



# billing and coding guide

for VYEPTI® (eptinezumab-jjmr)

Lundbeck is committed to patient access and providing reimbursement information to support access to VYEPTI throughout the patient journey. Additional information about VYEPTI coverage and reimbursement can be obtained in the following ways:

- **VYEPTI CONNECT** is an optional program that provides information about a patient's coverage for VYEPTI, including their coverage for obtaining VYEPTI through Buy-and-Bill and assignment of benefits (AOB). VYEPTI CONNECT can be contacted at 833-4-VYEPTI (833-489-3784), ) Option 1, Monday through Friday, 8 AM 8 PM ET.
- Field Reimbursement Specialists (FRSs) can assist
  with reimbursement questions over the phone or in
  person. Contact a Lundbeck representative or VYEPTI
  CONNECT to be connected to an FRS.

## **INDICATION**

VYEPTI is indicated for the preventive treatment of migraine in adults.

### IMPORTANT SAFETY INFORMATION

### **CONTRAINDICATIONS**

VYEPTI is contraindicated in patients with serious hypersensitivity to eptinezumab-jjmr or to any of the excipients. Reactions have included anaphylaxis and angioedema. (continued)



# codes that may help with billing and reimbursement

Below is a list of codes that may be useful for the billing and reimbursement of VYEPTI® (eptinezumab-jjmr). It is important to note that the codes listed here are examples only and are not inclusive of all codes that may be applicable. The use of the following codes does not guarantee reimbursement.

## Summary of Relevant Codes<sup>1</sup>

ICD-10-CM		Description
G43		MIGRAINE
	G43.00	MIGRAINE WITHOUT AURA, NOT INTRACTABLE
	G43.001	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.009	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
	G43.011	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.019	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.1		MIGRAINE WITH AURA
	G43.101	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.109	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
	G43.111	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.119	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.4		HEMIPLEGIC MIGRAINE
	G43.401	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.409	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.41		HEMIPLEGIC MIGRAINE, INTRACTABLE
	G43.411	HEMIPLEGIC MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.419	HEMIPLEGIC MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.5		PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION
	G43.501	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.509	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.51		PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE
	G43.511	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.519	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.6		PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION
	G43.601	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.609	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.61		PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE
	G43.611	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.619	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

## **IMPORTANT SAFETY INFORMATION (continued)**

#### WARNINGS AND PRECAUTIONS

**Hypersensitivity Reactions:** Hypersensitivity reactions, including angioedema, urticaria, facial flushing, dyspnea, and rash, have occurred with VYEPTI in clinical trials and in the postmarketing setting. Most hypersensitivity reactions occurred during infusion and were not serious, but often led to discontinuation or required treatment. Serious hypersensitivity reactions may occur. Cases of anaphylaxis have been reported in the postmarketing setting. If a hypersensitivity reaction occurs, consider discontinuing VYEPTI and institute appropriate therapy. (continued)

## **Summary of Relevant Codes<sup>1</sup> (cont'd)**

ICD-10-CM		Description
G43.7		CHRONIC MIGRAINE WITHOUT AURA
	G43.701	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.709	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.71		CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE
	G43.711	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.719	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.8		OTHER MIGRAINE
	G43.801	OTHER MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.809	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.81		OTHER MIGRAINE, INTRACTABLE
	G43.811	OTHER MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.819	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.82		MENSTRUAL MIGRAINE, NOT INTRACTABLE
	G43.821	MENSTRUAL MIGRAINE, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.829	MENSTRUAL MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.83		MENSTRUAL MIGRAINE, INTRACTABLE
	G43.831	MENSTRUAL MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.839	MENSTRUAL MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.9		MIGRAINE, UNSPECIFIED
	G43.901	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.909	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.91		MIGRAINE, UNSPECIFIED, INTRACTABLE
	G43.911	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS
	G43.919	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.A		CYCLICAL VOMITING
	G43.A0	CYCLICAL VOMITING, IN MIGRAINE, NOT INTRACTABLE
	G43.A1	CYCLICAL VOMITING, IN MIGRAINE, INTRACTABLE
G43.B		OPHTHALMOPLEGIC MIGRAINE
	G43.B0	OPHTHALMOPLEGIC MIGRAINE, NOT INTRACTABLE
	G43.B1	OPHTHALMOPLEGIC MIGRAINE, INTRACTABLE
G43.D		ABDOMINAL MIGRAINE
	G43.D0	ABDOMINAL MIGRAINE, NOT INTRACTABLE*
	G43.D1	ABDOMINAL MIGRAINE, INTRACTABLE*
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<sup>\*</sup>For adult patients only.

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (continued)

**Hypertension:** Development of hypertension and worsening of pre-existing hypertension have been reported following the use of CGRP antagonists, including VYEPTI, in the postmarketing setting. Some of the patients who developed new-onset hypertension had risk factors for hypertension. There were cases requiring initiation of pharmacological treatment for hypertension, and, in some cases hospitalization. Hypertension may occur at any time during treatment, but was most frequently reported within 7 days of therapy initiation. The CGRP antagonist was discontinued in many of the reported cases.

Monitor patients treated with VYEPTI for new-onset hypertension or worsening of pre-existing hypertension, and consider whether discontinuation of VYEPTI is warranted if evaluation fails to establish an alternative etiology or blood pressure is inadequately controlled. (continued)

# additional codes that may be useful

Here are some assigned codes that may be utilized when submitting a claim for VYEPTI® (eptinezumab-jjmr). When these codes are used, health plans may require additional documentation. Payers may have individual coding preferences; Lundbeck recommends verifying the coding policies of health plans.

## **National Drug Code (NDC) for VYEPTI**

An NDC is a unique, 3-segment number used as a product identifier by the US Food and Drug Administration. Some payers may require an 11-digit NDC instead of the 10-digit format. If the 10-digit NDC is in a 5-3-2 format, a zero is added to the beginning of the middle group of numbers to create a 5-4-2 format. The NDC for VYEPTI is as follows.

10-Digit Format <sup>3</sup>	11-Digit Format for Claims Submission <sup>4</sup>	Description
67386-130-51	67386-0130-51	CARTON CONTAINING ONE 100 MG/ML SINGLE-DOSE VIAL

### **CPT® Codes for VYEPTI Administration**

The following CPT codes may be appropriate to report intravenous (IV) administration services.

## **Therapeutic/Home Infusion Codes**

Code <sup>5</sup>	Description
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS, INITIAL INFUSION, UP TO 1 HOUR
99601	HOME INFUSION SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)

These codes require a physician or qualified healthcare professional to oversee the administration of a therapeutic.<sup>6</sup>

## **Complex Code**

Complex drug infusion codes may be used for certain monoclonal antibody agents when the medical record documentation substantiates that the healthcare provider work required for the service was over and above that required for typical therapeutic agents.<sup>7</sup>

Code <sup>7,8</sup>	Description
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG

NOTE: The term "chemotherapy" in the descriptors for CPT code 96413, in certain circumstances, apply to infusions for drugs that are not chemotherapy agents.

### IMPORTANT SAFETY INFORMATION

## **WARNINGS AND PRECAUTIONS (continued)**

**Raynaud's Phenomenon:** Development of Raynaud's phenomenon and recurrence or worsening of pre-existing Raynaud's phenomenon have been reported in the postmarketing setting following the use of CGRP antagonists. In reported cases with monoclonal antibody CGRP antagonists, symptom onset occurred a median of 71 days following dosing. Many of the cases reported serious outcomes, including hospitalizations and disability, generally related to debilitating pain. In most reported cases, discontinuation of the CGRP antagonist resulted in resolution of symptoms.

VYEPTI should be discontinued if signs or symptoms of Raynaud's phenomenon develop, and patients should be evaluated by a healthcare provider if symptoms do not resolve. Patients with a history of Raynaud's phenomenon should be monitored for, and informed about the possibility of, worsening or recurrence of signs and symptoms. (continued)

## **Healthcare Common Procedure Coding System (HCPCS) Codes**

HCPCS codes are a set of standardized codes for medical procedures, supplies, products and services that are used to process health insurance claims. The codes are established by the Centers for Medicare and Medicaid Services and divided into 2 subsystems, Level I and Level II.9

- Level I is comprised of Current Procedural Terminology® (CPT®) codes which consist of 5 characters and are used for medical services and procedures.<sup>9,10</sup>
- Level II codes are used for products, supplies, and services not covered by Level I codes. Level II codes are broken down into subsets such as I-codes and S-codes.<sup>9,10</sup>

## J-codes for VYEPTI® (eptinezumab-jjmr) Administration

J-codes typically include drugs that cannot be self-administered and are medically necessary for the treatment of an injury or illness. A J-code may cover the supply, injection, or infusion of a drug or biologic.<sup>11</sup> The J-code to identify VYEPTI injection is as follows.

HCPCS Drug Code <sup>12</sup>	Description
J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG

## S-codes for VYEPTI Administration

S-codes were developed for commercial payers to report drugs, services, and supplies.<sup>13</sup>

HCPCS Administration Codes <sup>13</sup>	Description
S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM
S9810	HOME THERAPY; PROFESSIONAL PHARMACY SERVICES FOR PROVISION OF INFUSION, SPECIALTY DRUG ADMINISTRATION, AND/OR DISEASE STATE MANAGEMENT, NOT OTHERWISE CLASSIFIED, PER HOUR (DO NOT USE THIS CODE WITH ANY PER DIEM CODE)

# Revenue Code for Hospital Outpatient Department (HOPD only)<sup>14,15</sup>

Code	Description
0636	DRUGS REQUIRING DETAILED CODING
0260	IV THERAPY – GENERAL CLASSIFICATION

# **IMPORTANT SAFETY INFORMATION (continued)**

#### **ADVERSE REACTIONS**

The most common adverse reactions (≥2% and at least 2% or greater than placebo) in the clinical trials for the preventive treatment of migraine were nasopharyngitis and hypersensitivity.

# sample claim form CMS 1500 (physician's office)

Below is a sample form CMS 1500 with tips on submitting claims for VYEPTI® (eptinezumab-jjmr).

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	9, OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  10. IS PATIENT'S CONDITION RELATED TO:  11. INSURED'S POLICY GROUP	
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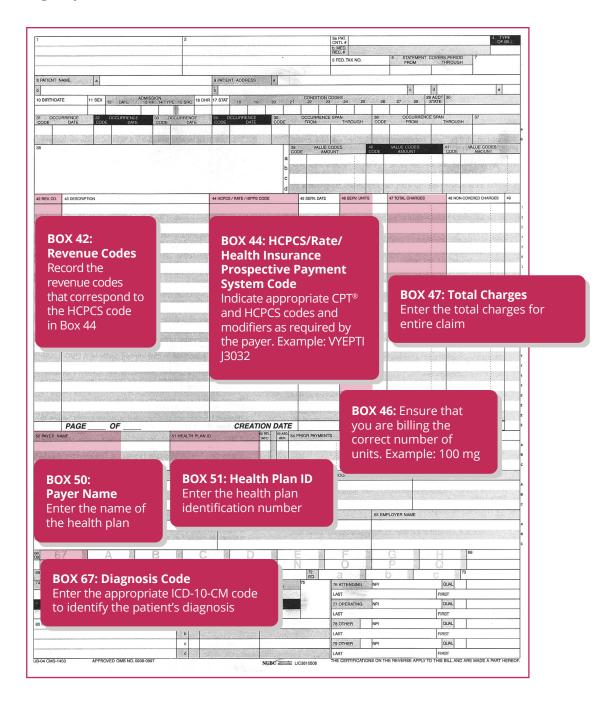
# **IMPORTANT SAFETY INFORMATION (continued)**

### CONTRAINDICATIONS

VYEPTI is contraindicated in patients with serious hypersensitivity to eptinezumab-jjmr or to any of the excipients. Reactions have included anaphylaxis and angioedema. (continued)

# sample claim form CMS 1450 (UB-04; hospital outpatient)

Below is a sample form CMS 1450 with tips on submitting claims for VYEPTI® (eptinezumab-jjmr) for outpatient hospital settings only.



## **IMPORTANT SAFETY INFORMATION (continued)**

#### WARNINGS AND PRECAUTIONS

**Hypersensitivity Reactions:** Hypersensitivity reactions, including angioedema, urticaria, facial flushing, dyspnea, and rash, have occurred with VYEPTI in clinical trials and in the postmarketing setting. Most hypersensitivity reactions occurred during infusion and were not serious, but often led to discontinuation or required treatment. Serious hypersensitivity reactions may occur. Cases of anaphylaxis have been reported in the postmarketing setting. If a hypersensitivity reaction occurs, consider discontinuing VYEPTI and institute appropriate therapy.

# support throughout the reimbursement process

VYEPTI CONNECT® is an optional program that provides information about a patient's coverage for VYEPTI® (eptinezumab-jjmr), including their coverage for obtaining VYEPTI through Buy-and-Bill and AOB. VYEPTI CONNECT can be contacted at 833-4-VYEPTI, Monday through Friday, 8 AM - 8 PM ET, to assist with VYEPTI coverage questions.

FRSs can assist with reimbursement questions over the phone or in person. Contact a Lundbeck representative to be connected to an FRS.

Lundbeck cannot guarantee payment of any claim. Coding, coverage, and reimbursement may vary significantly by payer, plan, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. For additional information, customers should consult with their payers for all relevant coding, reimbursement, and coverage requirements. It is the sole responsibility of the provider to select the proper code and ensure the accuracy of all claims used in seeking reimbursement. All services must be medically appropriate and properly supported in the patient medical record.

### **INDICATION**

VYEPTI is indicated for the preventive treatment of migraine in adults.

## **IMPORTANT SAFETY INFORMATION**

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### WARNINGS AND PRECAUTIONS

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**Hypertension:** Development of hypertension and worsening of pre-existing hypertension have been reported following the use of CGRP antagonists, including VYEPTI, in the postmarketing setting. Some of the patients who developed new-onset hypertension had risk factors for hypertension. There were cases requiring initiation of pharmacological treatment for hypertension, and, in some cases, hospitalization. Hypertension may occur at any time during treatment, but was most frequently reported within 7 days of therapy initiation. The CGRP antagonist was discontinued in many of the reported cases.

Monitor patients treated with VYEPTI for new-onset hypertension or worsening of pre-existing hypertension, and consider whether discontinuation of VYEPTI is warranted if evaluation fails to establish an alternative etiology or blood pressure is inadequately controlled.

**Raynaud's Phenomenon:** Development of Raynaud's phenomenon and recurrence or worsening of pre-existing Raynaud's phenomenon have been reported in the postmarketing setting following the use of CGRP antagonists. In reported cases with monoclonal antibody CGRP antagonists, symptom onset occurred a median of 71 days following dosing. Many of the cases reported serious outcomes, including hospitalizations and disability, generally related to debilitating pain. In most reported cases, discontinuation of the CGRP antagonist resulted in resolution of symptoms.

VYEPTI should be discontinued if signs or symptoms of Raynaud's phenomenon develop, and patients should be evaluated by a healthcare provider if symptoms do not resolve. Patients with a history of Raynaud's phenomenon should be monitored for, and informed about the possibility of, worsening or recurrence of signs and symptoms.

#### **ADVERSE REACTIONS**

The most common adverse reactions (≥2% and at least 2% or greater than placebo) in the clinical trials for the preventive treatment of migraine were nasopharyngitis and hypersensitivity.

For more information, please see the Full <u>Prescribing Information</u> and <u>Patient Information</u> or go to <u>vyeptihcp.com</u>.

# informational support

References: 1. ICD-10-CM tabular list of diseases and injuries. Centers for Medicare and Medicaid Services website. https://www.cms.gov/ medicare/icd-10/2021-icd-10-cm. Accessed December 5, 2022. 2. National drug code database background information. US Food and Drug Administration website. https://www.fda.gov/drugs/development-approval-process-drugs/national-drug-code-database-background-information. Accessed December 5, 2022. 3. VYEPTI [package insert]. Deerfield, IL. Lundbeck. 4. NDC 67386-130-51 VYEPTI. National Drug Code List website. https://ndclist.com/ndc/67386-130. Accessed December 5, 2022. 5. Codify. American Academy of Professional Coders website. https://www.aapc.com/codes. Accessed December 5, 2022. 6. Optum360 Encoder Pro.com Professional website. https://www.encoderpro.com/ epro. Accessed December 5, 2022. 7. Billing and Coding: Complex Drug Administration Coding. Centers for Medicare and Medicaid Services website. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=58544. Accessed December 5, 2022. 8. Johns Hopkins Health System and Office. Injection and Infusion Services. Effective Date July 1, 2019. 9. HCPCS (HCPCS - Healthcare Common Procedure Coding System) - Synopsis. National Library of Medicine website. https://www.nlm.nih.gov/research/umls/sourcereleasedocs/current/HCPCS/index.html. Accessed December 5, 2022. 10. HCPCS Coding Questions. Centers for Medicare and Medicaid Services website. https://www.cms.gov/Medicare/ Coding/MedHCPCSGenInfo/HCPCS\_Coding\_Questions. Accessed December 5, 2022. 11. 2022 HCPCS Codes. HCPCS website. https://hcpcscodes. org/jcodes. Accessed December 5, 2022. 12. HCPCS Code J3032. HCPCS Codes website. https://hcpcs.codes/j-codes/j3032/. Accessed December 5, 2022. 13. HCPCS Codes website. https://hcpcs.codes/s-codes. Accessed December 5, 2022. 14. Billing and Coding: Hospital Outpatient Drugs and Biologicals Under the Outpatient Prospective Payment System (OPPS). Centers for Medicare and Medicaid Services website. https://www.cms.gov/ medicare-coverage-database/view/article.aspx?articleId=55913. Accessed December 5, 2022. 15. Billing and Coding: Hydration Therapy. Centers for Medicare and Medicaid Services website. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56634. Accessed December 5, 2022.

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