

Guide to billing and coding

Skyrizi[™] COMPLETE

Please see Indication and Important Safety Information on page 8.

Please see full Prescribing Information at https://www.rxabbvie.com/pdf/skyrizi_pi.pdf.


Skyrizi[™]
risankizumab-rzaa
75mg/0.83mL Injection

Overview of relevant codes

ICD-10-CM diagnosis code¹

Plaque psoriasis

| ICD-10 code | Description | | |
|-------------|----------------------------------|-------|------------------------|
| L40.0 | Psoriasis vulgaris | L40.4 | Guttate psoriasis |
| L40.1 | Generalized pustular psoriasis | L40.8 | Flexural psoriasis |
| L40.2 | Acrodermatitis continua | L40.9 | Psoriasis, unspecified |
| L40.3 | Pustulosis palmaris et plantaris | | |

National Drug Code (NDC)²

Electronic data exchange standards usually require the use of an 11-digit NDC. To convert a 10-digit NDC to an 11-digit NDC, a leading zero is added to the middle sequence of numbers (in the case of SKYRIZI, a 0 is added in front of 0074 to create 00074). Check with the payer to confirm the correct code required when billing for SKYRIZI.

| SKYRIZI | 10-digit NDC | 11-digit NDC |
|---------|----------------|-----------------|
| | (0074-2042-02) | (00074-2042-02) |

Healthcare Common Procedure Coding System (HCPCS) codes³

| SKYRIZI | HCPCS code | Description | Payer type |
|---------|------------|---------------------------------|----------------------|
| | J3590 | Unclassified biologics | Commercial, Medicare |
| | C9399 | Unclassified drugs or biologics | Medicare |

The codes shown above are only general suggestions and are not intended to encourage or suggest a use of any drug that is inconsistent with FDA-approved use. When billing with miscellaneous codes, the payer may require additional information and documents, such as the drug name, drug strength, unit of measure, number of units administered, total dosage, route of administration, 11-digit NDC, or a copy of the SKYRIZI invoice. Check with the specific payer to verify the most appropriate HCPCS codes and additional coding and billing requirements for SKYRIZI.



For additional guidance on coding, please refer to the Department of Health and Human Services Evaluation and Management Services guide available at <https://www.cms.gov>.

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CMS-1500 and CMS-1450 coding guide

CMS-1500 and CMS-1450 commercial and Medicare coding*

| Procedure type | CPT code |
|--|-------------|
| Office visit, new patient ⁴ | 99201-99205 |
| Office visit, established patient ⁴ | 99211-99215 |
| Prolonged service without direct patient contact by the physician or non-physician practitioner ⁴ | 99358 |
| Hospital outpatient visit (CMS-1450, Medicare only) ⁵ | G0463 |

Considerations when using evaluation and management CPT® codes

HCP services are generally billed using evaluation and management codes, which may be accompanied by prolonged service codes when appropriate.



For additional guidance on the appropriate use of prolonged service codes, please refer to the 2018 CPT® code book.

For support in person or over the phone, call your Access Specialist at 1.877.COMPLETE (1.877.266.7538).

Safety Considerations²

SKYRIZI may increase the risk of infection. Instruct patients to report signs or symptoms of clinically important infection during treatment. Should such an infection occur, discontinue SKYRIZI until infection resolves. Evaluate patients for tuberculosis infection prior to initiating treatment with SKYRIZI. Avoid use of live vaccines in SKYRIZI patients.

*The codes shown are only suggestions. The codes you need may vary by patient.

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Completing a CMS-1500 form

Sample CMS-1500, use to submit claims to commercial insurance and Medicare for SKYRIZI administered in your office

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

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

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)

8. RESERVED FOR NUCC USE
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous) YES NO
b. AUTO ACCIDENT? YES NO PLACE (State)
c. OTHER ACCIDENT? YES NO
10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL
15. OTHER DATE MM DD YY QUAL
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A L
22. RESUBMISSION CODE ORIGINAL REF. NO.

23. AUTHORIZATION NUMBER

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) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9/Family Plan ID. QUAL. J. RENDERING PROVIDER ID. #

25. FEDERAL TAX ID, NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For post-dates) YES NO 28. TOTAL CHARGE \$ 29. AMOUNT 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.)
32. SERVICE FACILITY LOCATION INFORMATION
33. BILLING PROVIDER INFO & PH #

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

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Completing a CMS-1500 form (cont'd)

If you are purchasing SKYRIZI from a distributor and need to submit a claim for reimbursement, you can use the CMS-1500 form.

- 1 Item 19:** When completing a claim for a drug that does not have a permanent HCPCS code, include the drug name, drug strength, unit of measure, number of units administered (and discarded), total dosage, route of administration, and 11-digit NDC.
- 2 Item 21:** Indicate the diagnosis using E23.0 (ICD-10-CM code). The “ICD Indicator” identifies the ICD code set being reported. Enter 0 (zero) as a single digit between the vertical, dotted lines.
- 3 Item 24A:** If line item NDC information is required, enter it in the shaded portion of Item 24A.
- 4 Item 24B:** Enter 11 (in place of a service code for physician offices).
- 5 Item 24D:** Indicate appropriate CPT® and HCPCS codes. See pages 2 and 3 of this guide for codes.
- 6 Item 24E:** Refer to the diagnosis for this service (see Item 21 above). Enter only 1 diagnosis pointer per line.
- 7 Item 24F:** Typically, enter average wholesale price (AWP), invoice price, or whichever price method is stated in your contract with the payer.
- 8 Item 24G:** Enter the number of units.

**For support in person or over the phone, call your
Access Specialist at 1.877.COMPLETE (1.877.266.7538).**

This information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Providers are encouraged to contact third-party payers for specific information about their coverage policies. For more information, please call an Access Specialist at 1.877.COMPLETE (1.877.266.7538).

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Completing a CMS-1450 form

Sample CMS-1450, use to submit claims to commercial insurance and Medicare for SKYRIZI administered in a hospital outpatient setting

| | | | | | | | |
|----------------|--|-------------------|--|-----------------------------|--|--|--|
| 1 | | 2 | | 3a PAT. CONT. # | | 4 TYPE OF BILL | |
| | | | | b. MED. REC. # | | | |
| | | | | 5 FED. TAX NO. | | 6 STATEMENT COVERS PERIOD FROM THROUGH | |
| 8 PATIENT NAME | | 9 PATIENT ADDRESS | | | | | |
| 10 BIRTHDATE | | 11 SEX | | 12 DATE | | 13 HR | |
| 14 TYPE | | 15 SRC | | 16 DHR | | 17 STAT | |
| 18 | | 19 | | 20 | | 21 | |
| 22 | | 23 | | 24 | | 25 | |
| 26 | | 27 | | 28 | | 29 ACCT STATE | |
| 30 | | 31 | | 32 | | 33 | |
| 34 | | 35 | | 36 | | 37 | |
| 38 | | 39 | | 40 | | 41 | |
| a | | b | | c | | d | |
| 42 REV CD. | | 43 DESCRIPTION | | 44 HCPCS / RATE / HPPS CODE | | 45 SERV DATE | |
| 46 SERV UNITS | | 47 TOTAL CHARGES | | 48 NON-COVERED CHARGES | | 49 | |
| 1 | | 2 | | 3 | | 4 | |
| 5 | | 6 | | 7 | | 8 | |
| 9 | | 10 | | 11 | | 12 | |
| 13 | | 14 | | 15 | | 16 | |
| 17 | | 18 | | 19 | | 20 | |
| 21 | | 22 | | 23 | | 24 | |
| 25 | | 26 | | 27 | | 28 | |
| 29 | | 30 | | 31 | | 32 | |
| 35 | | 36 | | 37 | | 38 | |
| 39 | | 40 | | 41 | | 42 | |
| 45 | | 46 | | 47 | | 48 | |
| 49 | | 50 | | 51 | | 52 | |
| 53 | | 54 | | 55 | | 56 | |
| 57 | | 58 | | 59 | | 60 | |
| 61 | | 62 | | 63 | | 64 | |
| 65 | | 66 | | 67 | | 68 | |
| 69 | | 70 | | 71 | | 72 | |
| 73 | | 74 | | 75 | | 76 | |
| 77 | | 78 | | 79 | | 80 | |
| 81 | | 82 | | 83 | | 84 | |
| 85 | | 86 | | 87 | | 88 | |
| 89 | | 90 | | 91 | | 92 | |
| 93 | | 94 | | 95 | | 96 | |
| 97 | | 98 | | 99 | | 100 | |

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Completing a CMS-1450 form (cont'd)

If you are purchasing SKYRIZI from a distributor and need to submit a claim for reimbursement, you can use the CMS-1450 form.

- 1 Locator Box 42:** List revenue codes in ascending order.
- 2 Locator Box 43:** Enter narrative description of corresponding revenue code (eg, clinic, lab general). If line item NDC information is required, enter it in the unshaded portions of Locator Box 43. Payer requirements for NDC entries may vary.
- 3 Locator Box 44:** Indicate appropriate CPT® and HCPCS codes as required by the payer. See pages 2 and 3 of this guide for codes.
- 4 Locator Box 46:** Enter the number of units.
 - For billing SKYRIZI with a miscellaneous/unclassified HCPCS code such as J3490, enter 1 unit
- 5 Locator Box 67:** Indicate the diagnosis using the ICD-10-CM code that supports medical justification for plaque psoriasis (see page 2 for ICD codes).
- 6 Locator Box 80:** When completing a claim for a drug that does not have a permanent code, additional information is required. Include the drug name, drug strength, unit of measure, number of units administered (and discarded), total dosage, route of administration, and 11-digit NDC. PA (or pre-certification) code may also be required by commercial plans.

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Indication and Important Safety Information for SKYRIZI

Indication²

SKYRIZI™ (risankizumab-rzaa) is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.

Important Safety Information²

Infection

SKYRIZI™ (risankizumab-rzaa) may increase the risk of infection. Do not initiate treatment with SKYRIZI in patients with a clinically important active infection until it resolves or is adequately treated.

In patients with a chronic infection or a history of recurrent infection, consider the risks and benefits prior to prescribing SKYRIZI. Instruct patients to seek medical advice if signs or symptoms of clinically important infection occur. If a patient develops such an infection or is not responding to standard therapy, closely monitor and discontinue SKYRIZI until the infection resolves.

Pre-Treatment Evaluation for Tuberculosis (TB)

Prior to initiating treatment with SKYRIZI, evaluate for TB infection and consider treatment in patients with latent or active TB for whom an adequate course of treatment cannot be confirmed. Monitor patients for signs and symptoms of active TB during and after SKYRIZI treatment. Do not administer SKYRIZI to patients with active TB.

Immunizations

Prior to initiating SKYRIZI, consider completion of all age appropriate immunizations according to current immunization guidelines. Avoid use of live vaccines in patients treated with SKYRIZI.

Adverse Reactions

Most common (≥1%) adverse reactions associated with SKYRIZI include upper respiratory infections, headache, fatigue, injection site reactions, and tinea infections.

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References: 1. Centers for Disease Control and Prevention. ICD-10-CM Tabular list 2019. ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2019/icd10cm_tabular_2019.pdf. Accessed December 21, 2018. 2. SKYRIZI [package insert]. North Chicago, IL: AbbVie Inc. 3. Centers for Medicare and Medicaid Services. HCPCS NOC Codes. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2019-HCPCS-NOC-Codes.html>. Accessed December 21, 2018. 4. Center for Medicare and Medicaid Services. Medicare Risk Adjustment Model CPT/HCPCS Filtering Included List. <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/CPT-HCPCS.html>. Accessed December 21, 2018. 5. Blue Cross and Blue Shield and CMS HCPCS codes. HCPCS code for hospital outpatient clinic visit. <https://hcpcs.codes/g-codes/G0463/>. Accessed December 21, 2018.

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