YOUR GUIDE TO EVENITY™
BILLING AND CODING INFORMATION

FOR PHYSICIAN OFFICES USING THE CMS 1500

FOR HOSPITALS/INSTITUTIONS USING THE CMS 1450

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.

INDICATION
EVENITY™ is indicated for the treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy. The anabolic effect of EVENITY™ wanes after 12 monthly doses of therapy. Therefore, the duration of EVENITY™ use should be limited to 12 monthly doses. If osteoporosis therapy remains warranted, continued therapy with an antiresorptive agent should be considered.

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.

Please see additional Important Safety Information on the back cover.
**EVENITY™ (romosozumab-aqqg) Coding Information**

**Additional Claim Information in Box 19:**
- **EVENITY™ (romosozumab-aqqg), 210 mg, subcutaneous injection, NDC 55513088002**
- Indicate EVENITY™ as the primary drug.

**Coding Information in Box 24D:**
- **EVENITY™ (romosozumab-aqqg), 210 mg, subcutaneous injection, NDC 55513088002**
- Indicate 1 unit for one kit.
- Number of Units in Box 24G: 1
- Number of Days: 1
- NDC number covers both injections.

**Diagnosis Code Information**

**ICD-10-CM Code in Box 21:**
- **M80.0** (Age-related osteoporosis with current pathological fracture)
- **M81.0** (Age-related osteoporosis without current pathological fracture)
- **M81.3** (Age-related osteoporosis with current osteoporotic fracture)
- **M81.4** (Age-related osteoporosis without current osteoporotic fracture)
- **M81.5** (Age-related osteoporosis with current osteoporotic fracture treated with EVENITY™)

**Coding Information in Box 24D:**
- **EVENITY™ (romosozumab-aqqg), 210 mg, subcutaneous injection, NDC 55513088002**
- Indicate 1 unit 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**

- Indicate the NDC number in Box 19.
- Coding Information in Box 24D:
  - **EVENITY™ (romosozumab-aqqg), 210 mg, subcutaneous injection, NDC 55513088002**
  - Indicate 1 unit for one kit.

**Claims Information**

- Relevant evaluation and management (E&M) code. Note when 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) or a separate service: -.25 (significant, separately identifiable evaluation and management service).
- Applicable codes cover both injections.

**Claims Information in Box 24D**

- **96372 (therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular)**
- **J3490 (Unclassified drugs).**
- **J3590 (Unclassified biologics).**

**Additional Claim Information**

- Indicate appropriate ICD diagnosis code as reflected in the patient's medical record. ICD-10 code example: M80.0 (Age-related osteoporosis with current pathological fracture). Other codes may be more appropriate given internal system guidelines, payer requirements, practice patterns, and the services rendered.
- Relevant evaluation and management (E&M) code. Note when 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) or a separate service: -.25 (significant, separately identifiable evaluation and management service).

**Relevant E&M Code**

- **96372 (therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular).**
- Relevant evaluation and management (E&M) code. Note when 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) or a separate service: -.25 (significant, separately identifiable evaluation and management service).
The sample codes are informational and not intended to be directive or a guarantee of reimbursement and include potential codes that would include FDA-approved indications for EVENITY™. Other codes may be more appropriate given internal system guidelines, payer requirements, and procedures.

Each EVENITY™ kit contains one dose, which is 2 injections for a total dose of 210 mg. Applicable codes cover both injections.

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

า

Product: Use C9399 (Unclassified drugs or biologics) for product used and related procedures.

ICD-10-CM Code in Box 66: M80.0 (Age-related osteoporosis with current pathological fracture) Use CPT code representing procedure performed, such as 96572, therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular. Please note, each EVENITY™ kit contains one dose, which is 2 injections. Applicable codes cover both injections.

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.
**Examples of ICD–10–CM Codes Relevant for Patients With Current Osteoporotic Fracture Treated With EVENITY™**

### M80.0...

#### Age-related osteoporosis with current pathological fracture

<table>
<thead>
<tr>
<th>Anatomic Site and Laterality</th>
<th>Subsequent Fracture Encounter for Fracture with Routine Healing</th>
<th>Subsequent Fracture Encounter for Fracture with Delayed Healing</th>
<th>Subsequent Fracture Encounter for Fracture with Nonunion</th>
<th>Subsequent Fracture Encounte for Fracture with Routine Healing and Continuing Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SHOULDER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td>M80.049A M80.049D M80.049G M80.049K M80.049P M80.049S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td>M80.051A M80.051D M80.051G M80.051K M80.051P M80.051S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td>M80.062A M80.062D M80.062G M80.062K M80.062P M80.062S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HUMERUS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td>M80.019A M80.019D M80.019G M80.019K M80.019P M80.019S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FOREARM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td>M80.039A M80.039D M80.039G M80.039K M80.039P M80.039S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANKLE AND FOOT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td>M80.079A M80.079D M80.079G M80.079K M80.079P M80.079S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physician Office Billing Information**

- **CLINICAL DIAGNOSIS DETAILS**
  - **POtENTIAL ICD–10–CM CODE**
  - **Encounter Type**

**HYPOTHETICAL SCENARIOS ILLUSTRATING SPECIFICITY OF M80.0... ICD–10–CM CODES**

**CLINICAL DIAGNOSIS DETAILS**

- **POtENTIAL ICD–10–CM CODE**
- **Encounter Type**

**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 risedronate or to 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.

---

**ICD-10-CM Code Examples**

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

**Adverse Reactions:**

- 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.

- **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.

- **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.

**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.