TEZSPIRE BILLING AND CODING GUIDE

TEZSPIRE® (tezepelumab-ekko) Subcutaneous Injection 210 mg | TEZSPIRE® together

National Drug Code (NDC)[1]

Administration Method	Dosage	Code	
Physician Administered: Pre-filled Syringe	Carton contains one 210 mg/1.91 mL (110 mg/mL) pre-filled syringe	10-digit NDC	**55513-112-01**
		11-digit NDC	**55513-0112-01**
Self-Administered: Pre-filled Pen	Carton contains one 210 mg/1.91 mL (110 mg/mL) pre-filled pen	10-digit NDC	**55513-123-01**
		11-digit NDC	**55513-0123-01**

Although the FDA uses a 10-digit format when registering NDC numbers, payers often require an 11-digit NDC format on claim forms for billing purposes. It is important to confirm with your payer which NDC format is required. In addition, Medicaid requires that all claims for provider-administered drugs include NDC numbers. This reporting requirement may also be implemented by some commercial payers. Guidelines for reporting the NDC number in the appropriate format, quantity, and unit of measure vary by state and by payer and should be reviewed prior to submitting a claim.

Healthcare Common Procedure Coding System (HCPCS)

Code	Description
J2356	Injection, tezepelumab-ekko, 1 mg
JW/JZ Modifier in Box 24D	Effective for dates of service on or after July 1, 2023, Medicare Part B claims require the use of the new JZ modifier for single-use vials and containers when there are no discarded drug amounts. Medicare claims also continue to require the use of the JW modifier (Drug amount discarded/not administered to any patient) for drugs and biologicals that are separately payable under Medicare Part B with discarded amounts from single-dose containers

Reporting policies for discarded units for payers other than traditional fee-for-service Medicare may vary; providers should check with their specific plans about policies related to billing for discarded drug and use of the JW and JZ modifiers.

Current Procedural Terminology (CPT)®

	Description	
Injection Administration	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
Injection Education	99211	Office or other outpatient visit for the evaluation and management of an established patient which may not require the presence of a physician or other qualified healthcare provider

Healthcare providers should consult the payer or Medicare contractor to determine the code most appropriate to report for administration. It is the provider's responsibility to ensure that codes used are consistent with payer policy and reflect the service performed.

Diagnosis Codes

ICD-10-CM	Description	ICD-10-CM	Description
Severe Uncontrolled Asthma (SUA)		**Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)**	
J45.50	Severe persistent asthma, uncomplicated	**J33.0**	Polyp of nasal cavity
J45.51	Severe persistent asthma with (acute) exacerbation	**J33.1**	Polypoid sinus degeneration
J45.5	Severe persistent asthma	**J33.8**	Other polyp of sinus
J82.83	Eosinophilic asthma	**J33.9**	Nasal polyp, unspecified

The ICD-10-CM diagnosis codes listed above are provided only as examples of potentially relevant codes. Providers should consult a current ICD-10-CM manual and always select the most appropriate diagnosis code(s) with the highest level of specificity to describe a patient's actual condition.

The information provided in this guide is of a general nature, for informational purposes only and is not intended to be a comprehensive list nor instructive. Coding and coverage policies change periodically and often without warning. The responsibility to determine coverage and reimbursement parameters, and appropriate coding for a particular patient and/or procedure, is always the responsibility of the provider or physician. The information provided in this guide should in no way be considered a guarantee of coverage or reimbursement for any product or service.

For 340B Modifier: Beginning January 1, 2023, Medicare requires that all claims submitted by 340B covered entities on OPPS claims (bill type 13X) for separately payable Part B drugs and biologicals must include modifiers "JG" (Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes) or "TB" (Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes for select entities) on claim lines for drugs acquired through the 340B Drug Discount Program. Additional provider types will be required to use these modifiers in 2024.

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INDICATION

TEZSPIRE is indicated for:

- the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma. TEZSPIRE is not indicated for the relief of acute bronchospasm or status asthmaticus
- the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP)

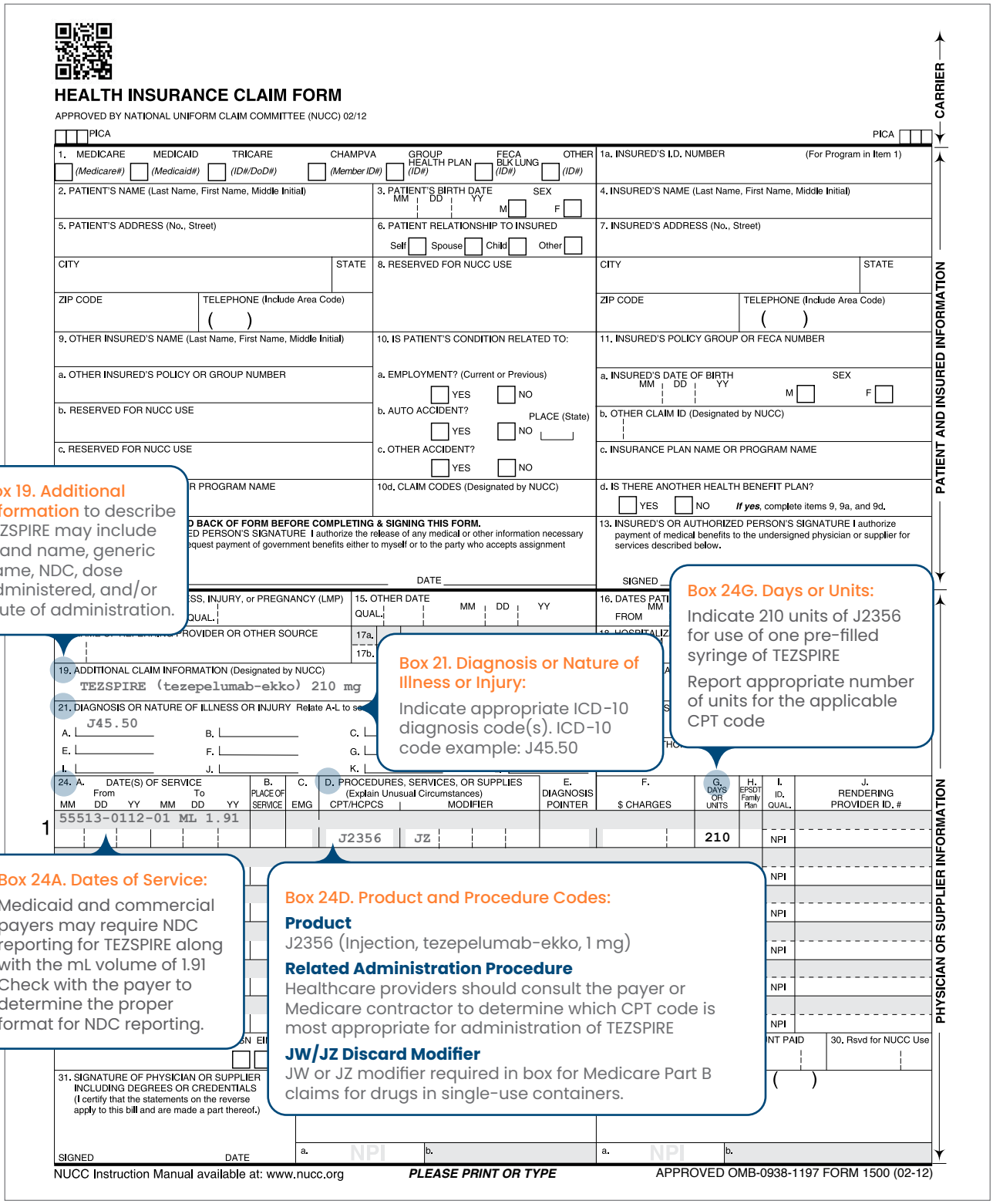
CONTRAINDICATIONS

Known hypersensitivity to tezepelumab-ekko or excipients.

Please see additional Important Safety Information on page 4.

Completing the CMS 1500 for Physician Offices

Sample CMS 1500 Form - Physician Office Administration



HEALTH INSURANCE CLAIM FORM

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

PICA

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

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

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? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

R 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.

D BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
ED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary equest payment of government benefits either to myself or to the party who accepts assignment

DATE

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

SS, INJURY, or PREGNANCY (LMP)

15. OTHER DATE QUAL. MM DD YY

16. DATES PATI MM FROM

PROVIDER OR OTHER SOURCE

17a.

17b.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
TEZSPIRE (tezepelumab-ekko) 210 mg

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to se
J45.50
A. B. C.
E. F. G.
I. J. K.

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	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. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
55513-0112-01 ML 1.91				J2356	JZ			210		NPI	
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	

NT 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.)

SIGNED DATE

a. NPI b.

a. NPI b.

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

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Box 19. Additional information to describe TEZSPIRE may include brand name, generic name, NDC, dose administered, and/or route of administration.

Box 21. Diagnosis or Nature of Illness or Injury:

Indicate appropriate ICD-10 diagnosis code(s). ICD-10 code example: J45.50

Box 24G. Days or Units:

Indicate 210 units of J2356 for use of one pre-filled syringe of TEZSPIRE

Report appropriate number of units for the applicable CPT code

Box 24A. Dates of Service:

Medicaid and commercial payers may require NDC reporting for TEZSPIRE along with the mL volume of 1.91 Check with the payer to determine the proper format for NDC reporting.

Box 24D. Product and Procedure Codes:

Product

J2356 (Injection, tezepelumab-ekko, 1 mg)

Related Administration Procedure

Healthcare providers should consult the payer or Medicare contractor to determine which CPT code is most appropriate for administration of TEZSPIRE

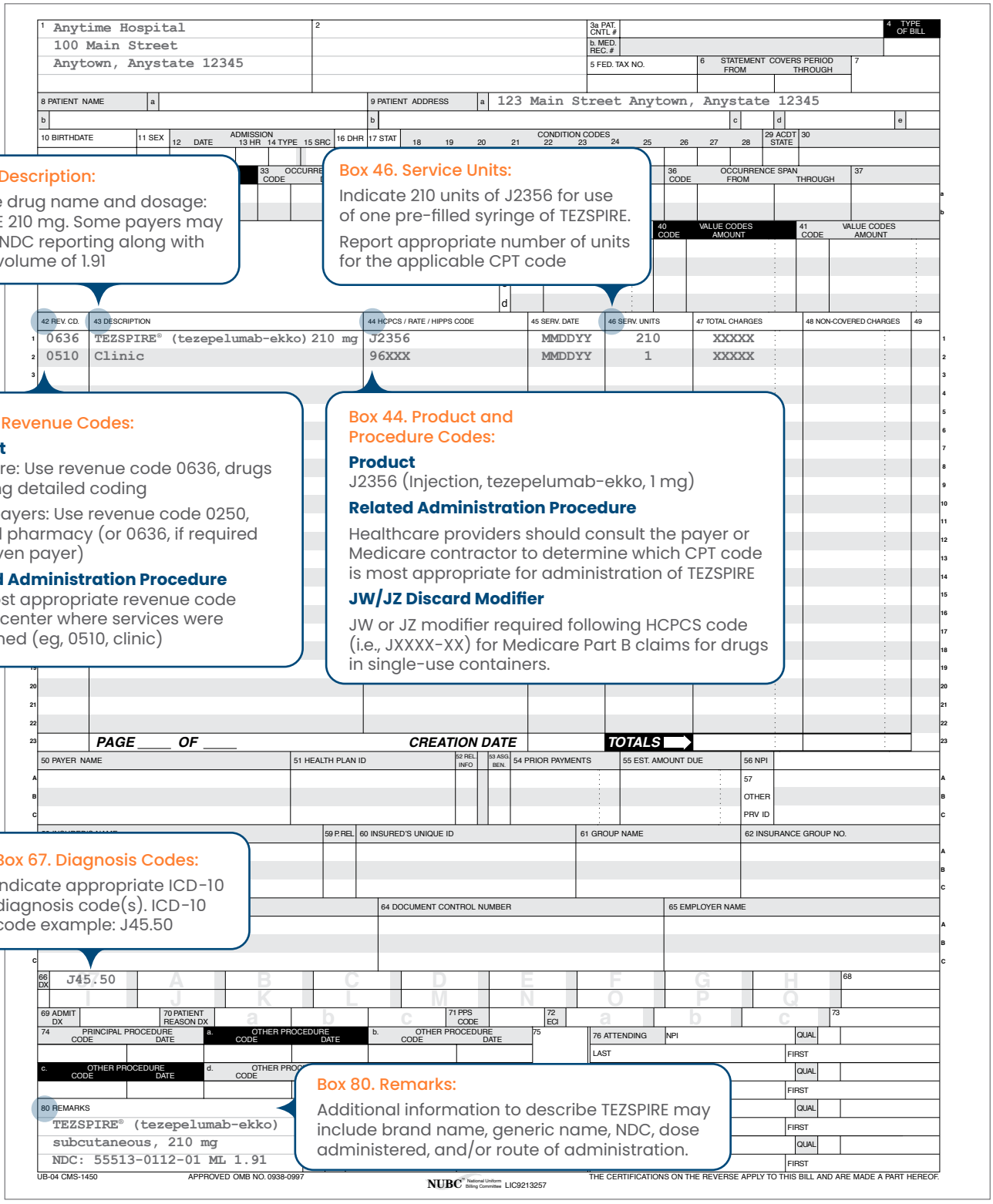
JW/JZ Discard Modifier

JW or JZ modifier required in box for Medicare Part B claims for drugs in single-use containers.

This sample form is intended as a reference for coding and billing for product and associated services. It is not intended to be directive, nor does the use of recommended codes guarantee reimbursement. Healthcare providers may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal system guidelines, payer requirements, practice patterns, and the services rendered. Healthcare providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.

Completing the CMS 1450 for Outpatient Hospital-Based Facilities

Sample UB-04 (CMS 1450) Form - Hospital Outpatient Administration



Box 43. Description:

Indicate drug name and dosage: TEZSPIRE 210 mg. Some payers may require NDC reporting along with the mL volume of 1.91

Box 46. Service Units:

Indicate 210 units of J2356 for use of one pre-filled syringe of TEZSPIRE.

Report appropriate number of units for the applicable CPT code

Box 42. Revenue Codes:

Product

Medicare: Use revenue code 0636, drugs requiring detailed coding

Other payers: Use revenue code 0250, general pharmacy (or 0636, if required by a given payer)

Related Administration Procedure

Use most appropriate revenue code or cost center where services were performed (eg, 0510, clinic)

Box 44. Product and Procedure Codes:

Product

J2356 (Injection, tezepelumab-ekko, 1 mg)

Related Administration Procedure

Healthcare providers should consult the payer or Medicare contractor to determine which CPT code is most appropriate for administration of TEZSPIRE

JW/JZ Discard Modifier

JW or JZ modifier required following HCPCS code (i.e., JXXXX-XX) for Medicare Part B claims for drugs in single-use containers.

Box 67. Diagnosis Codes:

Indicate appropriate ICD-10 diagnosis code(s). ICD-10 code example: J45.50

Box 80. Remarks:

Additional information to describe TEZSPIRE may include brand name, generic name, NDC, dose administered, and/or route of administration.

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IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Known hypersensitivity to tezepelumab-ekko or excipients.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions were observed in the clinical trials (eg, rash and allergic conjunctivitis) following the administration of TEZSPIRE. Postmarketing cases of anaphylaxis have been reported. These reactions can occur within hours of administration, but in some instances have a delayed onset (ie, days). In the event of a hypersensitivity reaction, consider the benefits and risks for the individual patient to determine whether to continue or discontinue treatment with TEZSPIRE.

Acute Asthma Symptoms or Deteriorating Disease

TEZSPIRE should not be used to treat acute asthma symptoms, acute exacerbations, acute bronchospasm, or status asthmaticus.

Abrupt Reduction of Corticosteroid Dosage

Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with TEZSPIRE. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Parasitic (Helminth) Infection

It is unknown if TEZSPIRE will influence a patient's response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with TEZSPIRE. If patients become infected while receiving TEZSPIRE and do not respond to anti-helminth treatment, discontinue TEZSPIRE until infection resolves.

Live Attenuated Vaccines

The concomitant use of TEZSPIRE and live attenuated vaccines has not been evaluated. The use of live attenuated vaccines should be avoided in patients receiving TEZSPIRE.

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥ 3%) are:

- **Asthma:** pharyngitis, arthralgia, and back pain.
- **Chronic rhinosinusitis with nasal polyps:** nasopharyngitis, upper respiratory tract infection, epistaxis, pharyngitis, back pain, influenza, injection site reaction and arthralgia

USE IN SPECIFIC POPULATIONS

There are no available data on TEZSPIRE use in pregnant women to evaluate for any drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Placental transfer of monoclonal antibodies such as tezepelumab-ekko is greater during the third trimester of pregnancy; therefore, potential effects on a fetus are likely to be greater during the third trimester of pregnancy.

Full Prescribing Information including Patient Information and Instructions for Use.

You may report side effects related to AstraZeneca products

Let's do this Together.

For additional assistance, please contact your dedicated Field Reimbursement Specialist or call **1-888-TEZSPIRE (1-888-897-7473)** to speak with a Virtual Reimbursement Specialist. You can also visit **TEZSPIRETogetherHCP.com** for additional resources.

Reference: TEZSPIRE® (tezepelumab-ekko) [prescribing information]. Thousand Oaks, CA: Amgen Inc.

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