

# Coding Resource

SYNAGIS is a respiratory syncytial virus (RSV) F protein inhibitor monoclonal antibody indicated for the prevention of serious lower respiratory tract disease caused by RSV in children at high risk of RSV disease.

It is important to note that the codes identified below are examples only. Each provider is responsible for ensuring all coding is accurate and documented in the medical record based on the condition of the patient. The use of the following codes does not guarantee reimbursement.

## National Drug Code (NDC)

### 10-digit NDC

Dosage	Code
50 mg vial	60574-4114-1
100 mg vial	60574-4113-1

### 11-digit NDC

Dosage	Code
50 mg vial	60574-4114-01
100 mg vial	60574-4113-01

## Current Procedural Terminology® (CPT)<sup>1</sup>

	Code	Description
Supply and Administration of RSV immunoprophylaxis	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

## Healthcare Common Procedure Coding System (HCPCS)<sup>2</sup>

Code	Description
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

**Please see additional Important Safety Information on page 6 and accompanying full Prescribing Information, including Patient Information.**



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## Diagnosis Codes<sup>3</sup>

ICD-10-CM	Description
<b>PREMATURITY (≤35 WEEKS GA)</b>	
P07.21	Extreme immaturity of newborn, gestational age less than 23 completed weeks
P07.22	Extreme immaturity of newborn, gestational age 23 completed weeks
P07.23	Extreme immaturity of newborn, gestational age 24 completed weeks
P07.24	Extreme immaturity of newborn, gestational age 25 completed weeks
P07.25	Extreme immaturity of newborn, gestational age 26 completed weeks
P07.26	Extreme immaturity of newborn, gestational age 27 completed weeks
P07.31	Preterm newborn, gestational age 28 completed weeks
P07.32	Preterm newborn, gestational age 29 completed weeks
P07.33	Preterm newborn, gestational age 30 completed weeks
P07.34	Preterm newborn, gestational age 31 completed weeks
P07.35	Preterm newborn, gestational age 32 completed weeks
P07.36	Preterm newborn, gestational age 33 completed weeks
P07.37	Preterm newborn, gestational age 34 completed weeks
P07.38	Preterm newborn, gestational age 35 completed weeks
<b>BRONCHOPULMONARY DYSPLASIA/CHRONIC LUNG DISEASE OF PREMATURITY</b>	
P27.1	Bronchopulmonary dysplasia originating in the perinatal period
<b>HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE</b>	
Q20.0	Common arterial trunk
Q20.1	Double outlet right ventricle
Q20.2	Double outlet left ventricle
Q20.3	Discordant ventriculoarterial connection

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## Diagnosis Codes (Continued)

ICD-10-CM	Description
<b>HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE</b>	
Q20.4	Double inlet ventricle
Q20.5	Discordant atrioventricular connection
Q20.6	Isomerism of atrial appendages
Q20.8	Other congenital malformations of cardiac chambers and connections
Q20.9	Congenital malformation of cardiac chambers and connections, unspecified
Q21.0	Ventricular septal defect
Q21.1	Atrial septal defect
Q21.2	Atrioventricular septal defect
Q21.3	Tetralogy of Fallot
Q21.4	Aortopulmonary septal defect
Q21.8	Other congenital malformations of cardiac septa
Q22.0	Pulmonary valve atresia
Q22.1	Congenital pulmonary valve stenosis
Q22.2	Congenital pulmonary valve insufficiency
Q22.3	Other congenital malformations of pulmonary valve
Q22.4	Congenital tricuspid stenosis
Q22.5	Ebstein's anomaly
Q22.6	Hypoplastic right heart syndrome
Q22.8	Other congenital malformations of tricuspid valve
Q23.0	Congenital stenosis of aortic valve
Q23.1	Congenital insufficiency of aortic valve
Q23.2	Congenital mitral stenosis
Q23.3	Congenital mitral insufficiency
Q23.4	Hypoplastic left heart syndrome

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## Diagnosis Codes (Continued)

ICD-10-CM	Description
<b>HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE</b>	
Q23.8	Other congenital malformations of aortic and mitral valves
Q24.1	Levocardia
Q24.2	Cor triatriatum
Q24.3	Pulmonary infundibular stenosis
Q24.4	Congenital subaortic stenosis
Q24.5	Malformation of coronary vessels
Q24.8	Other specified congenital malformations of heart
Q25.0	Patent ductus arteriosus
Q25.1	Coarctation of aorta
Q25.21	Interruption of aortic arch
Q25.29	Other atresia of aorta
Q25.3	Supravalvular aortic stenosis
Q25.40	Congenital malformation of aorta unspecified
Q25.41	Absence and aplasia of aorta
Q25.42	Hypoplasia of aorta
Q25.43	Congenital aneurysm of aorta
Q25.44	Congenital dilation of aorta
Q25.45	Double aortic arch
Q25.46	Tortuous aortic arch
Q25.47	Right aortic arch
Q25.48	Anomalous origin of subclavian artery
Q25.49	Other congenital malformations of aorta
Q25.5	Atresia of pulmonary artery
Q25.6	Stenosis of pulmonary artery

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# Coding Resource

## Diagnosis Codes (Continued)

ICD-10-CM	Description
<b>HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE</b>	
Q25.71	Coarctation of pulmonary artery
Q25.72	Congenital pulmonary arteriovenous malformation
Q25.79	Other congenital malformations of pulmonary artery
Q25.8	Other congenital malformations of other great arteries
Q26.0	Congenital stenosis of vena cava
Q26.1	Persistent left superior vena cava
Q26.2	Total anomalous pulmonary venous connection
Q26.3	Partial anomalous pulmonary venous connection
Q26.4	Anomalous pulmonary venous connection, unspecified
Q26.8	Other congenital malformations of great veins
<b>PATIENT HISTORY</b>	
Z29.11	Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)

Please see additional Important Safety Information on page 6 and accompanying full [Prescribing Information](#), including Patient Information.



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## IMPORTANT SAFETY INFORMATION

- SYNAGIS is contraindicated in children who have had a previous significant hypersensitivity reaction to SYNAGIS
- Cases of anaphylaxis and anaphylactic shock, including fatal cases, have been reported following initial exposure or re-exposure to SYNAGIS. Other acute hypersensitivity reactions, which may be severe, have also been reported on initial exposure or re-exposure to SYNAGIS. The relationship between these reactions and the development of antibodies to SYNAGIS is unknown. If a significant hypersensitivity reaction occurs with SYNAGIS, its use should be permanently discontinued. If a mild hypersensitivity reaction occurs, clinical judgment should be used regarding cautious readministration of SYNAGIS
- As with any intramuscular injection, SYNAGIS should be given with caution to children with thrombocytopenia or any coagulation disorder
- Palivizumab may interfere with immunological-based RSV diagnostic tests, such as some antigen detection-based assays
- Adverse reactions occurring greater than or equal to 10% and at least 1% more frequently than placebo are fever and rash. In post-marketing reports, cases of severe thrombocytopenia (platelet count <50,000/microliter) and injection site reactions have been reported

## INDICATION

SYNAGIS is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients:

- with a history of premature birth ( $\leq 35$  weeks gestational age) and who are 6 months of age or younger at the beginning of RSV season
- with bronchopulmonary dysplasia (BPD) that required medical treatment within the previous 6 months and who are 24 months of age or younger at the beginning of RSV season
- with hemodynamically significant congenital heart disease (CHD) and who are 24 months of age or younger at the beginning of RSV season

## LIMITATIONS OF USE

The safety and efficacy of SYNAGIS have not been established for treatment of RSV disease.

## DOSING

The recommended dose of SYNAGIS is 15 mg/kg of body weight given monthly by intramuscular injection. The first dose of SYNAGIS should be administered prior to commencement of the RSV season and the remaining doses should be administered monthly throughout the RSV season. Children who develop an RSV infection should continue to receive monthly doses throughout the RSV season.

The efficacy of SYNAGIS at doses less than 15 mg/kg, or of dosing less frequently than monthly throughout the RSV season, has not been established.

**Please see accompanying full Prescribing Information for SYNAGIS, including Patient Information.**

**You are encouraged to report negative side effects of AstraZeneca prescription drugs by calling 1-800-236-9933. If you prefer to report these to the FDA, either visit [www.FDA.gov/medwatch](http://www.FDA.gov/medwatch) or call 1-800-FDA-1088.**

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**References:** 1. American Medical Association. *CPT® 2017 Professional Edition*. Chicago, IL: American Medical Association; 2017. 2. Centers for Medicare & Medicaid Services. HCPCS Release & Code Sets. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html>. Accessed April 3, 2018. 3. American Medical Association. *ICD-10-CM 2017: The Complete Official Codebook*. Chicago, IL: American Medical Association; 2017.