

Cisplatin (generic; Platinol discontinued) — HCPCS J9060

CARECOST ESTIMATE · BILLING CHEAT SHEET

Multiple generic mfrs (originator: BMS Platinol, discontinued) 50/100/200 mg multi-dose vials (1 mg/mL)

IV infusion 1–2 hr in NS, bracketed by 1–2 L pre + post hydration **Reviewed:** May 22, 2026 **ASP:** Q2 2026

| | | | | |
|---|---|---|--|--|
| HCPCS J9060 1 unit = 10 mg — mg ÷ 10 (round up) | 100 MG/M ² (1.85 M ²) 19 units 185 mg q3w (HNSCC/cervical + RT) | MODIFIERS JZ/JW often N/A Multi-dose vial → modifiers don't apply | ADMIN CPT 96413 +96415×1 + 96360/96361 hydration + 96367 premeds | MEDICARE ASP+6% \$2.166 /10 mg unit · ~\$41.15/185 mg dose |
|---|---|---|--|--|

UNIT BASIS — J9060 = 10 mg per unit. Divide mg by 10 (round up). Billing per mg = 10x overpayment audit recoupment. Cisplatin (10 mg/unit) is not the same unit math as carboplatin (50 mg/unit) or oxaliplatin (0.5 mg/unit).

UNIT CONVERSION & VIAL SELECTION

J9060: 1 unit = 10 mg. mg ÷ 10, round up to whole units.

| DOSE (MG) | J9060 UNITS |
|---|-------------|
| 50 mg | 5 |
| 100 mg | 10 |
| 139 mg (75 mg/m ² , 1.85 m ²) | 14 |
| 185 mg (100 mg/m ² , 1.85 m ²) | 19 |
| 200 mg | 20 |

Audit trap: billing per mg = 10x overpayment. Billing per vial = significant undercount.

ICD-10 — ON-LABEL INDICATIONS

| CODE | FOR |
|---------------------|---|
| C00–C14 | HNSCC (oral, pharynx) + RT |
| C32.x | Laryngeal SCC + RT |
| C34.x | NSCLC (non-sq + pem; sq + gem); SCLC (EP) |
| C15.3–C15.9 | Esophageal (CROSS, KEYNOTE-590) |
| C16.0–C16.9 | Gastric / GEJ |
| C45.0 | Pleural mesothelioma (+ pem) |
| C53.x | Cervical + RT; KEYNOTE-826 |
| C56.x | Ovarian (GCT: BEP) |
| C62.0/C62.10/C62.90 | Testicular GCT (curative BEP/EP) |
| C67.x | Bladder (GC, MVAC) |
| N14.1 | Drug-induced AKI |
| H90.3 / H93.13 | SNHL / tinnitus (audiogram follow-up) |
| E83.42 | Hypomagnesemia |

CODES & NDC (REPRESENTATIVE GENERICS — MDV)

| | |
|-------------------------|---|
| HCPCS | J9060 — "Inj, cisplatin, powder or solution, 10 mg" |
| HOSPIRA 50 MG MDV | 0703-5747-11 / 00703-5747-11 |
| HOSPIRA 100 MG MDV | 0703-5748-11 / 00703-5748-11 |
| ACCORD 50 MG MDV | 16729-288-11 |
| ACCORD 100 MG MDV | 16729-288-38 |
| WG CRITICAL CARE 100 MG | 44567-509-12 |
| FRESENIUS KABI 100 MG | 63323-104-65 |
| PLATINOL (ORIGINATOR) | Discontinued — no longer marketed |
| VIALS | 50/100/200 mg multi-dose (1 mg/mL); MDV residual returns to inventory |
| DILUENT | 0.9% NaCl (saline) — opposite of oxaliplatin (D5W) |

HYDRATION PROTOCOL — THE 6–8 HR ENCOUNTER

| PHASE | VOLUME / TIME |
|--------------------|--|
| Pre-hydration | 1–2 L NS + 8–20 mEq MgSO ₄ over 2–4 hr |
| Anti-emetic premed | NK1 RA + 5-HT ₃ + dex ± olanzapine (30 min) |
| Cisplatin | Dose in 250–500 mL NS over 1–2 hr |
| Post-hydration | 1–2 L NS over 2–6 hr; target UOP ≥ 100 mL/hr × 6–8 hr |

Total chair time: 6–8 hours. Drives HOPD preference; ASC/home essentially never used.

COMBINATION REGIMENS

| REGIMEN | DOSE | CYCLE | INDICATION |
|-----------------------|---------------------------|-----------------|----------------------------------|
| BEP / EP | 20 mg/m ² × 5d | q21d × 3–4 | Testicular GCT (curative) |
| Cis + RT (high) | 100 mg/m ² | q21d × 3 | HNSCC, cervical + RT |
| Cis + RT (weekly) | 40 mg/m ² | weekly × 7 | HNSCC alt for q3w intolerant |
| EP (SCLC) | 75–80 mg/m ² | q21d | Limited-stage SCLC + thoracic RT |
| Cis + pemetrexed | 75 mg/m ² | q21d | Non-sq NSCLC; mesothelioma |
| GC (bladder) | 70 mg/m ² D1/2 | q21–28d | Muscle-invasive bladder |
| MVAC | 70 mg/m ² D2 | q28d (dd: q14d) | Bladder neoadj + metastatic |
| Cis + Keytruda + 5-FU | 100 mg/m ² | q21d | 1L HNSCC (KEYNOTE-048) |

ADMINISTRATION & HYDRATION CODES

| CODE | WHEN |
|----------|---|
| 96360 | Pre-hydration first hour |
| 96361 | Each addl hr hydration (pre + post) |
| 96413 | Cisplatin hour 1 chemo IV |
| 96415 ×1 | Cisplatin hour 2 if > 1 hr infusion |
| 96417 | Each addl sequential chemo (etoposide, 5-FU, pem) |
| 96367 | Each addl sequential non-chemo (anti-emetics) |
| 96375 | IV push anti-emetic (e.g., ondansetron) |
| JZ/JW | Do NOT append for MDV NDCs — multi-dose excluded from CMS policy |

Hydration codes are cisplatin-specific. 1–2 L pre + 1–2 L post saline = 96360 + 96361 × N hours; document start/stop times.

WORKED EXAMPLE — 100 MG/M² HNSCC + RT, 1.85 M²

- Dose: 1.85 × 100 = **185 mg**
- From MDV (no JZ/JW)
- Units: 185 / 10 = 18.5 → **19 units**
- Pre-hydration: 96360 + 96361 × 1 (1 L over 2 hr)
- Cisplatin: 96413 + 96415 × 1 (1–2 hr)
- Anti-emetic premeds: 96367 × 3 (NK1, 5-HT3, dex)
- Post-hydration: 96361 × 3–5 (2–6 hr)
- Drug paid Q2 2026: ~\$41.15 (19 × \$2.166)

TOXICITY PROFILE (NO BOXED WARNING)

| TOXICITY | MONITORING / MITIGATION |
|----------------------------------|---|
| Nephrotoxicity (dose-limiting) | Baseline CrCl; 1–2 L pre+post saline; Mg in bag |
| Ototoxicity (often irreversible) | Baseline audiogram; follow-up at cum > 200 mg/m ² ; Pedmark (peds) |
| Severe emesis (HEC) | NK1 + 5-HT3 + dex ± olanzapine standard |
| Peripheral neuropathy | Cumulative; chronic only (not cold-triggered like oxali) |
| Myelosuppression | CBC each cycle; modest vs carboplatin |
| Hypersensitivity | Less than oxali; cross-react across platinum |

PLATINUM CLASS COMPARISON

| DRUG | HCPCS | UNITS | USE | TOXICITY |
|-------------|-------|--------------|---|-----------------------------------|
| Cisplatin | J9060 | 10 mg | Testicular, HNSCC/cervical+RT, NSCLC, bladder | Nephro/oto/emesis (hydration req) |
| Carboplatin | J9045 | 50 mg | Ovarian, lung, breast | Myelosuppression (esp. plt) |
| Oxaliplatin | J9263 | 0.5 mg | GI (CRC, panc, gastric) | Neuropathy + anaphylaxis (boxed) |

Not interchangeable — substitution is regimen-defining.

PAYER REQUIREMENTS (MAY 2026)

| PAYER | CIS PA? | COMBO PA? |
|------------------|---------------|---|
| Medicare (LCDs) | No | n/a — FDA + NCCN coverage |
| UnitedHealthcare | Yes | Yes (pembro, bev) |
| Aetna | Yes | Yes (histology required for NSCLC pembro) |
| BCBS plans | Plan-specific | Yes for combo biologics |

Generic cisplatin rarely the bottleneck. PA friction = combo biologics + biomarkers (PD-L1 CPS, MSI-H/dMMR). Histology (squamous vs non-sq) required for NSCLC pembro combos.

PATIENT ASSISTANCE (NO MANUFACTURER PAP)

- **PAN Foundation:** panfoundation.org / 1-866-316-7263 — verify disease-state funds quarterly
- **HealthWell:** healthwellfoundation.org / 1-800-675-8416
- **CancerCare Co-Pay:** cancercarecopay.org / 1-866-552-6729
- **Co-Pay Relief (PAF):** copays.org / 1-866-512-3861
- **NeedyMeds:** needymeds.org aggregator

Platinol discontinued — no manufacturer PAP. OOP burden usually from combo biologics + HOPD facility fees + admin coinsurance.

Pending SME review. Treat as draft; verify each cited source for high-stakes claims.

Sources: FDA generic cisplatin SPLs (Hospira/Pfizer, Teva, Accord, WG Critical Care, Fresenius Kabi); CMS ASP Q2 2026; CMS [carecostestimate.com/drugs/cisplatin](https://www.cms.gov/medicare/coverage/determination-process/carecostestimate) JW/JZ FAQ (MDV exclusion); NCCN Testicular/H&N/Cervical/NSCLC/Bladder/SCLC/Mesothelioma/Antiemesis v.2026; FDA Pedmark (J9248) label.