



# Summary of Relevant Codes\*

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## Indication and Important Safety Information

### Indication

Gamifant® (emapalumab-lzsg) is an interferon gamma (IFN $\gamma$ )-blocking antibody indicated for the treatment of adult and pediatric (newborn and older) patients with primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent, or progressive disease or intolerance with conventional HLH therapy.

### Important Safety Information

#### Infections

Before initiating Gamifant, patients should be evaluated for infection, including latent tuberculosis (TB). Prophylaxis for TB should be administered to patients who are at risk for TB or known to have a positive purified protein derivative (PPD) test result or positive IFN $\gamma$  release assay.

During Gamifant treatment, patients should be monitored for TB, adenovirus, Epstein-Barr virus (EBV), and cytomegalovirus (CMV) every 2 weeks and as clinically indicated.

Patients should be administered prophylaxis for herpes zoster, *Pneumocystis jirovecii*, and fungal infections prior to Gamifant administration.

#### Increased Risk of Infection With Use of Live Vaccines

Do not administer live or live attenuated vaccines to patients receiving Gamifant and for at least 4 weeks after the last dose of Gamifant. The safety of immunization with live vaccines during or following Gamifant therapy has not been studied.

#### Infusion-Related Reactions

Infusion-related reactions, including drug eruption, pyrexia, rash, erythema, and hyperhidrosis, were reported with Gamifant treatment in 27% of patients. In one-third of these patients, the infusion-related reaction occurred during the first infusion.

#### Adverse Reactions

In the pivotal trial, the most commonly reported adverse reactions ( $\geq 10\%$ ) for Gamifant included infection (56%), hypertension (41%), infusion-related reactions (27%), pyrexia (24%), hypokalemia (15%), constipation (15%), rash (12%), abdominal pain (12%), CMV infection (12%), diarrhea (12%), lymphocytosis (12%), cough (12%), irritability (12%), tachycardia (12%), and tachypnea (12%).

Additional selected adverse reactions (all grades) that were reported in less than 10% of patients treated with Gamifant included vomiting, acute kidney injury, asthenia, bradycardia, dyspnea, gastrointestinal hemorrhage, epistaxis, and peripheral edema.

[Click here](#) for full Prescribing Information for Gamifant.



## Summary of Relevant Codes

### INTERNATIONAL CLASSIFICATION OF DISEASES, TENTH REVISION, CLINICAL MODIFICATION (ICD-10-CM) DIAGNOSIS CODE<sup>1</sup>

ICD-10-CM Code	Description
D76.1	Hemophagocytic lymphohistiocytosis (HLH)

### ENHANCED AMBULATORY PATIENT GROUP (EAPG) CODE<sup>2</sup>

EAPG Code	Description
780	Other hematologic diagnoses

### HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE FOR PRODUCT<sup>3</sup>

HCPCS Code	Description
J9210	Injection, emapalumab-lzsg, 1 mg

### NATIONAL DRUG CODE (NDC) NUMBERS<sup>4</sup>

NDC Numbers	Description
66658-501-01	One 10 mg/2 mL (5 mg/mL) single-dose vial
66658-505-01	One 50 mg/10 mL (5 mg/mL) single-dose vial
66658-510-01	One 100 mg/20 mL (5 mg/mL) single-dose vial

### CONCOMITANT MEDICATION<sup>3</sup>

HCPCS Code	Description
J1100	Dexamethasone sodium phosphate, 1 mg

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## Summary of Relevant Codes (continued)

### DIAGNOSIS-RELATED GROUP (DRG)/ALL PATIENT REFINED (APR)-DRG CODES

DRG Codes <sup>5</sup>	Description
814	Reticuloendothelial & immunity disorders W MCC (with major complications)
815	Reticuloendothelial & immunity disorders W CC (with complications)
816	Reticuloendothelial & immunity disorders W/O CC/MCC (without complications/ major complications)
Medicaid APR-DRG Codes <sup>6</sup>	Description
660-1- 660-4	Major hematologic/immunologic diagnosis, except sickle cell crisis & coagulation
663-1- 663-4	Other anemias and disorders of blood and blood-forming organs

### CURRENT PROCEDURAL TERMINOLOGY (CPT®) CODE EXAMPLES

Procedure Type <sup>7</sup>	CPT® Code	Indications for Testing
<b>Administration</b>	<b>96365</b>	Therapeutic, prophylactic, and diagnostic injections and infusions
<b>Monitoring or Treatment Observation Codes</b>		
Platelet counts	<b>85049</b>	Monitoring – Lab test
White blood cell count (WBC) and differential	<b>85004</b> <b>85048</b>	Monitoring – Lab test
Ferritin	<b>82728</b>	Monitoring – Lab test
Coagulopathy (D-dimer or fibrinogen)	<b>85610</b>	Monitoring – prothrombin time/international normalized ratio (PT/INR) Lab test
	<b>85730</b>	Monitoring – activated partial thromboplastin time (APTT) Lab test
	<b>85379</b>	Monitoring – D-dimer Lab test
	<b>85384</b>	Monitoring – Fibrinogen Lab test
Splenomegaly/ hepatomegaly	<b>76700</b>	Ultrasound abdomen
	<b>74160</b>	Computerized tomography (CT) scan of the abdomen with contrast
	<b>74150</b>	CT scan of the abdomen without contrast
Fever (WBC)	<b>85025</b>	Complete blood count (CBC) with differential
	<b>85027</b>	CBC without differential

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## Summary of Relevant Codes (continued)

### CPT® CODE EXAMPLES (continued)

Procedure Type <sup>7-17</sup>	CPT® Code	Indications for Testing
Tuberculosis	86580	Skin test for tuberculosis purified protein derivative (PPD)
	86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
	86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon, producing T cells in cell suspension
Adenovirus	87798	Adenovirus deoxyribonucleic acid (DNA), qualitative, real-time polymerase chain reaction (PCR)
Epstein-Barr virus (EBV)	86664	EBV immunoassay
Cytomegalovirus (CMV)	87252 87254	CMV, conventional and rapid, culture
Soluble interleukin 2 (sIL-2)	83520	Monitoring – Lab test Immunoassay
Chemokine (C-X-C motif) ligand 9 (CXCL9)	83520	Monitoring – Lab test Immunoassay
Natural killer cells function	88184 88185	Flow cytometry analysis for immunophenotyping
Lipid panel test	80061	Monitoring – Lab test
Triglyceride	84478	Monitoring – Lab test
Cerebrospinal fluid protein	84157	Monitoring – Lab test
Magnetic resonance imaging (MRI)	70553	Diagnostic radiology (diagnostic imaging) procedures of the head and neck
Lymph node biopsy	38500 38505	Biopsy or excision of lymph node(s)
<b>Genetic Testing</b>		
Genetic testing	81443 81402 81403 81404 81405 81406 81479	HLH Genetic Analysis with molecular pathology procedure

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# Sample Centers for Medicare & Medicaid Services (CMS) 1450/UB-04 Form

The CMS-1450, also known as the UB-04, form is used to bill for services at institutions such as hospitals and outpatient facilities.<sup>18</sup> However, providers should check with commercial and government payers to ensure the proper claim form is used.

**Fields 42 and 43:** Include appropriate revenue codes and descriptions in ascending order. When including Gamifant, please indicate NDC number.

**Field 44:** Indicate the appropriate HCPCS and/or CPT<sup>®</sup> codes.

**Field 46:** Indicate the appropriate HCPCS and/or CPT<sup>®</sup> codes.

**Field 56:** Indicate appropriate National Provider Identifier (NPI) number.

**Field 67:** Enter the appropriate primary ICD-10-CM diagnosis code.

**Field 69:** Enter the admitting diagnosis.



## REFERENCES:

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IMPORTANT INFORMATION: Any coding, coverage, payment, or other information contained herein is gathered from various resources, general in nature, and subject to change without notice. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims conforming to the requirements of the relevant payer for those products and services rendered. Hospitals and pharmacies (or any other provider submitting a claim) should contact third-party payers for specific information on their coding, coverage, and payment policies. Information and materials provided by Gamifant Cares are to assist providers, but the responsibility to determine coverage, reimbursement, and appropriate coding for a particular patient and/or procedure remains at all times with the provider and information provided by Gamifant Cares or Sobi, Inc. should in no way be considered a guarantee of coverage or reimbursement for any product or service.

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