# Rocephin — HCPCS J0696 · Ceftriaxone

CARECOST ESTIMATE · BILLING CHEAT SHEET

**Fully generic** (Roche's Rocephin off the US market) 250 mg/500 mg/1 g/2 g single-dose vials + 10 g pharmacy bulk Once-daily IV (15–30 min) or IM injection

**Reviewed:** Jul 14, 2026 **ASP:** Q3 2026

**#1 BILLER RULE — never bill units off the 10 g pharmacy bulk package.** That package is for pharmacy compounding of multiple patient doses, not direct infusion. Confirm the NDC of the single-dose vial (or premixed bag) actually drawn from before building the claim.

| HCPCS | STANDARD DOSE | MENINGITIS DOSE | ADMIN CPT | VIALS | PAYMENT LIMIT |
|---|---|---|---|---|---|
| **J0696** | **1–2 g** | **2 g q12h** | **96365** | **250mg–2g SDV** | **$0.404** |
| 1 unit = 250 mg | q24h, flat adult dose | IDSA guideline; 4 g/day label max | or 96372 IM | +10g bulk (not billable direct) | /250mg, Q3 2026 (ASP-based, incl. 6% add-on) |

## SAD STATUS & BRAND/GENERIC

**Confirmed absent from all 8 MAC SAD exclusion lists** as of this review — billers often assume outpatient antibiotics carry SAD risk; ceftriaxone doesn't (IV/IM only, not self-administered). Brand Rocephin (Roche) is off the US market — every currently ASP-priced NDC is generic, all billing the same `J0696` (no manufacturer-code split like daptomycin).

## DOSING BY INDICATION (FLAT, NOT WEIGHT-BASED)

| INDICATION | DOSE | LABEL STATUS |
|---|---|---|
| Most indications | 1–2 g IV/IM q24h | FDA-labeled |
| Meningitis | 2 g q12h (4 g/day) | IDSA guideline (indication FDA-labeled; label max 4 g/day) |
| Gonorrhea (uncomplicated) | 500 mg IM ×1 (1 g if ≥150 kg) | CDC 2021 |
| Surgical prophylaxis | 1 g IV ×1 | FDA-labeled |
| Pediatric | 50–75 mg/kg/day (meningitis: initial 100 mg/kg, then 100/day, max 4 g) | FDA-labeled, weight-based |

**Adult dosing is flat, not mg/kg.** Max 4 g/day. No renal adjustment needed (gold-standard OPAT agent).

## UNIT MATH & JZ/JW — WORKED EXAMPLES

```
1 g dose → one 1g vial → 4 units, 0 discard → JZ ($1.72 drug)
2 g dose → one 2g vial → 8 units, 0 discard → JZ ($3.44 drug)
500 mg IM (gonorrhea) → one 500mg vial → 2 units, 0 discard → JZ ($0.86 drug)
```

**250 mg unit divides every standard adult dose evenly → JZ almost always.** JW only appears for a pediatric mg/kg dose that doesn't land on a 250 mg multiple.

## ADMIN CODES

| CODE | WHEN |
|---|---|
| `96365` | IV infusion, 15–30 min (primary code) |
| `96372` | IM injection (gonorrhea, some prophylaxis) |
| `96413` | **NOT appropriate** — not chemotherapy |

## ICD-10 — INDICATION ANCHORS

| CODE | FOR |
|---|---|
| `J13 / J15.9 / J18.9` | Pneumonia / LRTI |
| `L03.90 / L08.9` | Skin/skin-structure infection |
| `A54.00 / A54.5 / A54.6` | Uncomplicated gonorrhea |
| `A41.9` | Bacterial septicemia |
| `M86.9 / M00.9` | Bone/joint infection (OPAT course) |
| `G00.9 / A39.0` | Bacterial meningitis |
| `Z51.89` | Surgical prophylaxis |

## NDC (REPRESENTATIVE)

| MFR | NDC (11-DIGIT) | PACKAGE |
|---|---|---|
| Hikma/West-Ward | `00143-9857-25` | 1 g SDV |
| Hikma/West-Ward | `00143-9856-25` | 2 g SDV |
| Hospira/Pfizer | `00409-7338-01` | 500 mg SDV |
| B. Braun | `00264-3153-11` | 1 g premix D5W |
| Hikma/West-Ward | `00143-9678-01` | **10 g bulk — not direct-billable** |

## SITE OF CARE

| SETTING | POS | NOTES |
|---|---|---|
| **ED** | 23 | Very high-volume single-dose setting |
| Office/urgent care | 11/20 | Single-dose IM regimens |
| **Home infusion / OPAT** | 12 | **Gold-standard long-course agent** — S9500 q24h (S9494 umbrella) or G0068–G0070 |

## TOP DENIALS

1. **Units billed off the 10 g bulk package** instead of the single-dose vial
2. Neonatal calcium-interaction documentation missing
3. JZ/JW mismatch on a pediatric mg/kg dose
4. Surgical-prophylaxis or SNF bundling missed
5. Wrong admin CPT for route (96365 infusion vs 96372 IM)

**NEONATAL CONTRAINDICATION:** ceftriaxone + calcium-containing IV solutions can form a fatal precipitate in neonates. Never co-administer through the same line at any age.

**No manufacturer copay card.** Fully generic, brand discontinued. Part B coinsurance on a full 2 g dose is under $1 — admin fee and OPAT service charges dominate real cost.

Sources: FDA ceftriaxone PI (DailyMed), CMS HCPCS/ASP file Q2 2026, CMS CR 12056 (JW/JZ), AMA CPT, CDC STI Guidelines 2021, IDSA OPAT 2018, ICD-10-CM FY2026, CMS SAD exclusion lists (all 8 MACs, confirmed absent Jul 2026).