

Pfizer Oncology together™

INJECTION  
**Nyvepria™**  
pegfilgrastim-apgf  
Pfizer Oncology

# ***NYVEPRIA™ (pegfilgrastim-apgf) Billing and Coding Guide***



Please see [Important Safety Information](#) and [Indication](#) on pages 11-12 and [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](http://NyvepriaHCP.com).

NYVEPRIA is a trademark of Pfizer Inc.

Pfizer Oncology Together is a trademark of Pfizer Inc.

## Introduction

Pfizer Inc. has developed this reference guide to assist healthcare providers (HCPs) with understanding coding for NYVEPRIA™ (pegfilgrastim-apgf), a pegfilgrastim biosimilar approved for use in the United States for subcutaneous injection.

**The information provided in this document is intended for informational purposes only and is not a comprehensive description of potential coding requirements for NYVEPRIA. Coding and coverage policies change periodically and often without notice. The HCP is solely responsible for determining coverage and reimbursement parameters and appropriate coding for treatment of his/her patients. The information provided should not be considered a guarantee of coverage or reimbursement for NYVEPRIA.**

Please see [Important Safety Information](#) and [Indication](#) on pages 11-12 and [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](http://NyvepriaHCP.com).

## Making your patients' support needs a priority. Together.

At Pfizer Oncology Together™, patient support is at the core of everything we do. We've gathered resources and developed tools to help patients and their loved ones throughout NYVEPRIA treatment. From helping to identify financial assistance options to connecting patients to resources for emotional support, your patients' needs are our priority.\*



### Benefits Verification

We can help determine a patient's coverage and out-of-pocket costs.

### Prior Authorization (PA) Assistance

We can coordinate with a patient's insurer to determine the PA requirements. After a PA request is submitted, we can follow up with the payer until a final outcome is determined.

### Appeals Assistance

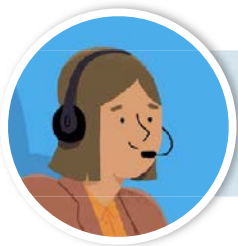
We can review the reasons for a denied claim and provide information on payer requirements. After an appeal is submitted, we can follow up with the payer until a final outcome is determined.

### Billing and Coding Assistance for Injectable Products

For your patient claim submissions, we provide easy access to sample forms and template letters, along with billing and coding information for physician office and hospital outpatient settings of care.

### Patient Financial Assistance

We can help patients understand their benefits and connect them with financial assistance resources.



**FOR LIVE, PERSONALIZED SUPPORT**

Call **1-877-744-5675** (Monday–Friday 8 AM–8 PM ET)

**VISIT**

**PfizerOncologyTogether.com**

\*Some services are provided through third-party organizations that operate independently and are not controlled by Pfizer. Availability of services and eligibility requirements are determined solely by these organizations.

Please see [Important Safety Information](#) and [Indication](#) on pages 11-12 and [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](#).

INJECTION  
**Nyvepria™**  
pegfilgrastim-apgf  
Pfizer Oncology

**Pfizer**  
**Oncology**  
**together™**

## Coding Overview

It is critical to report billing codes that accurately reflect a patient's condition, treatment, and the services that are rendered on the claim form submitted to a payer. The codes in this section may be appropriate to report services related to therapy with NYVEPRIA™ (pegfilgrastim-apgf) when performed in the physician office and hospital outpatient department sites of care to Medicare Administrative Contractors (MACs), private commercial payers, and Medicaid.

## Coding for NYVEPRIA

In the physician office and hospital outpatient department sites of care, Medicare, Medicaid, and private commercial payers typically recognize the following codes for reporting NYVEPRIA and its administration on claim forms.

Effective for dates of service on and after January 1, 2021, HCPCS code Q5122 may be used to report NYVEPRIA.

HCPCS Code <sup>1</sup>	Descriptor
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg

Modifiers may be included on claims to provide additional information. Some payers may require the modifier JB to be reported, indicating a subcutaneous route of administration. Additional modifiers may also be considered appropriate when submitting claims.

HCPCS Modifier <sup>2</sup>	Descriptor
JB	Subcutaneous administration

Please see [Important Safety Information](#) and [Indication](#) on pages 11-12 and [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](http://NyvepriaHCP.com).

## NYVEPRIA National Drug Code

National Drug Codes (NDCs) are unique 10-digit, 3-segment numbers used to identify drugs.<sup>3</sup> State Medicaid agencies usually require 11-digit NDCs on claims, even after a unique code has been assigned.

Strength <sup>4</sup>	Prefilled Syringe Size	10-Digit NDC
6 mg/0.6 mL	Single-dose prefilled syringe for manual use only	0069-0324-01

## NDC Conversion Example

For reimbursement purposes, some payers (eg, Medicaid) require the NDC on the claim form. For claims-reporting purposes, the Health Insurance Portability and Accountability Act (HIPAA) requires conversion of the 10-digit NDC to an 11-digit NDC by adding a leading “0” (zero), where appropriate, to create a 5-4-2 configuration. The zero is added in front of the first segment of numbers when the 10-digit format is the 4-4-2 configuration for NYVEPRIA. See placement of the red zero in the example below.

Strength	Prefilled Syringe Size	10-Digit NDC	11-Digit NDC
6 mg/0.6 mL	Single-dose prefilled syringe for manual use only	0069-0324-01	<u>0</u> 0069-0324-01

Please see [Important Safety Information](#) and [Indication](#) on pages 11-12 and [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](http://NyvepriaHCP.com).

## Coding for NYVEPRIA Administration Services

Current Procedural Terminology (CPT®) codes define specific medical procedures performed by physicians or other qualified HCPs.<sup>5</sup> The following codes may be used to report the subcutaneous administration of NYVEPRIA:

Type of Code	Code/Descriptor	Relevant Sites of Service
CPT® code <sup>5</sup>	<b>96372:</b> Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Physician office and hospital outpatient department

Hospital outpatient departments use revenue codes to report specific accommodations and/or ancillary charges.<sup>6</sup>

Type of Code	Code/Descriptor	Relevant Site of Service
Revenue code <sup>7</sup>	<b>0636:</b> Drugs requiring specific identification – detailed coding <i>Used in combination with the drug code</i>	Hospital outpatient department
	<b>0500:</b> Outpatient services – general classification <i>Used in combination with the administration code</i>	
	<b>0510:</b> Clinic – general classification <i>Used in combination with the administration code</i>	

Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association.

Please see [Important Safety Information](#) and [Indication](#) on pages 11-12 and [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](http://NyvepriaHCP.com).



## Diagnosis Coding for NYVEPRIA

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) code set should be used, as appropriate, to report the patient-specific diagnosis documented in the medical record.

Reporting the medical necessity for NYVEPRIA may require a primary and secondary diagnosis, in some cases. HCPs should verify payer-specific diagnosis coding and sequencing requirements before submitting a claim, as they may vary by payer.

NYVEPRIA (pegfilgrastim-apgf) is a biosimilar that is FDA-approved to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

### Limitations of Use

NYVEPRIA is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

Consult your reimbursement expert for appropriate codes.

Please see [Important Safety Information](#) and [Indication](#) on pages 11-12 and [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](http://NyvepriaHCP.com).

# Sample Claim Form: CMS-1500, Physician Office Site of Service

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

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BILLING OTHER  
(Medicare) (Medicaid) (ID#/DoD#) (Member ID#) (ID#) (ID#) (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED  
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE CITY STATE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:  
a. OTHER INSURED'S POLICY OR GROUP NUMBER  
b. RESERVED FOR NUCC USE  
c. OTHER

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. INSURED'S DATE OF BIRTH MM DD YY SEX M F

13. OTHER CLAIM ID (Designated by NUCC)

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)  
MM DD YY QUAL

15. OTHER QUAL

16. SIGNATURE (Print name) DATE (MM DD YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE  
17a. NAME 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES  
FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))  
A. ICD-10-CM ICD-9-CM B. ICD-10-CM ICD-9-CM C. ICD-10-CM ICD-9-CM D. ICD-10-CM ICD-9-CM E. ICD-10-CM ICD-9-CM F. ICD-10-CM ICD-9-CM

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

1	24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. NPI	I. ID. QUAL	J. RENDERING PROVIDER ID. #
	From MM DD YY	To MM DD YY									
1	MM DD YY	MM DD YY	11		Q5122	A		12	NPI		
2	MM DD YY	MM DD YY	11		96372	A		1	NPI		
3									NPI		
4									NPI		
5									NPI		
6									NPI		
7									NPI		
8									NPI		
9									NPI		
10									NPI		
11									NPI		
12									NPI		
13									NPI		
14									NPI		
15									NPI		
16									NPI		
17									NPI		
18									NPI		
19									NPI		
20									NPI		
21									NPI		
22									NPI		
23									NPI		
24									NPI		
25									NPI		
26									NPI		
27									NPI		
28									NPI		
29									NPI		
30									NPI		
31									NPI		
32									NPI		
33									NPI		

28. TOTAL CHARGE \$

29. AMOUNT PAID \$

30. Rsvd for NUCC Use

33. BILLING PROVIDER INFO & PH # ( )

APPROVED OMB-0938-1197 FORM 1500 (02-12)

This sample form is intended as a reference for the coding and billing of NYVEPRIA. This form is not intended to be directive, and the use of the recommended codes does not guarantee reimbursement. HCPs may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal guidelines, payer requirements, practice patients, and services rendered.

**Item 21:** Specify appropriate ICD-10-CM diagnosis code(s)

**Item 19:** Enter the appropriate drug-identifying information as required by payer (eg, brand/generic drug name, NDC 11-digit format, dose administered, route of administration, etc)

**Item 24G:** Specify the billing units. For example, Q5122 billing unit = 0.5 mg of pegfilgrastim-apgf biosimilar (NYVEPRIA). To report 6 mg, bill Q5122 with 12 units. To bill for the subcutaneous injection, bill 1 unit of 96372.

**Item 24D:** Specify appropriate HCPCS and CPT codes and modifiers, for example:

- Drug: Q5122 for NYVEPRIA
- Administration: 96372 for administration

**Item 24E:** Enter reference to the diagnosis for the CPT and HCPCS codes from Item 21

Please see [Important Safety Information](#) and [Indication](#) on pages 11-12 and [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](http://NyvepriaHCP.com).





## Sample Claim Form: UB-04, Hospital Outpatient Site of Service

**Form Locator (FL) 44:** Specify appropriate HCPCS and CPT codes and modifiers, for example:

- Drug: Q5122 for NYVEPRIA
- Administration: 96372 for drug administration

This sample form is intended as a reference for the coding and billing of NYVEPRIA. This form is not intended to be directive, and the use of the recommended codes does not guarantee reimbursement. HCPs may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal guidelines, payer requirements, practice patients, and services rendered.

**FL 46:** Specify the billing units. For example, Q5122 billing unit = 0.5 mg of pegfilgrastim-apgf biosimilar (NYVEPRIA). To report 6 mg, bill Q5122 with 12 units. To bill for the subcutaneous injection, bill 1 unit of 96372.

**FL 42 and 43:** Specify revenue codes and describe procedures, for example:

- 0636: Drugs requiring specific identification – detailed coding (for NYVEPRIA)
- 0500: Outpatient services – general classification
- 0510: Clinic – general classification (for SC injection administered in the clinic)

**Note:** Other revenue codes may apply.

**FL 67:** Specify appropriate ICD-10-CM diagnosis code(s)

**FL 80:** Enter the appropriate drug-identifying information as required by payer (eg, brand/generic drug name, NDC 11-digit format, dose administered, route of administration, etc)

Please see [Important Safety Information](#) and [Indication](#) on pages 11-12 and [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](http://NyvepriaHCP.com).

## Claims Submission Checklist

The following may be considered to assist with submitting claims completely and accurately, which is important for timely claims processing, appropriate payment, and to avoid denied claims.



- Provide the patient name, address, and insurance identification number, and review each of these for accuracy
- Include the HCP's name, National Provider Identifier (NPI), and payer-specific provider ID (if applicable)
- Indicate the appropriate place of service code (2-digit code) for where the treatment was provided
- Check to ensure that ICD-10-CM diagnosis codes, CPT procedure codes, and modifiers (if applicable) are consistent with information included in the patient's medical record
- Review the NYVEPRIA-specific information (eg, name of drug, HCPCS code, NDC, number of units, route, and frequency of administration)

## References

1. Centers for Medicare & Medicaid Services (CMS). CMS HCPCS Application Summaries and Coding Decisions: Third Quarter, 2020 Coding Cycle for Drug and Biological Products. <https://www.cms.gov/files/document/2020-hcpcs-application-summary-quarter-3-2020-drugs-and-biologics.pdf>. Accessed November 11, 2020.
2. American Academy of Professional Coders (AAPC). 2020 HCPCS Level II Expert. Salt City, Utah: AAPC; 2019.
3. U.S. Food and Drug Administration (FDA). National Drug Code directory. <https://www.fda.gov/drugs/informationondrugs/ucm142438.htm>. Accessed February 17, 2020.
4. NYVEPRIA [package insert]. New York, NY: Pfizer Inc.; 2020.
5. American Medical Association. 2020 CPT Professional Edition. Current Procedural Terminology (CPT®) copyright 2019 by the American Medical Association. All rights reserved. Chicago, IL: AMA; 2019.
6. Centers for Medicare & Medicaid Services (CMS). Transmittal 167. April 30, 2004. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R167CP.pdf>. Accessed February 17, 2020.
7. Research Data Assistance Center (ResDAC). Revenue center code. February 2008. <https://www.resdac.org/sites/resdac.umn.edu/files/Revenue%20Center%20Code%20Table.txt>. Accessed February 17, 2020.

Please see [Important Safety Information](#) and [Indication](#) on pages 11-12 and [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](http://NyvepriaHCP.com).

## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

- NYVEPRIA is contraindicated in patients with a history of serious allergic reactions to pegfilgrastim products or filgrastim products
- Reactions have included anaphylaxis

## WARNINGS AND PRECAUTIONS

### SPLENIC RUPTURE

- Splenic rupture, including fatal cases, can occur following the administration of pegfilgrastim products
- Evaluate for an enlarged spleen or splenic rupture in patients who report left upper abdominal or shoulder pain after receiving NYVEPRIA

### ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS)

- ARDS can occur in patients receiving pegfilgrastim products
- Evaluate patients who develop fever and lung infiltrates or respiratory distress after receiving NYVEPRIA
- Discontinue NYVEPRIA in patients with ARDS

### SERIOUS ALLERGIC REACTIONS

- Serious allergic reactions, including anaphylaxis, can occur in patients receiving pegfilgrastim products
- The majority of reported events occurred upon initial exposure
- Allergic reactions, including anaphylaxis, can recur within days after the discontinuation of initial anti-allergic treatment
- Permanently discontinue NYVEPRIA in patients with serious allergic reactions
- Do not administer NYVEPRIA to patients with a history of serious allergic reactions to pegfilgrastim products or filgrastim products

### USE IN PATIENTS WITH SICKLE CELL DISORDERS

- Severe and sometimes fatal sickle cell crises can occur in patients with sickle cell disorders receiving pegfilgrastim products
- Discontinue NYVEPRIA if sickle cell crisis occurs

### GLOMERULONEPHRITIS

- Glomerulonephritis has occurred in patients receiving pegfilgrastim products
- The diagnoses were based on azotemia, hematuria (microscopic and macroscopic), proteinuria, and renal biopsy
- Generally, events of glomerulonephritis resolved after dose-reduction or discontinuation of pegfilgrastim products
- If glomerulonephritis is suspected, evaluate for cause. If causality is likely, consider dose-reduction or interruption of NYVEPRIA

### LEUKOCYTOSIS

- White blood cell counts of  $100 \times 10^9/L$  or greater have been observed in patients receiving pegfilgrastim products
- Monitoring of complete blood count (CBC) during NYVEPRIA therapy is recommended

### CAPILLARY LEAK SYNDROME (CLS)

- CLS has been reported after granulocyte-colony stimulating factor (G-CSF) administration, including pegfilgrastim products, and is characterized by hypotension, hypoalbuminemia, edema, and hemoconcentration
- Episodes vary in frequency and severity and may be life-threatening if treatment is delayed
- Patients who develop symptoms of CLS should be closely monitored and receive standard symptomatic treatment, which may include a need for intensive care

### POTENTIAL FOR TUMOR GROWTH STIMULATORY EFFECTS ON MALIGNANT CELLS

- The G-CSF receptor through which pegfilgrastim and filgrastim products act has been found on tumor cell lines
- The possibility that pegfilgrastim products act as a growth factor for any tumor type, including myeloid malignancies and myelodysplasia, diseases for which pegfilgrastim products are not approved, cannot be excluded

Continued on the next page

Please see [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](http://NyvepriaHCP.com).

## IMPORTANT SAFETY INFORMATION (Continued)

### AORTITIS

- Aortitis has been reported in patients receiving pegfilgrastim products. It may occur as early as the first week after start of therapy
- Manifestations may include generalized signs and symptoms such as fever, abdominal pain, malaise, back pain, and increased inflammatory markers (e.g., c-reactive protein and white blood cell count)
- Consider aortitis in patients who develop these signs and symptoms without known etiology. Discontinue NYVEPRIA if aortitis is suspected

### NUCLEAR IMAGING

- Increased hematopoietic activity of the bone marrow in response to growth factor therapy has been associated with transient positive bone imaging changes. This should be considered when interpreting bone imaging results

### MOST COMMON ADVERSE REACTIONS

- Bone pain
- Pain in extremity

## INDICATION

NYVEPRIA is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

### Limitations of Use

NYVEPRIA is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

Please see [full Prescribing Information](#), [Patient Information](#), and [Instructions for Use](#) for NYVEPRIA at [NyvepriaHCP.com](http://NyvepriaHCP.com).

