



**EXPAREL**<sup>®</sup>  
(bupivacaine liposome injectable suspension)

**OPIOID FREE**

## EFFECTIVE JANUARY 1, 2019 EXPAREL APPROVED BY CMS FOR REIMBURSEMENT IN ASCs

Medicare will reimburse for EXPAREL in an ambulatory surgery center (ASC) beginning January 1, 2019. The Healthcare Common Procedure Coding System (HCPCS) code to bill for EXPAREL is **C9290**.

In engaging with commercial payors, there are 3 common scenarios:

**Scenario 1:** The commercial payor follows Medicare policy AND uses the Medicare reimbursement methodology as the basis for payment.

**Scenario 2:** The commercial payor follows Medicare policy but does NOT use the Medicare reimbursement methodology as the basis for payment.

**Scenario 3:** The commercial payor does not follow Medicare policy NOR use the Medicare reimbursement methodology as the basis for payment.

Below is guidance for discussion with your commercial payors regarding **C9290** for EXPAREL under the above scenarios.

**Scenario 1:** Commercial payors that follow Medicare policy AND use the Medicare reimbursement methodology as the basis for payment (ie, the Outpatient Prospective Payment System [OPPS]), may reimburse the ASC for EXPAREL for patients who are insured with those payors.

*For example, if the ASC has a contract at 150% of current Medicare (ie, 2019), the EXPAREL rate of reimbursement is expected at a value equivalent to **1.5x\$1.22=\$1.83/mg**.*

- It is necessary that the payor add **C9290** to the ASC-Approved list with a reimbursement rate so that the ASC will be able to access reimbursement under their current commercial contract
- The reimbursement rate will be subject to the ASC contract payment methodology and the terms in the ASC agreement with the payor
- ASCs should confirm with the payor when they will add **C9290** to the ASC-Approved list and confirm the reimbursement rate in accordance with their contract terms

**Scenario 2:** Many commercial payors who follow Medicare policies but do NOT use the Medicare reimbursement methodology as the basis for payment will issue updates to their reimbursement methodologies within 30 to 90 days following the effective date of the rule changes; however, some could take longer.

**Scenario 3:** Commercial payors that do not follow Medicare policy NOR use the Medicare reimbursement methodology as the basis for payment typically need to institute changes to their own policy and update their reimbursement methodologies in order for EXPAREL to be reimbursed.

- The process will require the commercial payor to add EXPAREL to the payor's ASC-Approved list and to establish a reimbursement rate. The timing of commercial payors implementing policy and reimbursement changes is unknown and varies across commercial payors
- The ASC may be required to renegotiate their contract with the payor to obtain approval to add **C9290** to their contract and obtain reimbursement

**How can your ASC bill Medicare for EXPAREL?**

**C9290** MUST be billed in addition to the surgical Current Procedural Terminology (CPT) codes billed for the surgical procedure. Drug codes (eg, **C9290**) that are covered under Medicare Part B are submitted by the ASC to the appropriate Medicare Administrative Contractor for reimbursement as part of a surgical claim.

Under the new rules, the following is an example of the Medicare reimbursement approved amounts and application of the OPPS methodology for reimbursement for a rotator cuff repair with capsulorrhaphy and biceps tenodesis. The 2 dosages are presented in each scenario to illustrate the implications on reimbursement. PLEASE NOTE THAT THE CPT PAYMENT RATES ARE FOR ILLUSTRATIVE PURPOSES ONLY.

**Scenario 1: EXPAREL 266 mg/20 mL**

ROTATOR CUFF REPAIR (ARTHROSCOPIC) WITH CAPSULORRHAPHY AND BICEPS TENODESIS				
CPT CODE	DESCRIPTION	MEDICARE ALLOWED AMOUNT	MULTIPLE PROCEDURE ADJUSTMENT	MEDICARE PAYMENT RATE
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$2721.00	100%	\$2721.00
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	\$2721.00	50%	\$1360.50
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	\$2721.00	50%	\$1360.50
SUBTOTAL				\$5442.00

  

HCPCS	DESCRIPTION	MEDICARE ALLOWED AMOUNT	MULTIPLE PROCEDURE ADJUSTMENT	2019 MEDICARE PAYMENT RATE
<b>C9290</b>	<b>EXPAREL (266 mg/20 mL)</b>	<b>\$324.52</b>	<b>100%</b>	<b>\$324.52</b>
TOTAL				<b>\$5766.52</b>

**Scenario 2: EXPAREL 133 mg/10 mL**

ROTATOR CUFF REPAIR (ARTHROSCOPIC) WITH CAPSULORRHAPHY AND BICEPS TENODESIS				
CPT CODE	DESCRIPTION	MEDICARE ALLOWED AMOUNT	MULTIPLE PROCEDURE ADJUSTMENT	MEDICARE PAYMENT RATE
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$2721.00	100%	\$2721.00
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	\$2721.00	50%	\$1360.50
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	\$2721.00	50%	\$1360.50
SUBTOTAL				\$5442.00

  

HCPCS	DESCRIPTION	MEDICARE ALLOWED AMOUNT	MEDICARE PROCEDURE ADJUSTMENT	2019 MEDICARE PAYMENT RATE
<b>C9290</b>	<b>EXPAREL (133 mg/10 mL)</b>	<b>\$162.26</b>	<b>100%</b>	<b>\$162.26</b>
TOTAL				<b>\$5604.26</b>

**How will your ASC be paid by Medicare for EXPAREL?**

The Medicare allowed amount (expected reimbursement) for EXPAREL in ASCs is based on the published rate of \$1.22/mg effective January 1, 2019. The patient will be responsible for their co-insurance, which is typically 20%, but may vary, especially with Medicare Advantage Plans.\*

- EXPAREL is not subject to a wage index adjustment, as it is considered a pass-through under the OPPS and, as such, it is a drug that is separately payable

\*Pricing is subject to the Centers for Medicare & Medicaid Services (CMS) Medicare updates.

**Will Medicare reimbursement for EXPAREL be different for a Medicare Advantage Plan?**

Medicare Advantage Plans typically follow Medicare policy and reimbursement methodology and would be expected to pay for EXPAREL separately.

- From time to time, a Medicare Advantage Plan may differ in reimbursement methodology as well as reimbursement rate; therefore, the ASC must verify with the Medicare Advantage Plan that there is coverage for EXPAREL and if the expected reimbursement rate is consistent with the Medicare reimbursement rate. If the approved reimbursement amount differs from the Medicare reimbursement rate, it may be subject to the contracted rate with the Medicare Advantage Plan

**How does my ASC verify if a commercial payor has added reimbursement rates for EXPAREL?**

- Each commercial payor typically has an ASC-Approved list of codes that includes all procedures, drug, lab, and other ancillary codes that are allowed for reimbursement by the payor in the ASC setting
- Contact your commercial payor’s Provider Network Representative to confirm the process for adding EXPAREL to their ASC-Approved list and verify the ASC code list will be updated and applied to your respective contract
- It is also recommended that you check your commercial payor’s Provider portal on the payor’s website, which may include updates to the payor’s ASC-Approved list, to determine if EXPAREL has been added to the list and allowed for reimbursement
- All commercial payors should be contacted, regardless of the reimbursement methodology in the ASC contract, to determine if the payors will reimburse EXPAREL and what steps are required to obtain approval if they do not reimburse EXPAREL. This includes the addition of EXPAREL as an approved code to the payor’s ASC reimbursement methodology as it relates to your contract, or adding the code as a carve out to the ASC’s existing contract

The following information will be needed as part of your payor discussions:

**C9290 assigned to EXPAREL and approved by Medicare for separate reimbursement**

**The Medicare reimbursement rate approved for EXPAREL for each dosage is \$324.52 for 266 mg/20 mL and \$162.26 for 133 mg/10 mL**

- Seek confirmation from the commercial payor regarding the time line for adding **C9290** to the payor-specific ASC-Approved list
- Once the payor has confirmed the code will be added, verify the reimbursement rate for **C9290**
- Once a contract has been updated (ie, EXPAREL has been added to the payor’s ASC-Approved list and assigned a reimbursement rate), ensure that your insurance verification process is updated to include EXPAREL. Specifically, the ASC verification of benefits process should determine if there is a preauthorization requirement and the amount the patient is responsible for out of pocket, if any
- It is important to notify the surgeons, anesthesiologists, and their office staff by providing a list of payors and the applicable benefit plan that will reimburse EXPAREL in the ASC. The list should include Medicare and all commercial payors that have confirmed access to reimbursement effective January 1, 2019. As commercial payors approve EXPAREL for reimbursement, updates should be provided to the surgeons, anesthesiologists, and their office staff regarding expanded access to EXPAREL for commercially insured patients

**What should the ASC do if the commercial payor does not follow the Medicare reimbursement system or does not have a reimbursement rate for EXPAREL?**

In the event the commercial payor does not approve **C9290** for separate reimbursement, the ASC should seek approval for additional reimbursement by following these steps:

- The ASC should request reimbursement that is equivalent to
  - At least the cost of EXPAREL, OR
  - Medicare’s approved reimbursement rate (\$1.22/mg)

The negotiated reimbursement amount can be added to an existing contract as a “carve out” or as part of the contracted reimbursement rate for the surgical CPT codes that are performed with EXPAREL.

- The ASC should provide the payor with **C9290** for EXPAREL, verify the cost with a copy of the invoice, and provide the Medicare reimbursement rate to the payor
- This scenario will likely require renegotiation of the ASC contract with the commercial payor

For additional information about reimbursement for EXPAREL, please contact **1-855-RX-EXPAREL (1-855-793-9727)** or **reimbursement@pacira.com**.





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### Indication

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

### Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia.

Adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation.

If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine.

EXPAREL is not recommended to be used in the following patient population: patients <18 years old and/or pregnant patients.

Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

### Warnings and Precautions Specific to EXPAREL

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use.

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

### Warnings and Precautions for Bupivacaine-Containing Products

**Central Nervous System (CNS) Reactions:** There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression.

**Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability which may lead to dysrhythmias, sometimes leading to death.

**Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients.

**Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use.

**Methemoglobinemia:** Cases of methemoglobinemia have been reported with local anesthetic use.

**Please refer to accompanying full Prescribing Information.**

**For more information, please visit [www.EXPAREL.com](http://www.EXPAREL.com) or call 1-855-RX-EXPAREL (793-9727).**

