
HCPCS Level II J code J9227 effective October 1, 2020

SARCLISA[®] (isatuximab-irfc) Billing and Coding Guide

Your guide to access and reimbursement

The information provided in this reimbursement guide is valid as of September 2020 and is subject to change.

Please see **Important Safety Information** on pages 14 and 15 and accompanying full **Prescribing Information**.

Introduction

This guide provides billing, coding, and reimbursement information for SARCLISA. This guide also includes sample forms, a list of specialty distributors and wholesalers, and information about patient support and reimbursement.

Please note:

- While the information in this guide is current as of the date of publication, it is subject to change without notice
- This guide is for informational purposes only and is not intended to provide reimbursement or legal advice. Please consult your organization for reimbursement, billing, and coding guidance

Indication

SARCLISA (isatuximab-irfc) is indicated, in combination with pomalidomide and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.

CONTRAINDICATIONS

SARCLISA is contraindicated in patients with severe hypersensitivity to isatuximab-irfc or to any of its excipients.


Table of contents

Coding and reimbursement	4
NDC numbers	4
ICD-10 codes	4
HCPCS codes	5
CPT® codes	5
Revenue codes	5
Sample claim forms	6
CMS-1500 form	6
CMS-1450 (UB-04) form	8
Dosing information	10
Ordering and distribution	12
Specialty pharmacies and distributors	12
Product returns	12
Patient support	13
Important Safety Information	14

Please see additional Important Safety Information on pages 14 and 15 and accompanying full [Prescribing Information](#).

Billing and coding

The billing and coding information is for your reference only and is subject to change. Please be sure to consult your organization for reimbursement, billing, and coding guidance.

NDC numbers ¹		
10-digit NDC	11-digit NDC ^a	Description
0024-0654-01	00024-0654-01	 100 mg/5 mL single-dose vial
0024-0656-01	00024-0656-01	 500 mg/25 mL single-dose vial

NDC=National Drug Code.

^aPayer requirements for 10- or 11-digit NDC use and format may vary. Please verify requirements prior to use.

ICD-10-CM diagnosis codes ²	
Code	Description
C90.0X	Multiple myeloma
→ C90.00	Multiple myeloma not having achieved remission
→ C90.01	Multiple myeloma in remission
→ C90.02	Multiple myeloma in relapse

HCPCS code^{3b}

Effective October 1, 2020, the new SARCLISA HCPCS Level II code J9227 should be used for professional and institutional claims^b

HCPCS code	Description	HCPCS code dosage (billing units)	Example
J9227	Injection, isatuximab-irfc, 10 mg	10 mg = 1 unit	100-mg vial = 10 units 500-mg vial = 50 units

HCPCS=Healthcare Common Procedure Coding System.

^bThe HCPCS Level II code J9227 is effective for Medicare Part B patients starting on October 1, 2020. Please check with commercial and Medicaid resources for the effective date.

JW modifier: Providers and suppliers are required to report the JW modifier on Part B drug claims for discarded drugs and biologicals. Also, providers and suppliers must document the amount of discarded drugs or biologicals in Medicare beneficiaries' medical records.

CPT[®] codes⁴

Code	Description
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (list separately in addition to code for primary procedure)

CPT=Current Procedural Terminology.

Revenue codes (for hospital outpatient departments)⁵

Code	Description
0260	IV therapy
0636	Drugs requiring detailed coding

Important Safety Information WARNINGS AND PRECAUTIONS Infusion-Related Reactions

Infusion-related reactions (IRRs) have been observed in 39% of patients treated with SARCLISA. All IRRs started during the first SARCLISA infusion and resolved on the same day in 98% of the cases. The most common symptoms of an IRR included dyspnea, cough, chills, and nausea. The most common severe signs and symptoms included hypertension and dyspnea.

Please see additional Important Safety Information on pages 14 and 15 and accompanying full Prescribing Information.


SARCLISA[®]
(isatuximab-irfc)
Injection for IV use | 500 mg/25 mL, 100 mg/5 mL

CMS sample forms

This Centers for Medicare & Medicaid Services (CMS) sample form is provided as an example. This CMS-1500 form is commonly used for billing for prescribed medications administered in healthcare provider (physician) offices.

The notes below provide information about how to populate the essential fields that health plans require for reimbursement. **(For medication administered in hospital outpatient settings, please see pages 8 and 9.)**

This sample claim form is intended for use only as a reference. Reimbursement codes are subject to continual change. Please confirm the accuracy of the codes you use to bill for the prescribed medications with each payer.

Item 21

Enter the appropriate ICD-10-CM diagnosis codes for multiple myeloma

Item 24A

Enter the date of service for each procedure, service, or supply. Include NDC information, if required, in the shaded areas above each date

Item 24D

Enter J code J9227 and relevant CPT codes and modifiers for procedures, services, and supplies. Enter the specific procedure code without a description. If you need to report an “unlisted procedure” code or a “not otherwise classified” (NOC) code, include a detailed description in Box 19

Item 24E

Enter the diagnosis code reference letter or number from Box 21 that relates to the date of service and the services or procedures performed that are entered on that same line under 24D

Item 24G

Enter the appropriate number of billing units based on the HCPCS code dosage of 10 mg. For example, 10 mg = 1 billing unit; so for a patient with MM weighing 85 kg, the dose would be 850 mg → 85 units.

JW modifier: 850 mg dose would require one 500-mg and four 100-mg vials, for a total of 900 mg, resulting in 50 mg wastage. 50 mg = 5 billing units.

Important Safety Information

WARNINGS AND PRECAUTIONS

Infusion-Related Reactions (cont'd)

To decrease the risk and severity of IRRs, premedicate patients prior to SARCLISA infusion with acetaminophen, H₂ antagonists, diphenhydramine or equivalent, and dexamethasone. Monitor vital signs frequently during the entire SARCLISA infusion. For patients with grade 1 or 2 reactions, interrupt SARCLISA infusion and provide appropriate medical support. If symptoms improve, restart SARCLISA infusion at half of the initial rate, with supportive care as needed, and closely monitor patients. If symptoms do not recur after 30 minutes, the infusion rate may be increased to the initial rate, and then increased incrementally. In case symptoms do not improve or recur after interruption, permanently discontinue SARCLISA and institute appropriate management. Permanently discontinue SARCLISA if a grade 3 or higher IRR occurs and institute appropriate emergency medical management.

Please see additional Important Safety Information on pages 14 and 15 and accompanying full Prescribing Information.

CMS-1500 sample⁶ Physician office form

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK (LUNG) OTHER 1a. INSURED'S ID. NUMBER (For Program in Item 1) **123456789**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **Doe, John** 3. PATIENT'S BIRTH DATE (MM | DD | YY) **03 | 09 | 49** SEX M F 4. INSURED'S NAME (Last Name, First Name, Middle Initial) **Doe, John**

5. PATIENT'S ADDRESS (No., Street) **123 Main St.** 6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other 7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE 8. RESERVED FOR NUCC USE CITY STATE CITY STATE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) YES NO a. INSURED'S DATE OF BIRTH (MM | DD | YY) SEX M F

b. RESERVED FOR NUCC USE b. AUTO ACCIDENT? YES NO PLACE (State) b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE c. OTHER ACCIDENT? YES NO c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. CLAIM CODES (Designated by NUCC) d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes, complete items 9, 9a, and 9d.*

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? \$ CHARGES YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-10-CM

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.
DATE(S) OF SERVICE	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	DIAGNOSIS (ICD-10-CM)	\$ CHARGES	DAYS OR PARTS	SPRINT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
10 01 20	10 01 20		J9227	A	85			NPI	
10 01 20	10 01 20		J9227 JW	A	5			NPI	
10 01 20	10 01 20		96413	A	1			NPI	
10 01 20	10 01 20		96415	A				NPI	

22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

25. FEDERAL TAX ID. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ()

SIGNED DATE a. NPI b. NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CMS sample forms (cont'd)

The CMS UB-04 form is used for billing for prescribed medications administered in hospital outpatient settings. The notes below provide information about how to populate the essential fields that health plans require for reimbursement.

This sample claim form is intended for use only as a reference. Reimbursement codes are subject to continual change. Please confirm the accuracy of the codes you use to bill for the prescribed medications with each payer.

Form Locator (FL) 42

Enter the 4-digit revenue code that best describes the service provided, in accordance with hospital billing policy

FL 43

Enter the description of service (eg, IV therapy)

FL 44

Enter J code J9227 and relevant CPT codes

FL 46

Enter the appropriate number of service based on the HCPCS code dosage of 10 mg. For example, 10 mg = 1 billing unit; for a patient with MM weighing 85 kg, the dose would be 850 mg → 85 units.

JW modifier: 850 mg dose would require one 500-mg and four 100-mg vials, for a total of 900 mg, resulting in 50 mg wastage. 50 mg = 5 billing units.

FL 66

Enter the appropriate ICD-10-CM diagnosis codes for multiple myeloma being treated

Important Safety Information

WARNINGS AND PRECAUTIONS

Neutropenia

SARCLISA may cause neutropenia. Neutropenia (reported as laboratory abnormality) occurred in 96% of patients and grade 3-4 neutropenia occurred in 85% of patients treated with SARCLISA, pomalidomide and dexamethasone (Isa-Pd). Febrile neutropenia occurred in 12% of patients and neutropenic infections, defined as infection with concurrent grade ≥3 neutropenia, occurred in 25% of patients treated with Isa-Pd. The most frequent neutropenic infections included those of upper respiratory tract (10%), lower respiratory tract (9%), and urinary tract (3%).

Please see additional Important Safety Information on pages 14 and 15 and accompanying full Prescribing Information.

CMS-1450 (UB-04) sample⁷ Hospital outpatient form

Infusion times decrease to 75 minutes after the second infusion

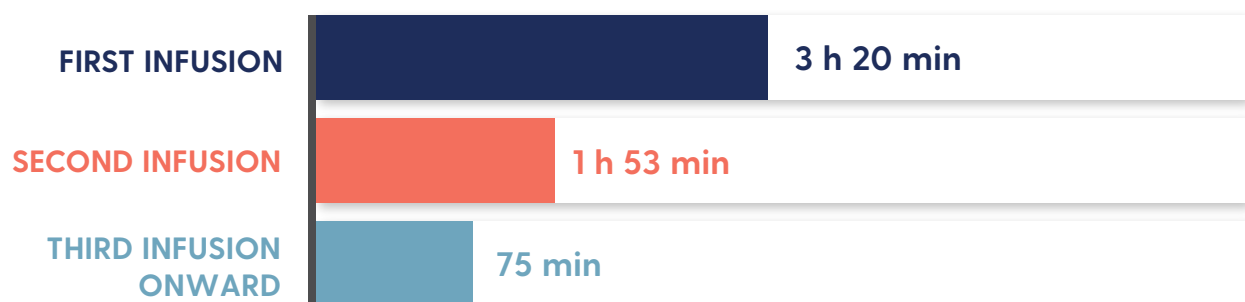
Recommended dose¹

- 10 mg/kg actual body weight administered as an IV infusion in combination with Pd
- 250-mL fixed infusion volume
- Premedication should be administered 15 to 60 minutes prior to infusion of SARCLISA
- Treatment is repeated until disease progression or unacceptable toxicity

Infusion times reduce after first cycle¹

Calculated infusion times

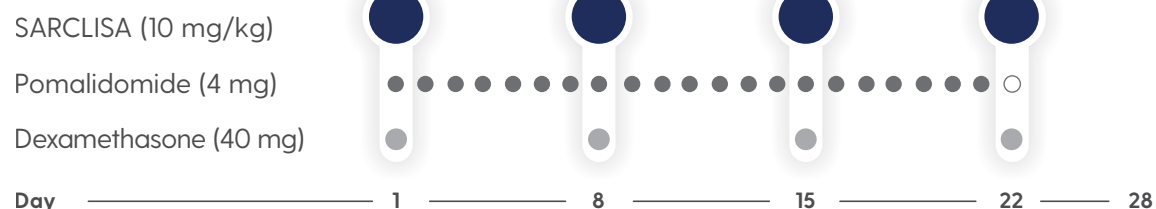
Incremental escalation of the infusion rate should be considered only in the absence of IRRs.



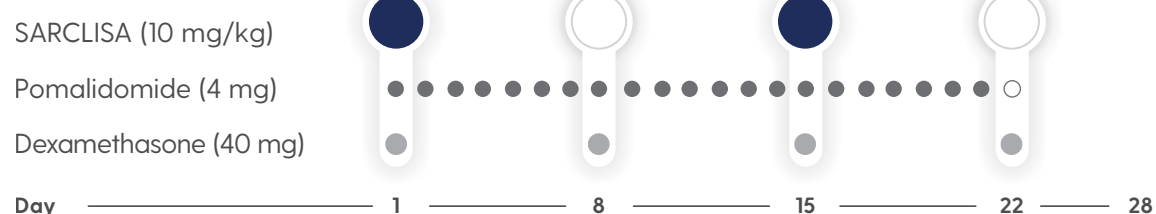
Weekly dosing transitions to every other week after the first cycle

Treatment is administered in 28-day cycles.

Cycle 1



Cycle 2 and beyond



Administration of SARCLISA

Premedication¹

Administer the following premedications prior to SARCLISA infusion to reduce the risk and severity of IRRs.

Dexamethasone	40 mg orally or IV (or 20 mg orally or IV for patients ≥75 years of age)
Acetaminophen	650 mg to 1000 mg orally (or equivalent)
H ₂ antagonists	Institution-preferred agent
Diphenhydramine	25 mg to 50 mg orally or IV (or equivalent) The IV route is preferred for at least the first 4 infusions

The above recommended dose of dexamethasone (orally or IV) corresponds to the total dose to be administered only once before infusion as part of the premedication and of the backbone treatment, before SARCLISA and pomalidomide administration.

Administer the recommended premedication agents 15 to 60 minutes prior to starting a SARCLISA infusion.

Infusion rates of SARCLISA administration¹

Calculate the dose (mg) of required SARCLISA based on actual patient weight (measured prior to each cycle to have the administered dose adjusted accordingly). Note that more than one SARCLISA vial may be necessary to obtain the required dose for the patient.

Incremental escalation of the infusion rate should be considered only in the absence of IRRs.

	Dilution volume	Initial rate	Absence of IRR	Rate increment	Maximum rate	Total time (if no rate adjustments)
First infusion	250 mL	25 mL/h	For 60 min	25 mL/h every 30 min	150 mL/h	3 h 20 min
Second infusion	250 mL	50 mL/h	For 30 min	50 mL/h for 30 min, then increase by 100 mL/h every 30 min	200 mL/h	1 h 53 min
Subsequent infusions	250 mL	200 mL/h	–	–	200 mL/h	75 min

SARCLISA should be administered by a healthcare professional, with immediate access to emergency equipment and appropriate medical support to manage IRRs if they occur.

Important Safety Information

WARNINGS AND PRECAUTIONS

Neutropenia (cont'd)

Monitor complete blood cell counts periodically during treatment. Consider the use of antibiotics and antiviral prophylaxis during treatment. Monitor patients with neutropenia for signs of infection. In case of grade 4 neutropenia, delay SARCLISA dose until neutrophil count recovery to at least $1.0 \times 10^9/L$, and provide supportive care with growth factors, according to institutional guidelines. No dose reductions of SARCLISA are recommended.

Please see additional Important Safety Information on pages 14 and 15 and accompanying full Prescribing Information.

Ordering SARCLISA® (isatuximab-irfc)

Specialty distributors

SARCLISA is available from the following authorized specialty distributors:

ASD Healthcare

Phone: 1.800.746.6273

Web: asdhealthcare.com

Oncology Supply

Phone: 1.800.633.7555

Web: oncologysupply.com

Cardinal Health Specialty Distribution

Phone: 1.866.677.4844

Web: specialtyonline.cardinalhealth.com

McKesson Plasma and Biologics

Phone: 1.877.625.2566

Web: connect.mckesson.com

McKesson Specialty Health

Phone: 1.800.482.6700

Web: oncology.mckessonspecialtyhealth.com

Specialty pharmacies

SARCLISA is available for the dispensing process from the following authorized specialty pharmacies:

Biologics

Phone: 1.800.850.4306

Fax: 1.800.823.4506

Web: biologicsinc.com

CVS Specialty

Phone: 1.800.799.0251

Fax: 1.855.296.0210

Web: cvsspecialty.com

Product returns

For information about product returns or to file a product complaint, please contact CareASSIST.

For questions regarding SARCLISA distribution and acquisition or product returns, please contact CareASSIST by phone at 1-833-WE+CARE (1-833-930-2273), Monday through Friday, 9 AM to 8 PM ET or by fax at 1-855-411-9689.

Please see additional Important Safety Information on pages 14 and 15 and accompanying full Prescribing Information.

CareASSIST by Sanofi Genzyme for SARCLISA

Resources and support for your eligible patients



Access and Reimbursement

Assistance navigating the insurance process, including benefits investigations, claims assistance, and information about prior authorizations and appeals.



Financial Assistance

CareASSIST offers programs and services that can help eligible patients with the cost of SARCLISA.



Resource Support

Information on independent support services for patients and caregivers, as well as product ordering and replacement information.

If your patients have commercial insurance, they may qualify for the CareASSIST Copay Program*

Call 1-833-WE+CARE (1-833-930-2273), Mon – Fri, 9 AM – 8 PM ET, or visit SanofiCareAssist.com/hcp/Sarclisa to learn more.

*Restrictions may apply. Please visit SanofiCareAssist.com/hcp/Sarclisa for full program details.

INDICATION AND IMPORTANT SAFETY INFORMATION

Indication

SARCLISA (isatuximab-irfc) is indicated, in combination with pomalidomide and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.

Important Safety Information

CONTRAINDICATIONS

SARCLISA is contraindicated in patients with severe hypersensitivity to isatuximab-irfc or to any of its excipients.

WARNINGS AND PRECAUTIONS

Infusion-Related Reactions

Infusion-related reactions (IRRs) have been observed in 39% of patients treated with SARCLISA. All IRRs started during the first SARCLISA infusion and resolved on the same day in 98% of the cases. The most common symptoms of an IRR included dyspnea, cough, chills, and nausea. The most common severe signs and symptoms included hypertension and dyspnea.

To decrease the risk and severity of IRRs, premedicate patients prior to SARCLISA infusion with acetaminophen, H₂ antagonists, diphenhydramine or equivalent, and dexamethasone. Monitor vital signs frequently during the entire SARCLISA infusion. For patients with grade 1 or 2 reactions, interrupt SARCLISA infusion and provide appropriate medical support. If symptoms improve, restart SARCLISA infusion at half of the initial rate, with supportive care as needed, and closely monitor patients. If symptoms do not recur after 30 minutes, the infusion rate may be increased to the initial rate, and then increased incrementally. In case symptoms do not improve or recur after interruption, permanently discontinue SARCLISA and institute appropriate management. Permanently discontinue SARCLISA if a grade 3 or higher IRR occurs and institute appropriate emergency medical management.

Neutropenia

SARCLISA may cause neutropenia. Neutropenia (reported as laboratory abnormality) occurred in 96% of patients and grade 3-4 neutropenia occurred in 85% of patients treated with SARCLISA, pomalidomide, and dexamethasone (Isa-Pd). Febrile neutropenia occurred in 12% of patients and neutropenic infections, defined as infection with concurrent grade ≥ 3 neutropenia, occurred in 25% of patients treated with Isa-Pd. The most frequent neutropenic infections included those of upper respiratory tract (10%), lower respiratory tract (9%), and urinary tract (3%).

Monitor complete blood cell counts periodically during treatment. Consider the use of antibiotics and antiviral prophylaxis during treatment. Monitor patients with neutropenia for signs of infection. In case of grade 4 neutropenia, delay SARCLISA dose until neutrophil count recovery to at least $1.0 \times 10^9/L$, and provide supportive care with growth factors, according to institutional guidelines. No dose reductions of SARCLISA are recommended.

Second Primary Malignancies

Second primary malignancies were reported in 3.9% of patients in the SARCLISA, pomalidomide, and dexamethasone (Isa-Pd) arm and in 0.7% of patients in the pomalidomide and dexamethasone (Pd) arm, and consisted of skin squamous cell carcinoma (2.6% of patients in the Isa-Pd arm and in 0.7% of patients in the Pd arm), breast angiosarcoma (0.7% of patients in the Isa-Pd arm), and myelodysplastic syndrome (0.7% of patients in the Isa-Pd arm). With the exception of the patient with myelodysplastic syndrome, patients were able to continue SARCLISA treatment. Monitor patients for the development of second primary malignancies.

Laboratory Test Interference

Interference with Serological Testing (Indirect Antiglobulin Test)

SARCLISA binds to CD38 on red blood cells (RBCs) and may result in a false positive indirect antiglobulin test (indirect Coombs test). In ICARIA-multiple myeloma (MM), the indirect antiglobulin test was positive during SARCLISA treatment in 67.7% of the tested patients. In patients with a positive indirect antiglobulin test, blood transfusions were administered without evidence of hemolysis. ABO/RhD typing was not affected by SARCLISA treatment. Before the first SARCLISA infusion, conduct blood type and screen tests on SARCLISA-treated patients. Consider phenotyping prior to starting SARCLISA treatment. If treatment with SARCLISA has already started, inform the blood bank that the patient is receiving SARCLISA and SARCLISA interference with blood compatibility testing can be resolved using dithiothreitol-treated RBCs. If an emergency transfusion is required, non-cross-matched ABO/RhD-compatible RBCs can be given as per local blood bank practices.

Interference with Serum Protein Electrophoresis and Immunofixation Tests

SARCLISA is an IgG kappa monoclonal antibody that can be incidentally detected on both serum protein electrophoresis and immunofixation assays used for the clinical monitoring of endogenous M-protein. This interference can impact the accuracy of the determination of complete response in some patients with IgG kappa myeloma protein.

Embryo-Fetal Toxicity

Based on the mechanism of action, SARCLISA can cause fetal harm when administered to a pregnant woman. SARCLISA may cause fetal immune cell depletion and decreased bone density. Advise pregnant women of the potential risk to a fetus. Advise females with reproductive potential to use an effective method of contraception during treatment with SARCLISA and for at least 5 months after the last dose. The combination of SARCLISA with pomalidomide is contraindicated in pregnant women because pomalidomide may cause birth defects and death of the unborn child. Refer to the pomalidomide prescribing information on use during pregnancy.

ADVERSE REACTIONS

The most common adverse reactions ($\geq 20\%$) were neutropenia (laboratory abnormality, 96% Isa-Pd vs 92% Pd), infusion-related reactions (38% Isa-Pd vs 0% Pd), pneumonia (31% Isa-Pd vs 23% Pd), upper respiratory tract infection (57% Isa-Pd vs 42% Pd), and diarrhea (26% with Isa-Pd vs 19% Pd). Serious adverse reactions occurred in 62% of patients receiving SARCLISA. Serious adverse reactions in $>5\%$ of patients who received Isa-Pd included pneumonia (26%), upper respiratory tract infections (7%), and febrile neutropenia (7%). Fatal adverse reactions occurred in 11% of patients (those that occurred in more than 1% of patients were pneumonia and other infections [3%]).

USE IN SPECIAL POPULATIONS

Because of the potential for serious adverse reactions in the breastfed child from isatuximab-irfc administered in combination with Pd, advise lactating women not to breastfeed during treatment with SARCLISA.

Please see accompanying full [Prescribing Information](#).



Patient Support by Sanofi Genzyme

The CareASSIST Patient Support Program offers access support for eligible patients prescribed SARCLISA.

For more information, please visit www.SanofiCareAssist.com/hcp/Sarclisa or call **1-833-WE+CARE (1-833-930-2273)**, Monday through Friday, 9 AM to 8 PM ET.

Please see Important Safety Information on pages 14 and 15 and accompanying full Prescribing Information.

References: **1.** SARCLISA [package insert]. Bridgewater, NJ: sanofi-aventis U.S. LLC. **2.** American Medical Association. *ICD-10-CM 2020: The Complete Official Codebook*. Chicago, IL: American Medical Association; 2020. **3.** Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Decisions. <https://www.cms.gov/files/document/2020-hcpcs-application-summary-quarter-2-2020-drugs-and-biologicals.pdf>. Accessed August 19, 2020. **4.** American Medical Association (AMA). *CPT® 2020 Professional Edition (Current Procedural Terminology)*. Chicago, IL: American Medical Association; 2020. **5.** Noridian Healthcare Solutions. Revenue codes. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes>. Accessed August 18, 2020. **6.** Centers for Medicare & Medicaid Services. CMS-1500 form. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf>. Accessed August 18, 2020. **7.** Centers for Medicare & Medicaid Services CMS-1450 form. <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-1450>. Accessed August 18, 2020.

CPT® codes and descriptions are copyright 2020 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the AMA.