

Argatroban — HCPCS J0883 (non-ESRD) / J0884 (ESRD dialysis)

CARECOST ESTIMATE · BILLING CHEAT SHEET

Multiple generic manufacturers (Sandoz, Accord, Auromedics, Eagle, Mylan, others) 100 mg/mL SDV (most); preservative status varies

Continuous IV titrated to aPTT **Reviewed:** May 22, 2026 **ASP:** Q2 2026

#1 BILLER RULE — the J0883/J0884 split is by RENAL STATUS, not by payer type. J0883 = non-ESRD patient (any payer). J0884 = ESRD patient on dialysis (any payer). Same ASP, same descriptor at 1 mg = 1 unit, but the code must match the chart. Mis-coding by "Medicare vs commercial" is the leading denial trigger.

HCPCS (NON-ESRD)

J0883

1 mg = 1 unit

HCPCS (ESRD DIALYSIS)

J0884

1 mg = 1 unit

START DOSE

2 mcg/kg/min

0.5 mcg/kg/min if hepatic

APTT TARGET

1.5–3×

baseline, max 100 sec

ADMIN CPT

96365

+96366 each addl hr

MEDICARE ASP+6%

\$1.013

/mg, Q2 2026 (J0883 = J0884)

THE 6-CELL J-CODE MAP

MANUFACTURER	NON-ESRD	ESRD DIALYSIS	Q2 2026 ASP+6%
Originator / Sandoz / Eagle / Mylan / others	J0883	J0884	\$1.013/mg
Accord Healthcare	J0891	J0892	verify w/ MAC (not in CMS ASP file)
Auromedics Pharma	J0898	J0899	\$1.376/mg

Codes are NOT interchangeable per CMS. Match HCPCS to dispensed NDC. Switching manufacturers = switching codes.

DOSING & APTT NOMOGRAM

- HIT, normal hepatic:** 2 mcg/kg/min IV continuous (no bolus)
- Hepatic/HF/post-CV-surg/anasarca:** 0.5 mcg/kg/min start
- Pediatric (seriously ill):** 0.75 mcg/kg/min
- PCI in HIT:** 350 mcg/kg bolus + 25 mcg/kg/min; ACT target 300–450 sec

APTT RESULT	ACTION
< 1.5× baseline	Increase rate 25–50%; recheck 2 hr
1.5–3× baseline (target)	Continue; recheck q4–6h
> 3× baseline, ≤ 100 sec	Decrease rate 25–50%; recheck 2 hr
> 100 sec or any bleeding	HOLD; resume at ≥50% lower when in range

UNIT MATH — BILL CUMULATIVE MG INFUSED

$$\text{mg} = \text{rate (mcg/kg/min)} \times \text{weight (kg)} \times \text{minutes} \div 1000$$

Example: 80 kg, 2 mcg/kg/min, 24 hr = $2 \times 80 \times 1440 \div 1000 = 230 \text{ mg} = 230 \text{ units}$ J0883.

Common error: Billing "1 unit per scheduled dose" or "1 unit per hour" instead of cumulative mg from pump log. Massive undercount.

ADMIN CODES

CODE	WHEN
96365	Therapeutic IV initial, up to 1 hr (non-chemo)
96366	Each additional hour (continuous drip)
96413	NOT appropriate — not chemotherapy

Inpatient: drug is DRG-bundled, NOT separately Part B billable.

ICD-10 — HIT ANCHOR

CODE	FOR
D75.82	HIT (primary anchor) — required for PA
D69.6	Thrombocytopenia, unspecified (secondary)
Z79.01	Long-term anticoagulant use
N18.6 + Z99.2	Required for J0884/J0892/J0899 (ESRD + dialysis dependence)
I82.x / I26.x / I74.x	DVT / PE / arterial thrombosis
I21.x / I22.x	Acute MI (PCI-in-HIT indication)

Chart must document: 4Ts score + PF4 ELISA result + baseline + on-therapy aPTT. Common audit finding.

NDC (REPRESENTATIVE)

MFR	NDC (11-DIGIT)	PACKAGE
Sandoz	00143-9617-01	250 mg / 2.5 mL SDV
Eagle	42367-0525-01	125 mg / 125 mL premix bag
Mylan	67457-0441-25	250 mg / 2.5 mL SDV
Accord	16729-0225-66	250 mg / 2.5 mL SDV (use J0891/J0892)
Auromedics	55150-0242-50	250 mg / 2.5 mL SDV (use J0898/J0899)

SITE OF CARE

SETTING	POS	NOTES
Inpatient ICU/step-down	21	Primary; DRG-bundled
Cardiac cath lab (PCI in HIT)	22/19/21	Outpatient PCI = J0883 billable
Observation (HOPD)	22	Bridge to oral; separately billable
ESRD dialysis unit	65 / 22	Use J0884/J0892/J0899
Office / AIC / home	11 / 49 / 12	Rare to inappropriate

MODIFIERS (JW / JZ)

Most 250 mg / 2.5 mL vials are single-dose → **JZ (no waste) or JW (discarded mg on separate line) required** per CMS CR 12056. Pre-mixed bags = single-use, same rule. Verify per individual product label — some preserved presentations are exempt.

TOP DENIALS

1. **J0883/J0884 renal-status mismatch** — fix CDM auto-mapping; doc renal status pre-administration
2. **Wrong manufacturer HCPCS** — bill J0891/J0892 for Accord, J0898/J0899 for Auromedics; match dispensed NDC
3. **"Scheduled dose" unit count** — bill cumulative mg from pump log, not per-dose / per-hour
4. Missing aPTT monitoring docs — baseline + on-therapy aPTT per nomogram
5. Missing HIT diagnostic substantiation (4Ts, PF4 ELISA, SRA)
6. Inpatient J-code separately billed (DRG bundles it)
7. 96413 (chemo IV) billed — use 96365/96366 instead

PATIENT ASSISTANCE — LIMITED

- **No active manufacturer PAP** — generic drug, acute care, inpatient-dominant
- Hospital charity care covers uninsured inpatient
- 340B-eligible at DSH/CAH/rural hospitals (institutional cost lever)
- PAN / HealthWell: no dedicated HIT or DTI funds
- Patient OOP usually shifts to oral anticoagulant (warfarin/DOAC) at discharge

NO ANTIDOTE. Half-life ~52 min (normal hepatic) / ~181 min (impaired) is the only mitigation. For bleeding: stop infusion + supportive care.
Fondaparinux (J1652) is CONTRAINDICATED in HIT per FDA label — do NOT switch to avoid argatroban billing complexity.