

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																							
PICA PICA																							
1. MEDICARE (Medicare#)			MEDICAID (Medicaid#)			TRICARE (ID#/DoD#)			CHAMPVA (Member ID#)			GROUP HEALTH PLAN (ID#)			FECA BLK LUNG (ID#)		OTHER (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)												3. PATIENT'S BIRTH DATE MM DD YY		SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)							
5. PATIENT'S ADDRESS (No., Street)												6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)									
CITY						STATE						CITY						STATE					
ZIP CODE			TELEPHONE (Include Area Code) ()			ZIP CODE			TELEPHONE (Include Area Code) ()														
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)												10. IS PATIENT'S CONDITION RELATED TO:											
a. OTHER INSURED'S POLICY OR GROUP NUMBER												a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO											
b. RESERVED FOR NUCC USE												b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)											
c. RESERVED FOR NUCC USE												c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO											
d. INSURANCE PLAN NAME OR PROGRAM NAME												10d. CLAIM CODES (Designated by NUCC)											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim, I also request payment of government benefits either to myself or to the party who accepts assignment below,												11. INSURED'S POLICY GROUP OR FECA NUMBER											
SIGNED _____ DATE _____												a. INSURED'S DATE OF BIRTH MM DD YY											
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL: _____												15. OTHER DATE QUAL: _____ MM DD YY											
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. 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? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)												22. RESUBMISSION CODE ORIGINAL REF. NO.											
B. L. 3. _____ 4. _____ 5. _____ 6. _____ F. L. 7. _____ 8. _____ G. L. 9. _____ 10. _____ H. L. 11. _____ 12. _____ I. L. 13. _____ 14. _____ J. L. 15. _____ 16. _____ K. L. 17. _____ 18. _____ L. L. 19. _____ 20. _____												23. PRACTICER/THORIZA NUMBER											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPSCS D. MODIFIER E. DIAGNOSIS PINTER												F. S CHARGES G. DAYS/HR UNITS H. EPSPDT/PAY PER UNIT I. ID. # J. RENDERING PROVIDER ID. #											
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____												NPI _____ NPI _____ NPI _____ NPI _____ NPI _____ NPI _____											
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>												26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (or govt. claims, send back) <input type="checkbox"/> YES <input type="checkbox"/> 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 # ()											
SIGNED _____ DATE _____												a. NPI _____ b. NPI _____											

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SkyriziTM COMPLETE

Skyrizi™ risankizumab-rzaa 75mg/0.83mL Injection

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. CNTL #	4 TYPE OF BILL																	
		b. MED. REC. #																		
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM _____ THROUGH _____																	
8 PATIENT NAME		9 PATIENT ADDRESS																		
b	b	c	d																	
10 BIRTHDATE		11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACCT STATE	30
31 OCCURRENCE CODE		32 OCCURRENCE CODE	33 OCCURRENCE CODE	34 OCCURRENCE CODE	35 OCCURRENCE CODE	36 OCCURRENCE SPAN FROM _____ THROUGH _____		37												
38		39 CODE	VALUE CODES AMOUNT		40 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT											
a		a											
b		b											
c		c											
d		d											
42 REV. CD.		43 DESCRIPTION	44 HCPCS / RATE / HIPPS 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 PAGE _____ OF _____		CREATION DATE		TOTALS																
50 PAYER NAME		51 HEALTH PLAN ID		52 REG. INFO	53 ADT. BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI												
A		B		57												
B		C		OTHER												
C				PRV ID												
58 INSURED'S NAME		59 P.R.E.L.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.												
A		B		C		D		E												
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66		67												
A		B		C		D		E												
C		D		E		F		G												
68 DX		69 ADMIT. DX		70 PATIENT REASON DX		71 PRS. CODE		72 ECI		73										
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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.

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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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.

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

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.

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

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Skyrizi™
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75mg/0.83mL Injection