

NEW FOLOTYN[®]  **HCPCS CODE**
(pralatrexate injection)

Effective January 1, 2011

J9307 (injection, pralatrexate, per 1 mg)

Allos Therapeutics, Inc. is pleased to announce that the Centers for Medicare and Medicaid Services (CMS) has issued J9307, a new national permanent Healthcare Common Procedure Coding System (HCPCS) J-code for FOLOTYN[®] (pralatrexate injection), effective for use on or after January 1, 2011.¹

HCPCS codes are one of the standardized code sets under the Health Insurance Portability & Accountability Act (HIPAA) of 1996, and are accepted by public and private payers. HCPCS codes are eligible for usage in certain outpatient settings of care, including the physician office and outpatient hospital settings.

Note: The CMS announced that temporary HCPCS code C9259 (injection, pralatrexate, 1 mg) will be deleted from the HCPCS effective December 31, 2010.¹



Reference: 1. Centers for Medicare and Medicaid Services, 2011 Alpha-Numeric Healthcare Common Procedure Coding System File, <http://www.cms.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp#TopOfPage>.



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www.allos.com



Healthcare professionals and patients may call the Allos Support for Assisting Patients (ASAP) program for questions about the new HCPCS code, or any other coverage, coding, or payment issued related to FOLOTYN. The ASAP program provides the following services:

- Verification of Patient-Specific Insurance Benefits
- Pre-Submission Claims Review and Support
- Prior Authorization Assistance
- Coding and Billing Guidance
- Payer Research
- Denied and Underpaid Claims Assistance
- Patient Assistance Program for Qualified Patients

1-877-ASAP102 (1-877-272-7102)
Monday through Friday, 9:00 AM – 8:00 PM, Eastern Time
www.getASAPinfo.com

Allos Therapeutics, Inc. does not guarantee coverage and/or reimbursement for FOLOTYN. Coverage, coding, and reimbursement policies vary significantly by payer, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. Allos strongly recommends verifying coverage, coding, and reimbursement guidelines on a payer and patient-specific basis.



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