

# Common Billing Errors

| Drug                             | Bill As | Unit      | Common Directions                                   | Correct Method of Billing                   | Common Billing Errors                   |
|----------------------------------|---------|-----------|---|---|---|
| <b>Oral Tablets/Capsules</b>     |         |           |   |   |   |
| Actonel (4 tablets)              | 4       | each      | One tablet weekly                                   | 4 tablets for 28 days                       | Billing 4 tablets for a 4-day supply    |
| Boniva                           | 1       | each      | One tablet monthly                                  | 1 tablet for 28 days                        | Billing 1 tablet for a 1-day supply     |
| Chloroquine                      | 1       | each      | One tablet weekly                                   | 4 tablets for 28 days                       | Billing 4 tablets for a 4-day supply    |
| Cabergoline                      | 1       | each      | One tablet twice weekly                             | 8 tablets for 28 days                       | Billing 8 tablets for an 8-day supply   |
| Fosamax (4 tablets)              | 4       | each      | One tablet weekly                                   | 4 tablets for 28 days                       | Billing 4 tablets for a 4-day supply    |
| Helidac Pac (56 tablets)         | 56      | each      | Varies  | 56 tablets for 14 days                      | Billing 224 tablets for a 14-day supply |
| Mefloquine                       | 1       | each      | One tablet weekly                                   | 4 tablets for 28 days                       | Billing 4 tablets for a 4-day supply    |
| Plan B (2 tablets)               | 2       | each      | One tablet stat then one tablet in 12 hours         | 2 tablets for 1 day                         | Billing 1 tablet for a 1-day supply     |
| Prevpac (14 tablets)             | 14      | each      | One card daily                                      | 14 cards for 14 days                        | Billing 112 tablets for a 14-day supply |
| Prozac Weekly (4 tablets)        | 4       | each      | One tablet weekly                                   | 4 tablets for 28 days                       | Billing 4 tablets for a 4-day supply    |
| Seasonale (91 tablets)           | 91      | each      | One tablet daily                                    | 91 tablets for 91 days                      | Billing 91 tablets for a 30-day supply  |
| Sporanox Pulse Pac (28 capsules) | 28      | each      | 4 capsules daily for 1 week followed by 3 weeks off | 28 capsules for 28 days                     | Billing 84 capsules for a 28-day supply |
| <b>Powders</b>                   |         |           |   |   |   |
| Golytely                         | 4000    | g         | Varies  | 4000 g for 1 day                            | Billing 1 for a 1-day supply            |
| HalfLytely                       | 1       | each      | Varies  | 1 for 1 day                                 | Billing 4000 for a 1-day supply         |
| Cholestyramine                   | 1       | g or each | Once or twice daily                                 | 378 g for 30 days or 60 packets for 30 days | Billing wrong package size              |
| Moviprep                         | 32      | g         | Varies  | 32 g for a 1-day supply                     | Billing wrong package size              |
| Zmax                             | 1       | each      | Entire contents                                     | 1 for 1 day                                 | Billing for total milliliters           |
| <b>Rectals/Vaginals</b>          |         |           |   |   |   |
| Diastat (2 applicators)          | 1       | each      | Max 5 treatments/month separated by 5 days          | One package for 5 days                      | Billing quantity instead of one package |
| Estrace Cream                    | 42.5    | g         | 1 application weekly                                | 42.5 g for 30 days                          | Billing greater than 1 tube per month   |
| Estring                          | 1       | each      | One ring every 90 days                              | 1 ring for 90 days                          | Billing 1 ring for a 28-day supply      |
| Femring                          | 1       | each      | One ring every 90 days                              | 1 ring for 90 days                          | Billing 1 ring for a 28-day supply      |

# Common Billing Errors

| Drug                     | Bill As | Unit | Common Directions                           | Correct Method of Billing | Common Billing Errors                        |
|--------------------------|---------|------|---|---------------------------|--|
| Nuvaring                 | 1       | each | One ring for 3 weeks then remove for 1 week | 1 ring for 28 days        | Billing 1 ring for a 1-day supply            |
| Premarin Cream           | 42.5    | g    | 1 Application weekly                        | 42.5 g for 30 days        | Billing greater than 1 tube per month        |
| Vagifem                  | 1       | each | One tablet twice weekly                     | 8 tablets for 28 days     | Billing more than 8 for a 28-day supply      |
| <b>Diabetic Supplies</b> |         |      |   |                           |  |
| Glucometer               | 1       | kit  | Varies                                      | Varies                    | Billing more than 1 kit                      |
| Lancets                  | 1       | each | Varies                                      | Varies                    | Use as directed directions                   |
| Syringes                 | 1       | each | Varies                                      | Varies                    | Use as directed directions                   |
| Test Strips              | 1       | each | Varies                                      | Varies                    | Use as directed directions                   |
| <b>Devices</b>           |         |      |   |                           |  |
| Ortho All-Flex           | 1       | each | One Month                                   | 1 for 30 days             | Billing 1 diaphragm for a 1-day supply       |
| Zoladex                  | 1       | each | One monthly                                 | 1 for 30 days             | Billing 1 diaphragm for a 1-day supply       |
| <b>Topicals</b>          |         |      |   |                           |  |
| Aldara                   | 1       | each | Apply 2-5 times weekly                      | 12-24 packets for 28 days | Billing 12 packets for a 12-day supply       |
| Androgel Pump            | 150     | g    | Apply 4 metered doses daily                 | 150 g for 30 days         | Billing greater than 150 for a 30-day supply |
| Brevoxyl Kit             | 1       | kit  | Apply once or twice daily                   | 1 kit for 30 days         | Billing for grams                            |
| Centany 2 %              | 1       | kit  | Varies                                      | Varies                    | Billing for grams                            |
| Cordran Tape             | 1       | kit  | Varies                                      | Varies                    | Billing for length of tape                   |
| Duac CS                  | 1       | kit  | Apply once daily                            | 1 kit for 30 days         | Billing for grams                            |
| Metrogel Kit             | 1       | kit  | Apply once daily                            | 1 kit for 30 days         | Billing for grams                            |
| Penlac                   | 6.6     | mL   | Apply topically                             | 6.6 mL for 30 days        | Billing for more than 6.6 mL per month       |
| Tretin-X Kit             | 1       | kit  | Apply once daily                            | 1 for 30 days             | Billing for grams                            |
| <b>Topical Patches</b>   |         |      |   |                           |  |
| Androderm                | 1       | each | Apply one patch daily                       | 30 patches for 30 days    | Billing per gram                             |
| Catapres TTS             | 1       | each | One patch weekly                            | 4 patches for 28 days     | Billing 4 patches for a 4-day supply         |
| Climara Patch            | 1       | each | One patch weekly                            | 4 patches 28 days         | Billing 4 patches for a 4-day supply         |
| Estraderm Patch          | 1       | each | One patch twice weekly                      | 8 patches for 28 days     | Billing 8 patches for an 8-day supply        |

# Common Billing Errors

| Drug                        | Bill As | Unit | Common Directions                                | Correct Method of Billing | Common Billing Errors                  |
|-----------------------------|---------|------|--|---------------------------|--|
| Ortho Evra                  | 1       | each | One patch weekly for 3 weeks then off for 1 week | 3 patches for 28 days     | Billing 3 patches for a 21-day supply  |
| Transderm                   | 1       | each | One patch every 3 days                           | 1 patch for 3 days        | Billing 1 patch for a 1-day supply     |
| Vivelle Dot                 | 1       | each | One patch twice weekly                           | 8 patches for 28 days     | Billing 8 patches for an 8-day supply  |
| <b>Injections</b>           |         |      |  |                           |  |
| Actimmune                   | 0.5     | mL   | Three injections weekly                          | 6 mL for 28 days          | Billing for number of syringes         |
| Aranesp                     | Per mL  |      | One injection weekly                             | Varies                    | Billing number of syringes             |
| Arixtra                     | Per mL  |      | One injection daily                              | Varies                    | Billing number of syringes             |
| Avonex                      | 1       | each | One injection weekly                             | 4 syringes for 28 days    | Billing 4 syringes for a 4-day supply  |
| Betaseron                   | 15      | mL   | One injection every other day                    | 15 for 30 days            | Billing 15 for a 15-day supply         |
| Boniva injection            | 1       | each | One injection every 3 months                     | 1 for 90 days             | Billing 1 for a 1-day supply           |
| Byetta 5 mcg                | 1.2     | mL   | One injection twice daily                        | 1.2 for 30 days           | Billing 60 for a 30-day supply         |
| Byetta 10 mcg               | 2.4     | mL   | One injection twice daily                        | 2.4 for 30 days           | Billing 60 for a 30-day supply         |
| Caverject Impulse (2 trays) | 1       | kit  | One injection up to 3 times weekly               | 6 kits for 28 days        | Billing for total doses                |
| Copaxone (30 doses)         | 1       | kit  | One injection daily                              | 1 for 30 days             | Billing for total doses                |
| Depo-Provera 150 mg         | 1       | each | Once every 90 days                               | 1 for 90 days             | Billing 1 injection for a 1-day supply |
| Enbrel 25 mg                | Per mL  |      | One injection twice weekly                       | 8 mL for 28 days          | Billing for number of syringes         |
| Enbrel 50 mg                | Per mL  |      | One injection twice weekly                       | 7.84 mL for 28 days       | Billing for number of syringes         |
| Epogen                      | Per mL  |      | One injection one to three times weekly          | Varies                    | Billing for number of syringes         |
| Forteo (30 doses)           | 3       | mL   | One injection daily                              | 3 mL for 30 days          | Billing for total doses                |
| Fuzeon (60 doses)           | 1       | kit  | One injection twice daily                        | 1 for 30 days             | Billing for total doses                |
| Ganirelix                   | 0.5     | mL   | One injection daily                              | Varies                    | Billing for number of syringes         |
| Haldol Deconate             | Per mL  |      | One injection monthly                            | 1 for 28 days             | Billing for number of syringes         |

# Common Billing Errors

| Drug                        | Bill As | Unit | Common Directions                      | Correct Method of Billing                        | Common Billing Errors                     |
|-----------------------------|---------|------|--|--|---|
| Humira                      | 2       | mL   | One injection every other week         | 2 for 28 days                                    | Billing 2 injections for a 2-day supply   |
| Imitrex Injection (2 doses) | 1       | kit  | Varies                                 | Varies   | Use as directed directions                |
| Insulin                     | Per mL  |      | Varies                                 | Varies   | Use as directed directions                |
| Lovenox                     | Per mL  |      | One injection once or twice daily      | Varies   | Billing for number of syringes            |
| Lupron Depot                | 1       | kit  | One injection per month                | 1 for 28 days                                    | Billing 1 injection for a 1-day supply    |
| Neupogen                    | Per mL  |      | Varies                                 | Varies   | Billing for number of syringes            |
| Novarel (10 mL vial)        | 1       | each | Varies                                 | Varies   | Billing for total milliliters             |
| Orthovisc                   | 2       | mL   | One injection per infected knee weekly | 1 knee: 8 for 28 days<br>2 knees: 16 for 28 days | Billing for number of vials               |
| Ovidrel                     | 0.5     | mL   | Varies                                 | Varies   | Billing for number of syringes            |
| Pegasys (4 syringes)        | 1       | kit  | One injection weekly                   | 1 for 28 days                                    | Billing for number of syringes            |
| Peg-Intron                  | 1       | each | One injection weekly                   | 4 for 28 days                                    | Billing for 4 syringes for a 4-day supply |
| Pregnyl (10 mL vial)        | 1       | each | Varies                                 | Varies   | Billing for total milliliters             |
| Raptiva (1 syringe)         | 1       | each | One injection weekly                   | 4 for 28 days                                    | Billing for 4 syringes for a 4-day supply |
| Rebif                       | 0.5     | mL   | Three injections weekly                | 6 mL for 28 days                                 | Billing for number of syringes            |
| Risperdal Consta            | 1       | each | One injection every 2 weeks            | 2 for 28 days                                    | Billing for more than 2 per month         |
| Synvisc                     | 2       | mL   | One injection per infected knee weekly | 1 knee: 8 for 28 days<br>2 knees: 16 for 28 days | Billing for number of vials               |
| <b>Inhalers</b>             |         |      |  |  |   |
| Asmanex                     | 0.24    | g    | One to two inhalations daily           | 0.24 for 30 days                                 | Billing for total doses                   |
| Fortical                    | 3.7     | mL   | One inhalation every day               | 3.7 for 28 days                                  | Billing for more than 3.7 per month       |
| Pulmicort                   | 1       | each | Max of 8 puffs per day                 | 1 for 28 days                                    | Billing for total doses                   |
| Pulmozyme                   | 2.5     | mL   | One amp once daily                     | 75 mL for 30 days                                | Billing for number of amps                |
| Tobi                        | 5       | mL   | One amp twice daily                    | 280 for 28 days                                  | Billing for number of amps                |