as of the issue date of this document, the information may not be current when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage, coding, and payment policies. Please consult with your legal counsel or reimbursement specialists.

HCPS = Healthcare Common Procedure Coding System
NDC=National Drug Code

Diagnosis Codes

ICD-10-CM codes are used by providers in all sites of service to report a patient's diagnosis. The codes provided below are the most likely diagnosis codes to be reported for a patient receiving CroFab. This is not intended to be a comprehensive list.

ICD-10-CM	Description
T63.011A	Toxic effect of rattlesnake venom, accidental (unintentional), initial encounter
T63.061A	Toxic effect of venom of other North and South American snake, accidental (unintentional), initial encounter [use for copperhead bite]
T63.091A	Toxic effect of venom of other snake, accidental (unintentional), initial encounter [use for water moccasin bite]
6th digit options	2 (intentional self-harm), 3 (assault), 4 (undetermined)
7th digit options	Qualifier could also be D - subsequent encounter or S - sequela

Inpatient Procedure Code

ICD-10-PCS codes are used by hospitals to report procedures provided in the inpatient setting. The following code should be reported when CroFab is administered in the inpatient setting.

ICD-10-PCS	Description
3E0334Z	Introduction of serum, toxoid, and vaccine into peripheral vein, percutaneous approach

MS-DRG-Codes

MS-DRG-Codes	Description
917	Poisoning and toxic effects of drugs with major complications/comorbidity (MCC)
918	Poisoning and toxic effects of drugs without major complications/comorbidity (MCC)

CroFab® reimbursement is part of the diagnosis-related group (MS-DRG) payment weight in the Medicare Part A Inpatient Prospective Payment System payment equation. Commercial payer reimbursement will vary by hospital and Medicaid reimbursement will vary by state. For other payers, specific benefit coverage and reimbursement varies by provider contract.

Reimbursement Questions and Support

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Revenue Codes

Revenue Codes	Description
0450	Emergency department visit
0636	Drugs requiring detailed coding

CPT Codes

CPT Code	Description
85027	Blood count (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count)
85384	Fibrinogen, activity
85610	Prothrombin time
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid). Service limit 1 per day
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
96365	IV for therapy, prophylaxis, or diagnosis (specify substance or drug); initial up to 1 hour
96366	IV for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour
99285	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making
99291	Critical care, evaluation, and management of the critically ill or critically injured patient; first 30-74 minutes
99292	Critical care, evaluation, and management of the critically ill or critically injured patient; each additional 30 minutes

HCPCS Code – Commercial Players

HCPCS Code	Description
J0840	Injection, crotalidae polyvalent immune Fab (ovine), up to 1 gram (one unit should be reported for each vial)

J0840 is the product-specific code for CroFab and should be reported on all claim forms submitted to all payers. Please consult the appropriate payer for specific coverage and reimbursement information.

NDC

NDC	Instruction
50633-110-12	Use NDC#: 50633-0110-12 when 11 digits are required

CroFab® is supplied as a carton that contains 2 vials of product (diluent not included). Each vial of CroFab® contains up to 1 gram of lyophilized total protein and not less than the indicated number of mouse LD50 (50% lethal dose) neutralizing units.

Ambulatory Payment Classification (APC)

APCs are the payment method by which Medicare pays hospital outpatient services. Medicare "maps" separately paid CPT and HCPCS codes to APCs when claims are processed. APCs are not reported by facilities. The CPT codes provided in this guide map to the following APCs:

APC	Description Crotalidae Polyvalent Immune Fab
5025	Level 5 Type A ED visit
5041	Critical Care
5693	Level 3 Drug Administration
9274	Crotalidae Poly Immune Fab

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Important Safety Information

Indication

CroFab® Crotalidae Polyvalent Immune Fab (Ovine) is a sheep-derived antivenin indicated for the management of adult and pediatric patients with North American crotalid envenomation. The term crotalid is used to describe the Crotalinae subfamily (formerly known as Crotalidae) of venomous snakes which includes rattlesnakes, copperheads and cottonmouths/water moccasins.

Important Safety Information

Contraindications

Do not administer CroFab® to patients with a known history of hypersensitivity to any of its components, or to papaya or papain unless the benefits outweigh the risks and appropriate management for anaphylactic reactions is readily available.

Warnings and Precautions

Coagulopathy: In clinical trials, recurrent coagulopathy (the return of a coagulation abnormality after it has been successfully treated with antivenin), characterized by decreased fibrinogen, decreased platelets, and elevated prothrombin time, occurred in approximately half of the patients studied; one patient required re-hospitalization and additional antivenin administration. Recurrent coagulopathy may persist for 1 to 2 weeks or more. Patients who experience coagulopathy due to snakebite should be monitored for recurrent coagulopathy for up to 1 week or longer. During this period, the physician should carefully assess the need for re-treatment with CroFab® and use of any type of anticoagulant or anti-platelet drug.

Hypersensitivity Reactions: Severe hypersensitivity reactions may occur with CroFab®. In case of acute hypersensitivity reactions, including anaphylaxis and anaphylactoid reactions, discontinue infusion and institute appropriate emergency treatment. Patients allergic to papain, chymopapain, other papaya extracts, or the pineapple enzyme bromelain may also have an allergic reaction to CroFab®. Follow-up all patients for signs and symptoms of delayed allergic reactions or serum sickness (e.g., rash, fever, myalgia, arthralgia).

Adverse Reactions

The most common adverse reactions (incidence ≥ 5% of subjects) reported in the clinical studies were urticaria, rash, nausea, pruritus and back pain. Adverse reactions involving the skin and appendages (primarily rash, urticaria, and pruritus) were reported in 12 of the 42 patients. Two patients had a severe allergic reaction (severe hives and a severe rash and pruritus) following treatment and one patient discontinued CroFab® due to an allergic reaction. Recurrent coagulopathy due to envenomation and requiring additional treatment may occur.

Reference:

CroFab®. Prescribing information. BTG International Inc.; 2018.

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Full Prescribing Information

BTG Pharmaceuticals
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Scan or click the QR code above for full Prescribing Information.