The information provided in this guide is of a general nature and for informational purposes only. 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.

**VALUE HEALTHCARE SERVICES**


**REFERENCES**

2. (romosozumab-aqqg) prescribing information, Amgen.
6. Call Amgen Assist® for assistance with specific payer requirements: 1–866–AMG–ASST (1–866–264–2778) Monday through Friday, 9:00 am to 8:00 pm ET.
Completing the CMS 1500 for Physician Offices

**EVENITY® (romosozumab—aqqg) Coding Information**

**Additional Claim Information in Box 19:**
- **EVENITY® (romosozumab—aqqg), 210 mg**
- HCPCS code (J-code): J3111
- NDC number: 55513-0880-02

**Coding Information in Box 24D:**
- Indicate 210 units for one kit. Each EVENITY® kit contains one dose, which is 2 injections for a total dose of 210 mg.
- The NDC number covers both injections.

**Administration and Professional Service Coding Information**

**Coding Information in Box 24D:**
- Indicate appropriate HCPCS and CPT codes.
- Example: J3111 (injection, romosozumab—aqqg, 1 mg) effective October 1st, 2019.
- NDC number: 55513-0880-02

**Diagnosis Code Information**

**ICD-10-CM Code in Box 21:**
- The following primary ICD-10-CM diagnosis code may be appropriate to describe patients with current osteoporotic fracture treated with EVENITY®:
  - M80.0 (Age-related osteoporosis with current pathological fracture)

**Considerations:**
- The following code may be available to report administration of EVENITY®. Other codes may be appropriate on a payer-specific basis. It is the provider’s responsibility to ensure that codes used are consistent with payer policy and reflect service performed under such codes:
  - 96372 (therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular)
  - Relevant evaluation and management (E&M) code. Note that an E&M service is billed in addition to other professional services. The following modifier may be required to distinguish it as a separate service — 25 (significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service)

**Claims:**
- Each EVENITY® kit contains one dose, which is 2 injections for a total dose of 210 mg.
- Applicable codes cover both injections.

**ICD–10–CM Code in Box 21:**
- The following primary ICD–10–CM diagnosis code may be appropriate to describe patients without current osteoporotic fracture treated with EVENITY®:
  - M81.0 (Age-related osteoporosis without current pathological fracture)

**Call Amgen Assist® for support with billing and coding questions: 1-866-AMG-ASST (1-866-264-2778)**

Monday through Friday, 9:00 am to 8:00 pm ET.
**EVENITY® (romosozumab-aqqg) Coding Information**

**Revenue Code in Box 42:** (Electronic Form Loop 2400, SV209)

**Coding Information in Box 44:** (Electronic Form Loop 2400, SV202-2 [SV202-1=HC/HP])

**Service Units in Box 46:** (Electronic Form Loop 2400, SV209)

**Administration Coding Information**

**Revenue Code in Box 42:** (Electronic Form Loop 2400, SV209)

**Description in Box 45:** (Not required by Medicare)

**Coding Information in Box 44:** (Electronic Form Loop 2400, SV202-2 [SV202-1=HC/HP])

**Diagnosis/Condition Code Information**

**Revenue Code:**

- Appropriate revenue code for the cost center in which the service is performed.

**ICD-10–CM Code in Box 66:**

- Indicate drug name and unit of measure, for example, EVENITY® 210 mg.

**ICD-10–CM Code in Box 66:**

- Indicate the drug name and unit of measure, for example, EVENITY® 210 mg.

**ICD-10–CM Code in Box 66:**

- Relevant evaluation and management (E&M) code. Note that an E&MG service is billed in addition to other professional services, the following modifier may be required to distinguish it as a separate service. –25 (significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service)

**Diagnosis/Condition Code Information**

**Revenue Code:**

- Appropriate ICD-10–CM code(s) for patient condition.

- Sequencing of codes may vary based on patient’s condition and payer’s policy.

- The following primary ICD-10–CM diagnostic codes may be appropriate to describe patients with current osteoporotic fracture treated with EVENITY®:

  - M80.0 (Age-related osteoporosis with current pathological fracture)

  - Please see page 6 for additional examples for patients with current osteoporotic fracture.

  - The following primary ICD-10–CM diagnostic code may be appropriate to describe patients without current osteoporotic fracture treated with EVENITY®:

  - M81.0 (Age-related osteoporosis without current pathological fracture)

- The sample codes are informational and not intended to be directive or a guarantee of reimbursement and include potential codes that would not necessarily be covered if subsequently billed to Medicare.

**EVENITY® (romosozumab-aqqg) Coding Information**

**Revenue Code in Box 42:** (Electronic Form Loop 2400, SV209)

**Coding Information in Box 44:** (Injection, romosozumab-aqqg, 1 mg) effective October 1st, 2019.

**NDC number: 3535-0880-02**

**Hospital/Institutional Billing Information**

**Anytown Hospital**

100 Main Street

J-23 Main Street, Anytown, Anystate 12345

- **(Box 42) Revenue codes:**
  - Product: Indicate the drug name and unit of measure, for example, EVENITY® 210 mg.
  - Relevant evaluation and management (E&M) code.
  - Indicate drug name and unit of measure, for example, EVENITY® 210 mg.

- **(Box 44) Product and procedure codes:**
  - Use most appropriate revenue code or cost center where services were performed (eg, 2630, clinic).

- **(Box 45) Description:**
  - Indicate the drug name and unit of measure, for example, EVENITY® 210 mg.

- **(Box 46) Service units:**
  - Appropriate ICD-10–CM code(s) for patient condition.

- **(Box 47) Total charges:**
  - Report appropriate charges for product used and related procedures.

**Call Amgen Assist® for support with billing and coding questions:** 1-866-AMG-ASST (1-866-264-2778)

Monday through Friday, 9:00 am to 8:00 pm ET.
Osteoporosis and Pathological Fracture in Postmenopausal Women

M80.0___ Age-related osteoporosis with current pathological fracture (latency) (anatomic site) (encounter type)*

**ANATOMIC SITE AND LATERNATURITY**

<table>
<thead>
<tr>
<th>Initial encounter for fracture</th>
<th>Subsequent encounter for fracture with routine healing</th>
<th>Subsequent encounter for fracture with delayed healing</th>
<th>Subsequent encounter for fracture with nonunion</th>
<th>Subsequent encounter for fracture with malunion</th>
<th>Sequella</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNSPECIFIED SITE</strong></td>
<td><strong>M80.00XA</strong></td>
<td><strong>M80.00XD</strong></td>
<td><strong>M80.00XG</strong></td>
<td><strong>M80.00XX</strong></td>
<td><strong>M80.00XK</strong></td>
</tr>
<tr>
<td><strong>SHOULDER</strong></td>
<td><strong>M80.021A</strong></td>
<td><strong>M80.021D</strong></td>
<td><strong>M80.021G</strong></td>
<td><strong>M80.021X</strong></td>
<td><strong>M80.021K</strong></td>
</tr>
<tr>
<td><strong>HEMIMUS</strong></td>
<td><strong>M80.029A</strong></td>
<td><strong>M80.029D</strong></td>
<td><strong>M80.029G</strong></td>
<td><strong>M80.029X</strong></td>
<td><strong>M80.029K</strong></td>
</tr>
<tr>
<td><strong>FOREARM</strong></td>
<td><strong>M80.051A</strong></td>
<td><strong>M80.051D</strong></td>
<td><strong>M80.051G</strong></td>
<td><strong>M80.051X</strong></td>
<td><strong>M80.051K</strong></td>
</tr>
<tr>
<td><strong>HAND</strong></td>
<td><strong>M80.059A</strong></td>
<td><strong>M80.059D</strong></td>
<td><strong>M80.059G</strong></td>
<td><strong>M80.059X</strong></td>
<td><strong>M80.059K</strong></td>
</tr>
<tr>
<td><strong>PELVIS</strong></td>
<td><strong>M80.061A</strong></td>
<td><strong>M80.061D</strong></td>
<td><strong>M80.061G</strong></td>
<td><strong>M80.061X</strong></td>
<td><strong>M80.061K</strong></td>
</tr>
<tr>
<td><strong>LOWER LEG</strong></td>
<td><strong>M80.071A</strong></td>
<td><strong>M80.071D</strong></td>
<td><strong>M80.071G</strong></td>
<td><strong>M80.071X</strong></td>
<td><strong>M80.071K</strong></td>
</tr>
<tr>
<td><strong>ANKLE AND FOOT</strong></td>
<td><strong>M80.081A</strong></td>
<td><strong>M80.081D</strong></td>
<td><strong>M80.081G</strong></td>
<td><strong>M80.081X</strong></td>
<td><strong>M80.081K</strong></td>
</tr>
<tr>
<td><strong>VERTEBRAE</strong></td>
<td><strong>M80.08X</strong></td>
<td><strong>M80.08XD</strong></td>
<td><strong>M80.08XG</strong></td>
<td><strong>M80.08XX</strong></td>
<td><strong>M80.08XK</strong></td>
</tr>
</tbody>
</table>

* According to the ICD-10-CM Official Guidelines for Coding and Reporting, M80.0 codes are for patients who have a current pathologic fracture at the time of an encounter. The codes under M80 identify the site of the fracture. A code from category M80, not a traumatic fracture code, should be used for any patient with known osteoporosis who suffers a fracture, even if the patient had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone.

M80.08XA Initial encounter for fracture

M80.032D Left Subsequent encounter for fracture with routine healing

See the next page for hypothetical scenarios illustrating specificity of these M80.0___ ICD-10-CM codes. The diagnosis code examples above and the hypothetical scenarios on back of the insert are informational and should not be a substitute for an independent clinical decision. They are not intended to be direct or a guarantee of reimbursement. The responsibility to determine coverage and reimbursement parameters, and appropriate coding for a particular patient, is always the responsibility of the provider or physician. Please contact your payer with any questions.

References:
Important Safety Information

POTENTIAL RISK OF MYOCARDIAL INFARCTION, STROKE, AND CARDIOVASCULAR DEATH

EVENITY® may increase the risk of myocardial infarction, stroke and cardiovascular death. EVENITY® should not be initiated in patients who have had a myocardial infarction or stroke within the preceding year. Consider whether the benefits outweigh the risks in patients with other cardiovascular risk factors. Monitor for signs and symptoms of myocardial infarction and stroke and instruct patients to seek prompt medical attention if symptoms occur. If a patient experiences a myocardial infarction or stroke during therapy, EVENITY® should be discontinued.

In a randomized controlled trial in postmenopausal women, there was a higher rate of major adverse cardiac events (MACE), a composite endpoint of cardiovascular death, nonfatal myocardial infarction and nonfatal stroke, in patients treated with EVENITY® compared to those treated with alendronate.

Contraindications: EVENITY® is contraindicated in patients with hypocalcemia. Pre-existing hypocalcemia must be corrected prior to initiating therapy with EVENITY®. EVENITY® is contraindicated in patients with a history of systemic hypersensitivity to romosozumab or any component of the product formulation. Reactions have included angioedema, erythema multiforme, and urticaria.

Hypersensitivity: Hypersensitivity reactions, including angioedema, erythema multiforme, dermatitis, rash, and urticaria have occurred in EVENITY®-treated patients. If an anaphylactic or other clinically significant allergic reaction occurs, initiate appropriate therapy and discontinue further use of EVENITY®.

Hypocalcemia: Hypocalcemia has occurred in patients receiving EVENITY®. Correct hypocalcemia prior to initiating EVENITY®. Monitor patients for signs and symptoms of hypocalcemia, particularly in patients with severe renal impairment or receiving dialysis. Adequately supplement patients with calcium and vitamin D while on EVENITY®.

Osteonecrosis of the jaw (ONJ): ONJ, which can occur spontaneously, is generally associated with tooth extraction and/or local infection with delayed healing, and has been reported in patients receiving EVENITY®. A routine oral exam should be performed by the prescriber prior to initiation of EVENITY®. Concomitant administration of drugs associated with ONJ (chemotherapy, bisphosphonates, denosumab, angiogenesis inhibitors, and corticosteroids) may increase the risk of developing ONJ. Other risk factors for ONJ include cancer, radiotherapy, poor oral hygiene, pre-existing dental disease or infection, anemia, and coagulopathy.

For patients requiring invasive dental procedures, clinical judgment should guide the management plan of each patient. Patients who are suspected of having or who develop ONJ should receive care by a dentist or an oral surgeon. In these patients, dental surgery to treat ONJ may exacerbate the condition. Discontinuation of EVENITY® should be considered based on benefit-risk assessment.

Atypical Femoral Fractures: Atypical low-energy or low trauma fractures of the femoral shaft have been reported in patients receiving EVENITY®. Causality has not been established as these fractures also occur in osteoporotic patients who have not been treated. During EVENITY® treatment, patients should be advised to report new or unusual thigh, hip, or groin pain. Any patient who presents with thigh or groin pain should be evaluated to rule out an incomplete femur fracture. Interruption of EVENITY® therapy should be considered based on benefit-risk assessment.

Adverse Reactions: The most common adverse reactions (≥ 5%) reported with EVENITY® were arthralgia and headache.

EVENITY® is a humanized monoclonal antibody. As with all therapeutic proteins, there is potential for immunogenicity.

Please see accompanying EVENITY® full Prescribing Information, including Medication Guide.