

Prolia® is indicated as a treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer. In these patients Prolia® also reduced the incidence of vertebral fractures.

Prolia® is indicated as a treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.

Item	Revenue Code <sup>1,2</sup>	Coding Information (HCPCS <sup>3</sup> /CPT <sup>4</sup> /ICD-10-CM <sup>5</sup> )	Notes
Prolia®	<p><b>Medicare:</b> 0636, drugs requiring detailed coding<sup>6</sup></p> <p><b>Other Payers:</b> 0250, general pharmacy; <b>OR</b> 0636, if required by a given payer<sup>6</sup></p>	J0897, SC injection, denosumab, 1 mg	Prolia® is supplied as a 60 mg dose; its NDC is 55513-0710-01
Administration	Appropriate revenue code for the cost center in which the service is performed	96372, therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular; <b>OR</b> 96401, chemotherapy administration, subcutaneous or intramuscular; non-hormonal antineoplastic	<p>The Medicare Claims Processing Manual (CPM) and the American Medical Association (AMA) indicate that chemotherapy codes may be appropriate in the treatment of noncancer diagnosis or to substances, such as certain monoclonal antibody agents, and other biologic response modifiers. However, third-party payers (or local carriers in the case of Medicare) make the determination for which specific codes are appropriate for billing</p> <p>Healthcare providers should consult the payer or Medicare contractor to determine which code is most appropriate for administration of Prolia®</p>
Diagnosis/Condition	N/A	<p>Appropriate ICD-10-CM code(s) for patient condition</p> <p>Sequencing of codes may vary based on patient's condition and payer's policy</p>	<p>Coding requirements for men receiving androgen deprivation therapy for nonmetastatic prostate cancer or women receiving adjuvant aromatase inhibitor therapy for breast cancer will vary from payer to payer but may include the following factors as appropriate:</p> <p><b>Cancer Diagnosis:</b> Example – C61 Malignant neoplasm of prostate</p> <p><b>Use of Androgen Deprivation or Aromatase Inhibitor Therapy:</b> Example – Z79.818 Long term (current) use of other agents affecting estrogen receptors and estrogen levels* <b>OR</b> Z79.899 Other long term (current) drug therapy</p> <p><b>Other Risk Factors for Fracture:</b> Example – M85.9 Disorder of bone density and structure, unspecified†</p>

\* Diagnosis code Z79.818 may be used for males receiving androgen deprivation therapy (eg, leuprolide acetate or goserelin acetate) for prostate cancer.

† Code M85.9 may apply for osteopenia.

1. Value Healthcare Services. Understanding Hospital Revenue Codes. 2014. Available at: <http://valuehealthcareservices.com/education/understanding-hospital-revenue-codes/>. Accessed August 6, 2014.

2. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual - Chapter 25. Completing and Processing the Form CMS-1450 Data Set. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c25.pdf>. Accessed August 6, 2014.

3. Centers for Medicare & Medicaid Services. 2015 Alpha-Numeric HCPCS File. Available at: <http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2015-Alpha-Numeric-HCPCS-File-%C2%A0.html>. Accessed May 29, 2015.

4. American Medical Association. Current Procedural Terminology (CPT®) copyright 2014 American Medical Association. 2015. All Rights Reserved.

5. Centers for Medicare & Medicaid Services. 2015 ICD-10-CM Tabular List of Diseases and Injuries. Available at: <http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2016>. Accessed July 23, 2015.

6. Centers for Medicare & Medicaid Services. Publication 100-04: Medicare Claims Processing Manual, Chapter 17: Drugs and Biologicals, Section 80.9: Required Modifiers for ESAs Administered to Non-ESRD Patients. Available at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf>. Accessed August 6, 2014.

The information provided in this document is of a general nature and for informational purposes only; it is not intended to be comprehensive or instructive. Coding and coverage policies change periodically and often without warning. The healthcare provider is solely responsible for determining coverage and reimbursement parameters and appropriate coding for his/her own patients and procedures. In no way should the information provided in this section be considered a guarantee of coverage or reimbursement for any product or service.

Contact Amgen Assist® at 1-888-4ASSIST for assistance.  
[www.AmgenAssistOnline.com](http://www.AmgenAssistOnline.com)

Please see Important Safety Information on pages 3 and 4.

**prolia**  
(denosumab)

Subcutaneous injection.

# The CMS 1450 for Hospital Outpatient

Sample UB-04 (CMS 1450) Form — Hospital Outpatient Administration

1 Anytown Hospital 100 Main Street Anytown, Anystate 01010		2	3a PAT. CNTL. # b. MED. REC. #	4 TYPE OF BILL
8 PATIENT NAME a Smith, James		9 PATIENT ADDRESS a 123 Main Street, Anytown, Anystate 12345		
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE
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## Serious Infections

In a clinical trial (N = 7808) in women with postmenopausal osteoporosis, serious infections leading to hospitalization were reported more frequently in the Prolia® group than in the placebo group. Serious skin infections, as well as infections of the abdomen, urinary tract and ear, were more frequent in patients treated with Prolia®.

Endocarditis was also reported more frequently in Prolia®-treated patients. The incidence of opportunistic infections and the overall incidence of infections were similar between the treatment groups. Advise patients to seek prompt medical attention if they develop signs or symptoms of severe infection, including cellulitis. Patients on concomitant immunosuppressant agents or with impaired immune systems may be at increased risk for serious infections. In patients who develop serious infections while on Prolia®, prescribers should assess the need for continued Prolia® therapy.

## Dermatologic Adverse Reactions

In the same clinical trial in women with postmenopausal osteoporosis, epidermal and dermal adverse events such as dermatitis, eczema and rashes occurred at a significantly higher rate with Prolia® compared to placebo. Most of these events were not specific to the injection site. Consider discontinuing Prolia® if severe symptoms develop.

## Musculoskeletal Pain

Severe and occasionally incapacitating bone, joint, and/or muscle pain has been reported in patients taking Prolia®. Consider discontinuing use if severe symptoms develop.

## Suppression of Bone Turnover

In clinical trials in women with postmenopausal osteoporosis, Prolia® resulted in significant suppression of bone remodeling as evidenced by markers of bone turnover and bone histomorphometry. The significance of these findings and the effect of long-term treatment are unknown. Monitor patients for consequences, including ONJ, atypical fractures, and delayed fracture healing.

## Nursing Mothers

It is not known whether Prolia® is excreted into human milk. Measurable concentrations of denosumab were present in the maternal milk of cynomolgus monkeys up to 1 month after the last dose of denosumab ( $\leq 0.5\%$  milk:serum ratio). Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from Prolia®, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

## Adverse Reactions

The most common (per patient incidence  $\geq 10\%$ ) adverse reactions reported with Prolia® in patients with bone loss receiving ADT for prostate cancer or adjuvant AI therapy for breast cancer are arthralgia and back pain. Pain in extremity and musculoskeletal pain have also been reported in clinical trials. Additionally, in Prolia®-treated men with nonmetastatic prostate cancer receiving ADT, a greater incidence of cataracts was observed.

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

**prolia**<sup>®</sup>  
(denosumab)

Subcutaneous injection.