

Bivalirudin (Angiomax, generic) — HCPCS J0583

CARECOST ESTIMATE · DEFENSIVE BILLING CHEAT SHEET

Generic manufacturers (Sandoz, Hospira/Pfizer, Maia, Mylan, Accord) 250 mg single-dose lyophilized vial

Direct thrombin inhibitor; IV bolus + infusion during PCI Reviewed: May 22, 2026 ASP: Q2 2026

⚠ NOT SEPARATELY PAYABLE IN PCI — OPPTS SI=N PACKAGED + MS-DRG BUNDLED

Hospital outpatient PCI: J0583 carries **OPPTS Status Indicator N** (packaged into the PCI APC). Inpatient PCI: bundled into **MS-DRG 246–251** (or 280–285 AMI DRGs). ASC PCI: packaged into ASC facility payment. **Bivalirudin used during PCI is functionally never separately payable.** This cheat sheet is defensive billing context — what to know, not how to bill separately.

HCPCS J0583 1 mg = 1 unit	PCI BOLUS 0.75 mg/kg IV push at cath start	PCI INFUSION 1.75 mg/kg/hr During PCI · ACT 300–350	HOSPITAL OUTPT PCI SI=N Packaged into APC	INPATIENT PCI MS-DRG Bundled 246–251
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CODES & REPRESENTATIVE NDCS

HCPCS	J0583 — "Inj., bivalirudin, 1 mg" (permanent)
NDC (SANDOZ)	0781-3225-94 — 250 mg SDV
NDC (HOSPIRA)	0409-1218-01 — 250 mg SDV
NDC (SANDOZ LEGACY)	00781-9755-94 — 250 mg SDV
NDC (MEITHEAL)	71288-0610-10 — 250 mg SDV
NDC (ACCORD)	16729-0414-05 — 250 mg SDV
ORIGINATOR	Angiomax discontinued — The Medicines Company / Sandoz

Verify dispensed NDC. Rotating generic availability means the dispensed product NDC may differ. For the rare separately-payable scenario, use the actual 11-digit carton NDC with N4 qualifier.

ICD-10 (PAIR AS APPROPRIATE)

CODE	FOR
I21.x	Acute STEMI / NSTEMI — site-specific
I20.0	Unstable angina
I20.1/8/9	Other angina forms
I25.10 / I25.11x	Chronic IHD with/without angina
I25.7x	Atherosclerosis of bypass graft
D75.82	HIT — pair on HIT-driven encounters
Z86.2	Personal history of HIT
Z51.81	Therapeutic drug monitoring (optional)

Code D75.82 even when drug is bundled. Supports DTI selection rationale and audit defense.

SITE OF CARE — BIVALIRUDIN PAYMENT

SETTING	POS	STATUS
Hospital outpt PCI (on-campus)	22	Packaged (SI=N)
Hospital outpt PCI (off-campus PBD)	19	Packaged (SI=N)
Inpatient PCI admission	21	MS-DRG 246–251
ASC PCI (rare)	24	Packaged in ASC rate
Physician office (non-procedural)	11	<i>Rare</i> : potentially separately payable

DOSING & ACT TARGETS

INDICATION / PATIENT	BOLUS	INFUSION
PCI / STEMI / HIT+PCI	0.75 mg/kg IV push	1.75 mg/kg/hr
CrCl 30–59 mL/min	0.75 mg/kg (unchanged)	1.75 mg/kg/hr (unchanged)
CrCl <30 mL/min	0.75 mg/kg (unchanged)	1.0 mg/kg/hr
Dialysis-dependent	0.75 mg/kg (unchanged)	0.25 mg/kg/hr

LAB	TARGET	ADJUST
ACT during PCI	300–350 sec	Check 5 min post-bolus, then serial
ACT <225 sec	Sub-therapeutic	Re-bolus 0.3 mg/kg; recheck in 5 min
ACT excessive	Hold 5–15 min	Resume at 1.0–1.4 mg/kg/hr

Half-life ~25 min. No antidote — short half-life + ~25% dialyzable provide intrinsic mitigation.

ADMINISTRATION CODES (CONTEXT ONLY)

CODE	CONTEXT
96374	IV push (bolus) — <i>only if not bundled</i> ; in PCI: bundled
96365 / 96366	Therapeutic IV infusion non-chemo — <i>only if not bundled</i> ; in PCI: bundled
92920–92944	PCI procedure series — drives the APC; drug packaged
ICD-10-PCS 027x	Inpatient coronary dilation — drives MS-DRG; drug bundled

NOT 96401 (chemo SC) — bivalirudin is non-chemo

Do not unbundle 96374/96365 from a PCI APC claim. CCI/OCE edits will package them. JW/JZ are moot in PCI (no separately payable line).

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6% per mg (1 unit)	\$0.131 (Apr 1 – Jun 30, 2026)
270 mg PCI exposure	\$35.42 — packaged in APC / DRG
500 mg drawn (2 vials)	\$65.60 — whole-vial reference, not a payment
Hospital outpt PCI separate payment	\$0.00 (SI=N packaged)
Inpatient PCI separate payment	\$0.00 (DRG-bundled)
Next CMS ASP update	July 1, 2026 (Q3)

EXPECTED DENIALS (= BILLING CONTEXT ONLY)

"DENIAL"	WHY IT'S CORRECT
J0583 zero-paid on outpt PCI	OPPS SI=N — suppress the line; do not appeal
J0583 denied on inpt PCI Part B	Drug in MS-DRG — report via revenue code only
JW on packaged line ignored	JW doesn't change SI=N outcome
96374/96365 unbundle attempt	CCI/OCE packages into PCI APC
Withdrawn / Angiomax originator NDC	Use actual generic NDC; originator discontinued
96401 (chemo) on bivalirudin	Non-chemo — use 96374/96365 in standalone scenario
Confusing with argatroban J0883/J0884	Different drug, different J-code, different context

PATIENT ASSISTANCE

- No manufacturer PAP or copay card.** Generic acute-care drug administered in facility — no patient-facing program exists for J0583.
- Hospital financial assistance / 501(r) charity care** is the primary safety net for the PCI encounter cost.
- Cardiac disease-state foundations** (PAN, HealthWell, AHA programs) intermittently — verify open funds; offset PCI OOP, not the drug line.
- 340B-eligible hospitals** may acquire generic bivalirudin at 340B price — institutional economics only.

If your billing team is appealing J0583 denials on PCI claims, STOP. The denial is correct — the drug is packaged or bundled by design. Redirect that time to appeals that can actually recover dollars.