Cubicin — HCPCS J0878 · Daptomycin

CARECOST ESTIMATE · BILLING CHEAT SHEET

Multiple generic manufacturers (Hikma, Accord, Sagent, Dr. Reddy's, Apotex, Viatris, others) 350 mg & 500 mg single-dose vials

Once-daily IV infusion (30 min) or 2-min IV push **Reviewed:** Jul 14, 2026 **ASP:** Q3 2026

#1 BILLER RULE — not for pneumonia. Pulmonary surfactant inactivates daptomycin. A pneumonia diagnosis paired with J0878 is a medical-necessity flag, not a coding nuance. Confirm the actual indication (cSSSI, bacteremia, endocarditis) before billing.

HCPCS	BACTEREMIA DOSE	CSSSI DOSE	ADMIN CPT	VIALS	PAYMENT LIMIT
J0878 1 mg = 1 unit	**6 mg/kg** q24h, actual body weight	**4 mg/kg** q24h, actual body weight	**96365** or 96374 IV push	**350 / 500 mg** single-dose → JW/JZ	**$0.029** /mg, Q3 2026 (ASP-based, incl. 6% add-on)

J-CODE MAP — MOST NDCS BILL J0878, NOT ALL

Brand Cubicin + ANDA generics bill **J0878**. But live **manufacturer-specific codes exist**: Hospira/Pfizer = `J0877`, Xellia = `J0872` / `J0873`, Baxter = `J0874` — separately priced, NOT therapeutically equivalent to J0878. Match the code to the NDC purchased via the CMS NDC-HCPCS crosswalk; auto-map in the CDM.

DOSING BY INDICATION

INDICATION	DOSE	LABEL STATUS
cSSSI	4 mg/kg q24h	FDA-labeled
S. aureus bacteremia / right-sided endocarditis	6 mg/kg q24h	FDA-labeled
Salvage bacteremia / endocarditis, VRE, osteomyelitis	8–10 mg/kg q24h	Off-label, IDSA-supported
Renal (CrCl <30, incl. HD)	Same mg/kg, **q48h**	FDA-labeled adjustment

Calculate on actual body weight, not adjusted/ideal weight. Off-label doses need the IDSA citation on the PA.

UNIT MATH & JW/JZ — WORKED EXAMPLE

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70 kg × 6 mg/kg = 420 mg → one 500 mg vial → 420 admin (no modifier) + 80 JW discard
70 kg × 4 mg/kg = 280 mg → one 350 mg vial → 280 admin (no modifier) + 70 JW discard
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JW and JZ never appear together on the same drug, same date of service. Administered line = no modifier when a JW line exists. JZ alone = only when nothing is discarded (rare exact-match dose).

ADMIN CODES

CODE	WHEN
`96365`	30-min IV infusion (primary code)
`96374`	2-min IV push (label-supported; OPAT-friendly)
`96413`	**NOT appropriate** — not chemotherapy

ICD-10 — INDICATION ANCHORS

CODE	FOR
`L02.x / L03.x`	cSSSI (abscess / cellulitis) — 4 mg/kg
`A41.01 / A41.02`	MSSA / MRSA bacteremia — 6 mg/kg
`I33.0`	Right-sided infective endocarditis — 6 mg/kg
`M86.x`	Osteomyelitis (off-label OPAT course)
`B95.2`	Enterococcus (VRE, off-label)

Never pair with a pneumonia code (J12–J18). Not effective — surfactant inactivation.

NDC (REPRESENTATIVE)

MFR	NDC (11-DIGIT)	PACKAGE
Hikma	`00143-9444-01`	500 mg SDV
Accord	`16729-0434-05`	350 mg SDV
Sagent	`25021-0174-15`	500 mg SDV
Dr. Reddy's	`43598-0476-11`	350 mg SDV
Apotex	`60505-6229-04`	500 mg SDV

SITE OF CARE

SETTING	POS	NOTES
Infusion suite / office	11	Initial dose(s) before OPAT handoff
HOPD	19 / 22	Facility bills drug (often 340B)
Home infusion / OPAT	12	**Primary long-term setting** — S9500 q24h per-diem (S9494 = umbrella total diem) or G0068–G0070 (Medicare HIT)

TOP DENIALS

1. **Pneumonia diagnosis** — clinical-appropriateness flag, not coding
2. Missing/mismatched JW discard reconciliation
3. Weight-basis error (adjusted vs actual body weight)
4. Off-label dose (8–10 mg/kg) without IDSA citation
5. **Missing weekly CPK monitoring documentation** on extended OPAT courses
6. Wrong admin CPT for route (96365 infusion vs 96374 push)

Monitoring: baseline + weekly CPK (skeletal-muscle toxicity risk); more often with statins/renal impairment. Document the monitoring plan for OPAT PA and post-payment audit.

No manufacturer copay card. Merck Helps (Cubicin patient assistance) is closed. Generic, low-ASP drug — Part B coinsurance on a typical dose is a

few dollars, not a few hundred.

Sources: FDA daptomycin PI (DailyMed), CMS HCPCS/ASP file Q2 2026, CMS CR 12056 (JW/JZ), AMA CPT, IDSA MRSA/OPAT guidelines, ICD-10-CM FY2026, merckhelps.com (confirmed closed Jul 2026).