

IV Antibiotics Reference (15-drug rollup) — anchor HCPCS J3370 (vancomycin)

CARECOST ESTIMATE · BILLING
CHEAT SHEET

HOPD / AIC / SNF / Home OPAT Admin: 96365 + 96366 JZ/JW on every SDV claim line per CMS CR 12056 Reviewed: May 22, 2026 ASP: Q2 2026 (per code)

#1 BILLER RULE — OPAT survival = ID consult + vascular access plan + lab monitoring plan + duration justification. Newer beta-lactam combos (Avycaz, Vabomere, Zerbaxa) and long-acting lipoglycopeptides (dalbavancin, oritavancin) carry step-therapy edits on top — document preferred-agent failure or confirmed resistance. Inpatient courses are DRG-bundled (not separately Part B billable). Home-infusion = two parallel claims: drug J-code on home-infusion pharmacy + per-diem S-code (commercial) or G-code (Medicare HIT) on home-infusion service.

PER-DRUG BILLING MATRIX — 15 IV ANTIBIOTICS

DRUG	HCPCS	TYPICAL DOSE	~Q2 2026 ASP+6% / UNIT	~COST / TYPICAL DOSE	OPAT-ELIGIBLE?
Vancomycin (originator)	J3370	15–20 mg/kg AUC-guided	\$1.949 / 500 mg (Q2 2025; verify MAC)	~\$5.85 / 1,500 mg	Yes (workhorse)
Vancomycin (generic 10-mg codes)	J3373	15–20 mg/kg AUC-guided	\$0.030 / 10 mg	~\$4.50 / 1,500 mg	Yes
Daptomycin (generic)	J0878	6 mg/kg q24h (8–10 mg/kg off-label bacteremia)	\$0.034 / 1 mg	~\$20.40 / 600 mg	Yes (NOT pneumonia)
Linezolid	J2020	600 mg q12h	\$2.483 / 200 mg	~\$7.45 / 600 mg	Yes (PO step-down preferred)
Ceftazidime-avibactam (Avycaz)	J0714	2.5 g q8h, 2-hr infusion	\$104.749 / 0.625 g	~\$419.00 / 2.5 g	Yes; step-therapy gated
Meropenem-vaborbactam (Vabomere)	J2186	4 g q8h, 3-hr infusion	Not in current CMS ASP	Verify per MAC	Limited (mostly inpatient)
Ceftolozane-tazobactam (Zerbaxa)	J0695	1.5 g q8h (3 g HABP/VABP)	\$8.836 / 75 mg	~\$176.72 / 1.5 g	Yes; step-therapy gated
Cefiderocol (Fetroja)	J0699	2 g q8h, 3-hr infusion	\$2.419 / 10 mg	~\$483.80 / 2 g	Limited (mostly inpatient)
Eravacycline (Xerava)	J0122	1 mg/kg q12h	\$1.288 / 1 mg	~\$103.04 / 80 mg	Yes
Tigecycline	J3243	100 mg load + 50 mg q12h	\$0.569 / 1 mg	~\$28.45 / 50 mg	Yes (BOXED WARNING: mortality)
Polymyxin B	J3490 uncl.	1.5–2.5 mg/kg/day	Not separately ASP-published	Verify per MAC	Salvage; nephrotox monitoring
Colistimethate / colistin	J0770	2.5–5 mg CBA/kg/day	\$14.268 / 150 mg CBA	~\$28.54 / 300 mg CBA	Salvage; CBA-unit error trap
Telavancin (Vibativ)	J3095	10 mg/kg q24h	\$7.032 / 10 mg	~\$562.56 / 800 mg	Limited (BOXED WARNING: nephrotox)
Dalbavancin (Dalvance)	J0875	1,500 mg single dose	\$15.003 / 5 mg	~\$4,500.90 / 1,500 mg single	Yes (one-visit, no OPAT line)
Oritavancin (Orbactiv / Kimyrsa)	J2407	1,200 mg single dose	\$28.567 / 10 mg	~\$3,428.04 / 1,200 mg single	Yes (one-visit, no OPAT line)
Fluconazole IV	J1450	200–800 mg load + 200–400 mg q24h	\$3.874 / 200 mg	~\$7.75 / 400 mg	Yes (PO step-down preferred)

Note: Daptomycin and vancomycin have manufacturer-specific HCPCS splits (daptomycin J0872/J0873/J0874/J0877; vancomycin J3373–J3376). Match HCPCS to dispensed NDC — codes NOT interchangeable per CMS.

OPAT PRIOR-AUTH CHECKLIST (IDSA 2018 FRAMEWORK — COMMERCIAL & MEDICARE-ALIGNED)

- ID consult attestation** at OPAT initiation (in-person, eConsult, or telehealth)
- Vascular access plan** — PICC vs midline vs port; expected dwell time
- Lab monitoring plan** — agent-specific (vanc AUC levels, dapto weekly CPK, polymyxin SCr q48–72h, telavancin baseline + on-therapy SCr)
- Indication-specific duration** with reassessment milestones (4–6 wk native-valve endocarditis, 6–8 wk osteomyelitis, 2–6 wk CRBSI per IDSA)
- Step-down plan** to oral therapy when clinically appropriate (linezolid, fluconazole, ciprofloxacin all have 100% PO bioavailability)
- Culture & susceptibility** documenting organism + resistance mechanism (required for Avycaz, Vabomere, Zerbaxa, cefiderocol)
- Step-therapy documentation** for newer agents — carbapenem failure / resistance / contraindication

ADMIN CODES & MODIFIERS

CODE	USE
96365	Initial IV therapeutic infusion, up to 1 hr (primary)
96366	Each additional hour
96374	IV push initial (rare; vanc push not recommended)
96413	NOT appropriate — chemo admin code
JW	Discarded SDV mg on separate line (almost always present for weight-based dosing)
JZ	No waste (when dose exactly matches vial sizes)
JG / TB	340B drug, HOPD setting (per MAC policy)
25	Same-day E/M (ID consult or initial OPAT visit assessment)

Home-infusion service codes (separate claim): S9494 / S9497 / S9500 / S9501 / S9502 / S9503 / S9504 per-diem (commercial); G0068 / G0069 / G0070 per-visit (Medicare HIT benefit, eff. 2021).

TOP 5 DENIALS — THE OPAT FAILURE PATTERN

- OPAT documentation incomplete** — submit IDSA-aligned bundle (ID consult + vascular access + lab plan + duration)
- Step therapy not satisfied** for newer agents (Avycaz, Vabomere, Zerbaxa, cefiderocol, dalbavancin, oritavancin) — document preferred-agent failure or confirmed CRE/CRAB resistance
- Duration not justified** — submit reassessment notes + IDSA guideline citation for indication-specific duration
- Wrong HCPCS** for similar drugs (daptomycin J0872/J0873/J0874/J0877 vs J0878; vancomycin J3370 vs J3373–J3376 granularity codes; polymyxin B = J3490 unclassified, NOT J0770)
- Home-infusion S-code vs medical J-code confusion** — drug J-code on home-infusion pharmacy claim; per-diem S-code or G-code on home-infusion service claim

ICD-10 ANCHORS BY INFECTION SITE

SITE	ICD-10	SITE	ICD-10
Sepsis (organism-specified)	A41.x	Bacteremia	R78.81
Pneumonia (bacterial)	J15.x / J18.x	UTI / pyelonephritis	N39.0 / N10
Cellulitis / SSTI	L03.x	Osteomyelitis	M86.x
Endocarditis	I33.x	Prosthetic joint infection	T84.5xxA / T84.6xxA
Surgical site infection	T81.4xx	C. diff	A04.7x
cIAI / peritonitis	K65.x	CRBSI	T80.211A
Candidemia (J1450)	B37.7	Long-term IV abx (OPAT)	Z79.2

Add organism code from B95–B97 when known — required for newer-agent PAs.

BOXED WARNINGS on this page: Tigecycline (J3243) — increased mortality vs comparators (esp. VAP). Telavancin (J3095) — nephrotoxicity + fetal risk; pregnancy test required pre-treatment.