

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:** Q2 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 J0696 1 unit = 250 mg	STANDARD DOSE 1–2 g q24h, flat adult dose	MENINGITIS DOSE 2 g q12h IDSA guideline; 4 g/day label max	ADMIN CPT 96365 or 96372 IM	VIALS 250mg–2g SDV +10g bulk (not billable direct)	MEDICARE ASP+6% \$0.456 /250mg, Q2 2026 (~\$0.43 ASP)
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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**
- Units billed off the 10 g bulk package instead of the single-dose vial
 - Neonatal calcium-interaction documentation missing
 - JZ/JW mismatch on a pediatric mg/kg dose
 - Surgical-prophylaxis or SNF bundling missed
 - 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 carecostestimate.com/drugs/rocephin 2018, ICD-10-CM FY2026, CMS SAD exclusion lists (all 8 MACs, confirmed absent Jul 2026).