100 mg/mL Formulation Added

ULTOMIRIS®
(ravulizumab-cwvz)
injection for intravenous use
300 mg/3 mL vial

CODING AND BILLING GUIDE FOR THE USE OF ULTOMIRIS®

In Atypical Hemolytic Uremic Syndrome (Atypical-HUS)

ULTOMIRIS is indicated for the treatment of adults and pediatric patients one month of age and older with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy (TMA).

Limitation of Use:
ULTOMIRIS is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS).

SELECT IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

Life-threatening meningococcal infections/sepsis have occurred in patients treated with ULTOMIRIS. Meningococcal infection may become rapidly life-threatening or fatal if not recognized and treated early.

- **Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccination in patients with complement deficiencies.**
- **Immunize patients with meningococcal vaccines at least 2 weeks prior to administering the first dose of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy outweigh the risk of developing a meningococcal infection. See *Warnings and Precautions* for additional guidance on the management of the risk of meningococcal infection.**
- **Vaccination reduces, but does not eliminate, the risk of meningococcal infections. Monitor patients for early signs of meningococcal infections and evaluate immediately if infection is suspected.**

ULTOMIRIS is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). Under the ULTOMIRIS REMS, prescribers must enroll in the program. Enrollment in the ULTOMIRIS REMS program and additional information are available by telephone: 1-888-765-4747 or at www.ultomirisrems.com.

Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Product Overview[1]

ULTOMIRIS® (ravulizumab-cwvz) is indicated for the treatment of adults and pediatric patients one month of age and older with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy (TMA).

Limitation of Use:
ULTOMIRIS is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS).

ULTOMIRIS is administered as an intravenous (IV) infusion.

ULTOMIRIS is supplied in 3 vial sizes:
- 300 mg/30 mL single-dose vial
- 1100 mg/11 mL single-dose vial
- 300 mg/3 mL single-dose vial

Depending on the patient's presentation, initial treatment, or induction therapy, for atypical-HUS is likely to occur in the inpatient hospital setting, while maintenance dosing is likely to occur in an outpatient setting such as a physician office, hospital outpatient clinic, or patient home.

Purpose of This Guide

Alexion Pharmaceuticals, Inc., has developed the ULTOMIRIS Coding and Billing Guide to provide objective and publicly available coding and billing information.

This document is provided for informational purposes only and is not legal advice or official guidance from payers. It is not intended to increase or maximize reimbursement by any payer. Alexion does not warrant, promise, guarantee, or make any statement that the use of this information will result in coverage or payment for ULTOMIRIS, or that any payment received will cover providers' costs. Alexion is not responsible for any action providers take in billing for, or appealing, ULTOMIRIS claims.

Hospitals and physicians are responsible for compliance with Medicare and other payer rules and requirements and for the information submitted with all claims and appeals. Before any claims or appeals are submitted, hospitals and physicians should review official payer instructions and requirements, should confirm the accuracy of their coding or billing practices with these payers, and should use independent judgment when selecting codes that most appropriately describe the services or supplies provided to a patient.

Please visit www.ULTOMIRIS.com for additional information or call 1-888-765-4747 to speak with the Alexion OneSource™ Team.

Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Coding for ULTOMIRIS® (ravulizumab-cwvz) in Atypical-HUS

Diagnosis Coding

The following International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis code may be appropriate to describe patients diagnosed with atypical-HUS:

ICD-10-CM Diagnosis Code[2]	Code Descriptor
D58.8	Other specified hereditary hemolytic anemias
D59.3	Hemolytic-uremic syndrome
D59.4	Other non-autoimmune hemolytic anemias
D59.8	Other acquired hemolytic anemias

The ICD-10-CM diagnosis codes above may map to the following Medicare Severity-Diagnosis Related Groups (MS-DRGs):

MS-DRG[3]	Code Descriptor
811	Red blood cell disorders with MCC
812	Red blood cell disorders without MCC

Key: MCC – major complication or comorbidity.

Drug Coding

The following drug-specific Healthcare Common Procedure Coding System (HCPCS) billing code can be reported on medical claims forms to payers, effective October 1, 2019:

HCPCS Code[4]*	Code Descriptor
J1303	Injection, ravulizumab-cwvz, 10 mg

*Applies to all available ULTOMIRIS vials/National Drug Codes (NDC).

Payers may also require the use of modifier –RE to indicate ULTOMIRIS was administered in full compliance with the REMS program.

Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Coding for ULTOMIRIS® (ravulizumab-cwvz) in Atypical-HUS

Some payers, including Medicaid, require drugs like ULTOMIRIS to be billed on medical claims with the product's NDC in addition to the HCPCS code. Payers typically require healthcare professionals to use the Health Insurance Portability and Accountability Act (HIPAA)-compliant, 11-digit NDC format[5]:

100 mg/mL

11-Digit NDC[1]	Code Descriptor	Strength
25682-0022-01	ULTOMIRIS (ravulizumab-cwvz single-use vial)	300 mg/30 mL
25682-0025-01	ULTOMIRIS (ravulizumab-cwvz, single-use vial)	300 mg/3 mL
25682-0028-01	ULTOMIRIS (ravulizumab-cwvz, single-use vial)	1100 mg/11 mL

Please note that payers have different guidance for placement of the NDC on medical claims. Typically, the 11-digit NDC is reported without any dashes or other punctuation.

Drug Administration Services

Payers may offer separate coverage and reimbursement for drug administration services. The following are possible ICD, 10th Revision, Procedure Coding System (ICD-10-PCS) procedure codes to report the administration of ULTOMIRIS in inpatient settings:

ICD-10-PCS[6]	Code Descriptor
3E0330M	Introduction of monoclonal antibody into peripheral vein, percutaneous approach
3E0430M	Introduction of monoclonal antibody into central vein, percutaneous approach
3E033GC	Introduction of other therapeutic substance into peripheral vein, percutaneous approach
3E043GC	Introduction of other therapeutic substance into central vein, percutaneous approach

The following Current Procedural Terminology (CPT®) codes may be appropriate to report administration of ULTOMIRIS in physician office and hospital outpatient facilities:

CPT Code[7]	Code Descriptor
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to one hour
96366	Each additional hour (list separately in addition to primary procedure)
96413	Chemotherapy administration, intravenous infusion technique, up to one hour, single or initial substance/drug
96415	Each additional hour (list separately in addition to primary procedure)

Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Coding for Meningococcal Vaccination

Diagnosis Coding

For an encounter strictly for the vaccination, the diagnosis code for prophylactic vaccination is assigned along with the diagnosis code for aHUS and any other conditions the patient may have.

ICD-10-CM Diagnosis Code[2]	Code Descriptor
Z23	Encounter for immunization

Vaccine Coding

CPT Code[7]	Code Descriptor
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks–18 months of age, for intramuscular use
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use

Vaccine Administration Coding

CPT Code[7]	Code Descriptor
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid)

Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Claim Forms

Sample CMS-1500: Physician Office

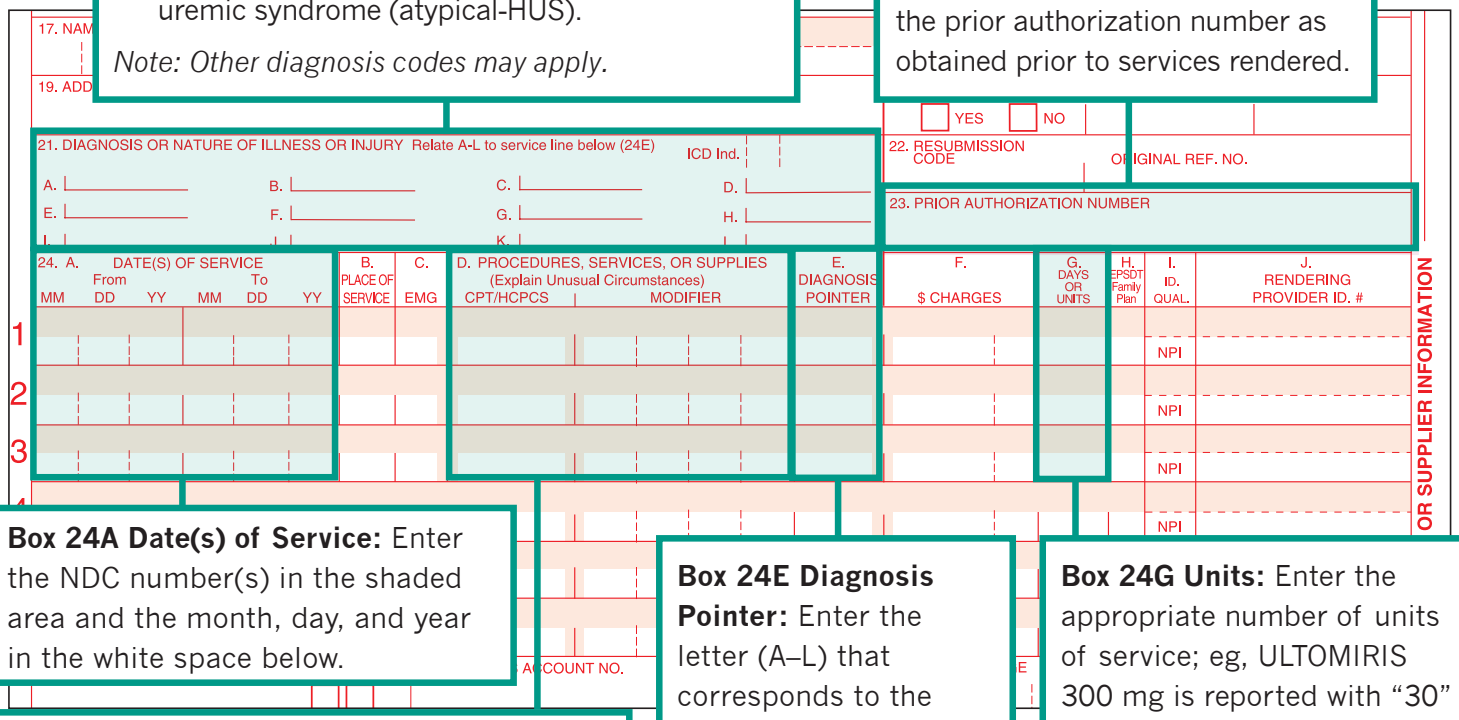
For an example of a completed CMS-1500 form, go to page 7.

Box 21 Diagnosis: Enter the appropriate diagnosis code; eg,

- ICD-10-CM D59.3 for atypical hemolytic uremic syndrome (atypical-HUS).

Note: Other diagnosis codes may apply.

Box 23 Prior Authorization: Enter the prior authorization number as obtained prior to services rendered.



Box 24A Date(s) of Service: Enter the NDC number(s) in the shaded area and the month, day, and year in the white space below.

Box 24E Diagnosis Pointer: Enter the letter (A–L) that corresponds to the diagnosis in Box 21.

Box 24G Units: Enter the appropriate number of units of service; eg, ULTOMIRIS 300 mg is reported with "30" units.

Box 24D Procedures/Services/Supplies: Enter the appropriate HCPCS/CPT codes and modifiers; eg,

- J1303 Injection, ravulizumab-cwvz per 10 mg
- 96365 for drug administration

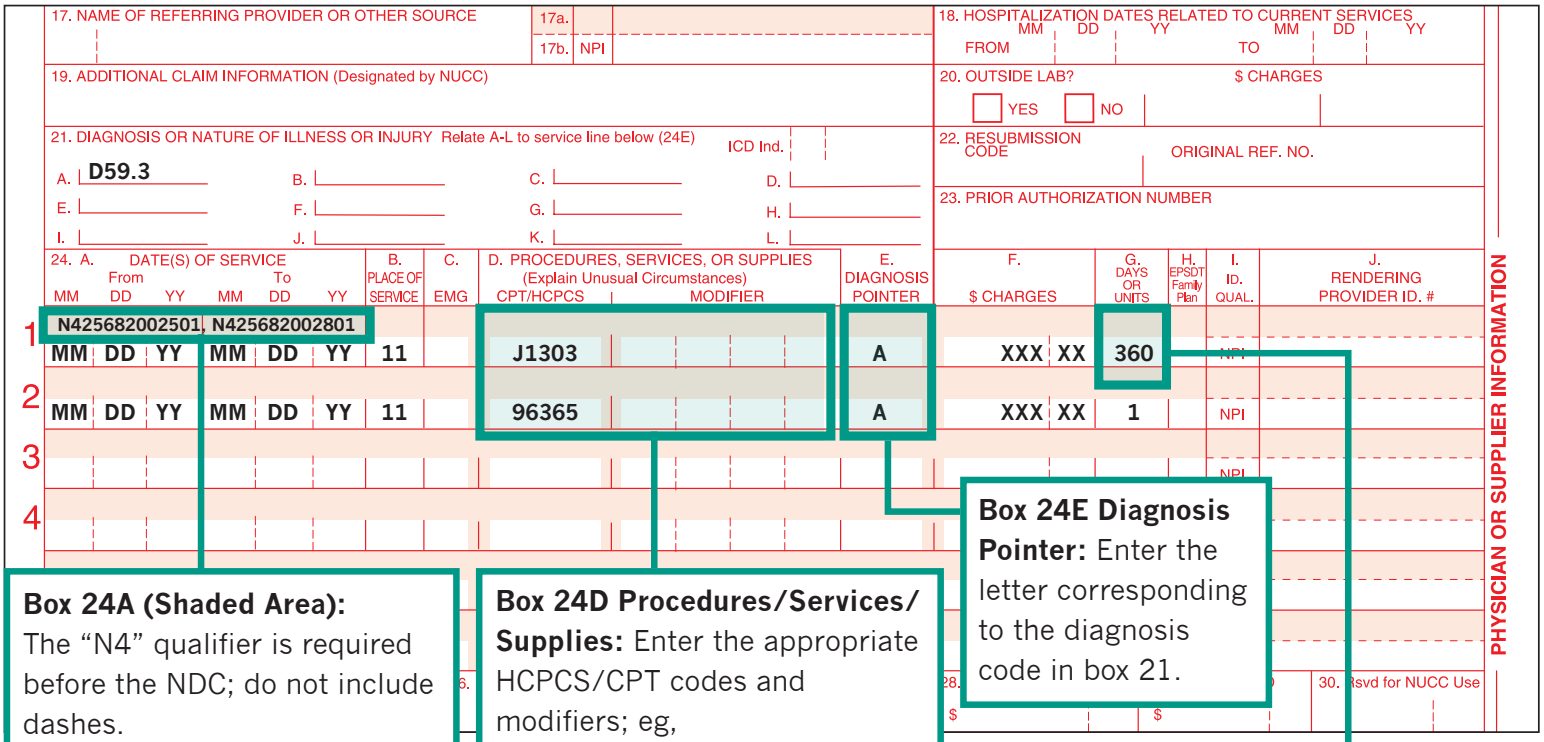
Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Sample CMS-1500: Physician Office

Example claim form for an ULTOMIRIS® (ravulizumab-cwvz) 100 mg/mL IV infusion:

To achieve an ULTOMIRIS maintenance dose of 3600 mg for a patient ≥100 kg, the following vial combination was used:

- 3 single-dose 1100 mg/11 mL vials (NDC 25682-0028-01)
- 1 single-dose 300 mg/3 mL vial (NDC 25682-0025-01)



Box 24A (Shaded Area): The "N4" qualifier is required before the NDC; do not include dashes.

Some payers may also require a Unit of Measure (UOM) for each NDC; eg,

- N425682002501 ML3
- N425682002801 ML33

Note: Double check payer requirements and format for reporting the UOM.

Box 24D Procedures/Services/Supplies: Enter the appropriate HCPCS/CPT codes and modifiers; eg,

- J1303 Injection, ravulizumab-cwvz per 10 mg
- 96365 for drug administration

Box 24E Diagnosis Pointer: Enter the letter corresponding to the diagnosis code in box 21.

Box 24G Days or Units: Given the HCPCS code is the same for both vials, applying the 10 mg billing unit for J1303 to the total administered dose of 3600 mg results in 360 billing units.

Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

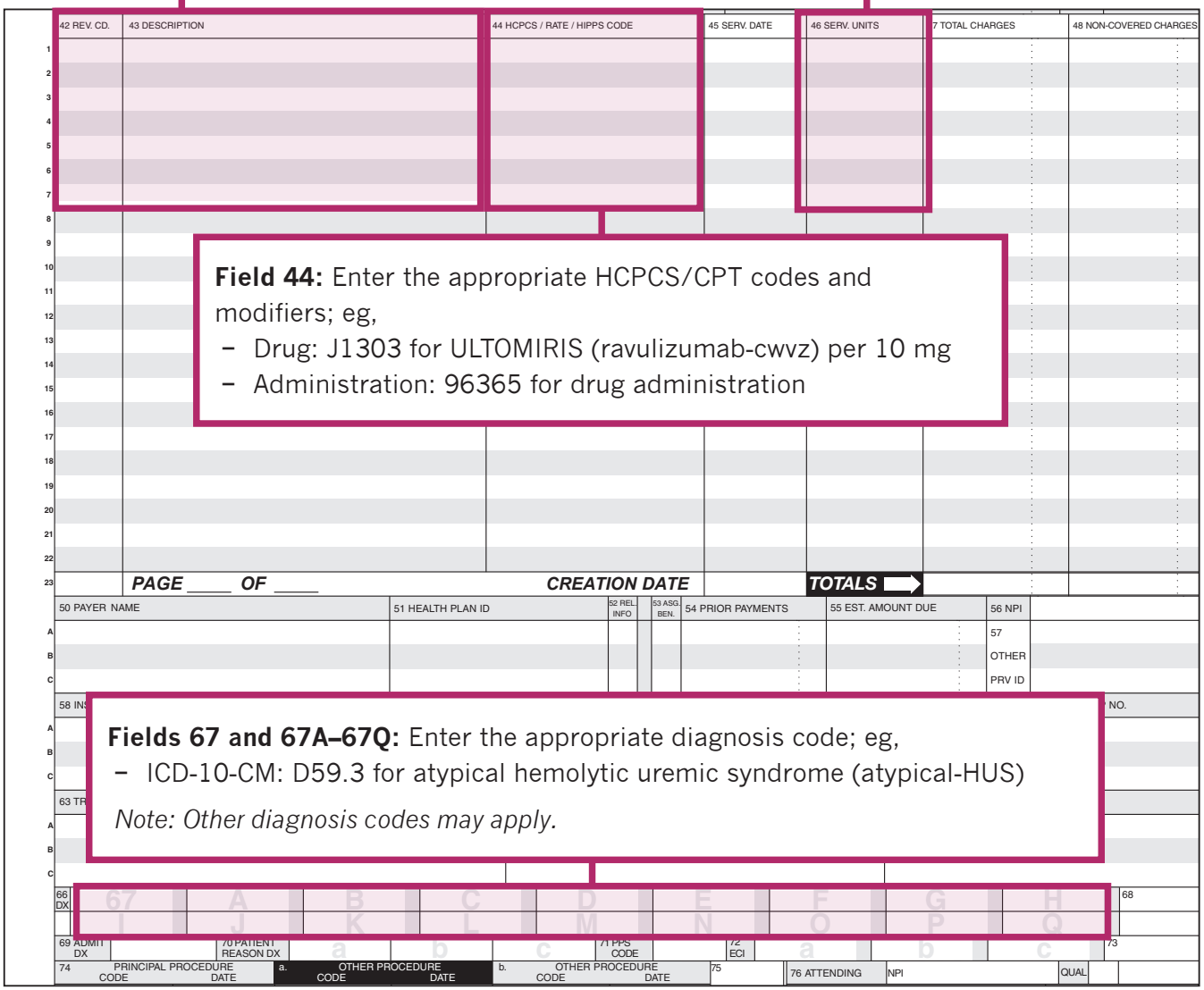
Sample CMS-1450: Hospital Clinic or Facility

For an example of a completed CMS-1450 form, go to page 9.

Fields 42–43: Enter the appropriate revenue code and description corresponding to the HCPCS code in Field 44; eg,
- 0636 for Drugs requiring detailed coding
- 0510 for Clinic, general

Note: Other revenue codes may apply.

Field 46: Enter the appropriate number of units of service; eg, ULTOMIRIS 300 mg is reported with "30" units.



Field 44: Enter the appropriate HCPCS/CPT codes and modifiers; eg,
- Drug: J1303 for ULTOMIRIS (ravulizumab-cwvz) per 10 mg
- Administration: 96365 for drug administration

Fields 67 and 67A–67Q: Enter the appropriate diagnosis code; eg,
- ICD-10-CM: D59.3 for atypical hemolytic uremic syndrome (atypical-HUS)

Note: Other diagnosis codes may apply.

Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

Sample CMS-1450: Hospital Clinic or Facility

Example claim form for an ULTOMIRIS® (ravulizumab-cwvz) 100 mg/mL IV infusion:

To achieve an ULTOMIRIS maintenance dose of 3600 mg for a patient ≥100 kg, the following vial combination was used:

- 3 single-dose 1100 mg/11 mL vials (NDC 25682-0028-01)
- 1 single-dose 300 mg/3 mL vial (NDC 25682-0025-01)

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1		N425682002501, N425682002801					
2	0636	Drugs requiring detailed coding (Ultomiris)	J1303	MM DD YY	360	XXX XX	
3	0510	Clinic, general (Injection)	96365	MM DD YY	1	XXX XX	
4							

Field 43 Description:
Some payers may require a Unit of Measure (UOM) for each NDC; eg,

- N425682002501 ML3
- N425682002801 ML33

Note: Double check payer requirements and format for reporting the UOM.

Field 44: Enter the appropriate HCPCS/CPT codes and modifiers; eg,

- Drug: J1303 for ULTOMIRIS (ravulizumab-cwvz) per 10 mg
- 96365 for drug administration

Field 46: Given the HCPCS code is the same for both vials, applying the 10 mg billing unit for J1303 to the total administered dose of 3600 mg results in 360 billing units.

19							
20							
21							
22							
23		PAGE ____ OF ____	CREATION DATE		TOTALS		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
A						57 OTHER PRV ID
B						
C						

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A				
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		
B		
C		

66 DX	67	A	B	C	D	E	F	G	H	68
	I	J	K	L	M	N	O	P	Q	

69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	a	b	c	73

74 PRINCIPAL PROCEDURE CODE / DATE	a. OTHER PROCEDURE CODE / DATE	b. OTHER PROCEDURE CODE / DATE	75	76 ATTENDING	NPI	QUAL

Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

OneSource™ Offers Patient Support

Contact OneSource™:

Phone:	Online:
1-888-765-4747	https://alexiononesource.com

References

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Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

SELECT IMPORTANT SAFETY INFORMATION (cont.)

CONTRAINDICATIONS

- Patients with unresolved *Neisseria meningitidis* infection.
- Patients who are not currently vaccinated against *Neisseria meningitidis*, unless the risks of delaying ULTOMIRIS treatment outweigh the risks of developing a meningococcal infection.

WARNINGS AND PRECAUTIONS

Serious Meningococcal Infections

Risk and Prevention

Life-threatening meningococcal infections have occurred in patients treated with ULTOMIRIS. The use of ULTOMIRIS increases a patient's susceptibility to serious meningococcal infections (septicemia and/or meningitis). Meningococcal disease due to any serogroup may occur.

Vaccinate or revaccinate for meningococcal disease according to the most current ACIP recommendations for patients with complement deficiencies. Immunize patients without history of meningococcal vaccination at least 2 weeks prior to the first dose of ULTOMIRIS. If ULTOMIRIS must be initiated immediately in an unvaccinated patient, administer meningococcal vaccine(s) as soon as possible and provide 2 weeks of antibacterial drug prophylaxis. The benefits and risks of antibiotic prophylaxis for prevention of meningococcal infections in patients receiving ULTOMIRIS have not been established. Consider discontinuation of ULTOMIRIS in patients who are undergoing treatment for serious meningococcal infection.

REMS

Under the ULTOMIRIS REMS, prescribers must enroll in the program due to the risk of meningococcal infections. Prescribers must counsel patients about the risk of meningococcal infection/sepsis, provide the patients with the REMS educational materials, and ensure patients are vaccinated with meningococcal vaccines.

Other Infections

Patients may have increased susceptibility to encapsulated bacteria infections, especially infections caused by *Neisseria meningitidis* but also *Streptococcus pneumoniae, Haemophilus influenzae,* and to a lesser extent, *Neisseria gonorrhoeae.* Children treated with ULTOMIRIS may be at increased risk of developing serious infections due to *Streptococcus pneumoniae* and *Haemophilus influenzae* type b (Hib). Administer vaccinations for the prevention of *Streptococcus pneumoniae* and *Haemophilus influenzae* type b (Hib) infections according to ACIP guidelines. If ULTOMIRIS is administered to patients with active systemic infections, monitor closely for worsening infection.

Monitoring Disease Manifestations after ULTOMIRIS Discontinuation

ULTOMIRIS treatment of aHUS should be a minimum duration of 6 months. Due to heterogeneous nature of aHUS events and patient-specific risk factors, treatment duration beyond the initial 6 months should be individualized. There are no specific data on ULTOMIRIS discontinuation. After discontinuing treatment with ULTOMIRIS, patients should be monitored for clinical symptoms and laboratory signs of TMA complications for at least 12 months.

Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.

SELECT IMPORTANT SAFETY INFORMATION (cont.)

WARNINGS AND PRECAUTIONS (cont.)

Monitoring Disease Manifestations after ULTOMIRIS Discontinuation (cont.)

TMA complications post-discontinuation can be identified if any of the following is observed: Clinical symptoms of TMA include changes in mental status, seizures, angina, dyspnea, thrombosis or increasing blood pressure. In addition, at least two of the following laboratory signs observed concurrently and results should be confirmed by a second measurement 28 days apart with no interruption: a decrease in platelet count of 25% or more as compared to either baseline or to peak platelet count during ULTOMIRIS treatment; an increase in serum creatinine of 25% or more as compared to baseline or to nadir during ULTOMIRIS treatment; or, an increase in serum LDH of 25% or more as compared to baseline or to nadir during ULTOMIRIS treatment. If TMA complications occur after discontinuation, consider reinitiation of ULTOMIRIS treatment or appropriate organ-specific supportive measures.

Thromboembolic Event Management

The effect of withdrawal of anticoagulant therapy during treatment with ULTOMIRIS has not been established. Treatment should not alter anticoagulant management.

Infusion-Related Reactions

Administration of ULTOMIRIS may result in infusion-related reactions. In clinical trials, 5 out of 296 patients treated with ULTOMIRIS experienced infusion-related reactions (lower back pain, drop in blood pressure, infusion-related pain, elevation in blood pressure and limbs discomfort) during ULTOMIRIS administration which did not require discontinuation. Interrupt infusion and institute supportive measures if signs of cardiovascular instability or respiratory compromise occur.

ADVERSE REACTIONS

Most common adverse reactions in patients with aHUS (incidence ≥20%) were upper respiratory tract infection, diarrhea, nausea, vomiting, headache, hypertension and pyrexia. Serious adverse reactions were reported in 42 (57%) patients with aHUS receiving ULTOMIRIS. The most frequent serious adverse reactions reported in more than 2 patients (2.7%) treated with ULTOMIRIS were hypertension, pneumonia and abdominal pain. In clinical studies, clinically relevant adverse reactions in <10% of patients include viral tonsillitis in adults and viral infection in pediatric patients.

Please see additional Important Safety Information on pages 1 and 11–12 and the full Prescribing Information for ULTOMIRIS® (ravulizumab-cwvz), including Boxed WARNING regarding serious and life-threatening meningococcal infections/sepsis.