



Billing and Coding Guide

Your Access and Reimbursement Manager:

Name: _____

Phone: _____ Email: _____

With just a call or click, you can get assistance from a dedicated IZERVAY My WaySM Access Coordinator.



Phone: **1-888-C5MYWAY (1-888-256-9929)**
8 AM to 8 PM ET Monday - Friday



Fax: **1-833-C5MYWAY (1-833-256-9929)**



Email: **Support@IZERVAYMyWay.com**



Website: **IZERVAYecp.com/PatientSupport**

This Billing and Coding Guide is for general informational purposes only. The codes listed reflect a sample of potentially relevant codes but the provider is responsible for selecting the appropriate diagnosis, procedure, and billing codes that truthfully reflect the diagnosis and level of service provided to the patient in each instance of administration of IZERVAY.

The information in this guide is subject to change without notice and should be verified by the provider for each patient prior to treatment. Contact the patient's health plan directly for the most accurate information.

Astellas Pharma US, Inc. does not guarantee payment or coverage for any product or service.

Please see Important Safety Information on page 8 and accompanying full Prescribing Information.

Codes for billing and reimbursement

The codes below are common codes that may be used when filing a claim for IZERVAY. For the most accurate codes, please contact your patient's health plan.

Current Procedural Terminology (CPT®) codes for imaging¹

CPT code	Description
92134	Optical coherence tomography
92235	Fluorescein angiography (FA)
92250	Fundus photography (Fundus autofluorescence)
92240	Indocyanine green angiography (ICG)
92242	FA and ICG

CPT code for injections²

CPT code	Site modifier	Description
67028	Apply the appropriate site modifier (LT, RT, or 50) to the end of CPT code 67028	Intravitreal injection

LT, left eye; RT, right eye; 50, both eyes.

CPT® codes and descriptions are © 2025 American Medical Association (AMA). All rights reserved.

References: 1. Centers for Medicare & Medicaid Services. Physician fee schedule search. Accessed January 9, 2025. <https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=0&HT=1&CT=0&H1=92134&H2=92235&H3=92250&H4=92240&H5=92242&M=1>
2. Medicare.gov. Intravitreal injection of a pharmacologic agent (separate procedure). Accessed January 9, 2025. <https://www.medicare.gov/procedure-price-lookup/cost/67028>

It is always the provider's responsibility to determine the appropriate clinical diagnosis and healthcare setting to submit true and accurate claims for the products and services rendered.

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(avacincaptad pegol
intravitreal solution) 2 mg

Evaluation and management (E/M) codes¹

CPT code	Description
99203	New Patient Level 3 E/M
99213	Established Patient Level 3 E/M
99204	New Patient Level 4 E/M
99214	Established Patient Level 4 E/M

Other E/M codes may apply or be more appropriate for a given visit. Please refer to the E/M coding and documentation guidelines in the CPT book provided by the American Medical Association.

Office visit modifier²

Modifier	Description
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified healthcare professional on the same day of the procedure or other services.

Office visit modifiers help with prompt and correct payment based on evaluation and management services provided. These modifiers do not apply to services like tests or surgeries.

References: 1. Centers for Medicare & Medicaid Services. Physician fee schedule search. Accessed January 9, 2025. <https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=0&HT=1&CT=0&H1=99203&H2=99213&H3=99204&H4=99214&M=1> 2. American Academy of Ophthalmology. Effectively use exam modifiers. Accessed January 9, 2025. <https://www.aao.org/young-ophthalmologists/yo-info/article/effectively-use-exam-modifiers>

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ICD-10 codes for GA¹

Right eye

Left eye

Bilateral

**Dry (nonexudative)
AMD, advanced
atrophic without
subfoveal involvement**

H35.31**1**3

H35.31**2**3

H35.31**3**3

**Dry (nonexudative)
AMD, advanced
atrophic with
subfoveal involvement**

H35.31**1**4

H35.31**2**4

H35.31**3**4

Key:

Blue numerals
(6th position)
indicate laterality.

H35.31**1**1

Red numerals
(7th position)
indicate staging.

National Drug Code (NDC)^{2,3}

Tradename

Package strength

10-digit format

11-digit format

IZERVAY™
(avacincaptad
pegol intravitreal
solution)

20 mg/mL
solution in a
single-dose
glass vial

82829-002-01

82829-0002-01

Check with the patient's health plan to determine sequence requirements regarding the use of a 10-digit or 11-digit NDC as it may vary.

References: **1.** Centers for Medicare and Medicaid Services. ICD-10. Accessed January 10, 2025. <https://www.cms.gov/medicare/coding-billing/icd-10-codes#CodeFiles> **2.** Izervay. Package insert. Northbrook, IL: Astellas Pharma US, Inc. **3.** Chun J. Format of the National Drug Code. Accessed January 10, 2025. <https://www.fda.gov/media/173715/download>

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Healthcare Common Procedure Coding System (HCPCS) code¹

HCPCS code	Descriptor	Site of care	Billing units*
J2782	Injection, avacincaptad pegol intravitreal solution, 0.1 mg	All sites of care	20

When using the permanent J-code, bill 20 units for a 2-mg dose of IZERVAY.* Be sure to check with each payer for specific coding requirements.

*One billing unit of J2782 equals 0.1 mg of avacincaptad pegol. As a result, billing for 20 units equals a 2-mg dose of IZERVAY.¹

JZ modifier: Effective July 1, 2023, providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts.²

Important reminders when billing for IZERVAY

Ensure the following information is included in the claim submission:

- Drug name/generic name
- Strength
- Unit administered
- Route of administration
- NDC
- Appropriate codes (ICD-10, CPT, HCPCS)

Some health plans may also request the following:

- Prescribing information
- FDA approval letter
- Any relevant documentation to support medical necessity (EHR documentation, letter of medical necessity, etc)
- Drug purchase invoice

References: 1. Centers for Medicare & Medicaid Services. CMS HCPCS Application Summaries and Coding Recommendations: Fourth Quarter, 2023 HCPCS Coding Cycle. Accessed January 9, 2025. <https://www.cms.gov/files/document/2023-hcpcs-application-summary-quarter-4-2023-drugs-and-biologicals-updated-04/25/2024.pdf> 2. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologicals–JW modifier and JZ modifier policy frequently asked questions. Accessed January 9, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>

It is your responsibility to ensure that claim forms are completed accurately based on the clinical visit.

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Sample CMS-1500 form

The sample claim form below is just an example of how services provided in a physician's office may be billed on the CMS-1500 form.

Box 19:

Product name, generic, strength, dose administered, route of administration, NDC

Box 21A:

Diagnosis code (ICD-10-CM)

Box 23:

Prior authorization number, if available

Box 24A:

In the red shaded area at the top of the box, insert the N4 qualifier followed by the 11-digit NDC number and unit quantity. List the date of service in the white space. Hyphens may or may not be required by payer.

Box 24D:

Enter the appropriate HCPCS code, J2782, for IZERVAY on its own line, which should correlate to the NDC in Box 24A. The HCPCS code must be accompanied by the JZ modifier.¹ Include the following on separate lines:

- CPT code to report the administration procedure, 67028, along with the correct site modifier
- CPT code to report imaging, if appropriate
- CPT E/M code, if appropriate

Box 24E:

Enter the diagnosis code reference letter as shown in Box 21 to relate the date of service and the procedures performed to the diagnosis code.

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

1. MEDICARE (Medicare#) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BULKING (ID#) OTHER (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, c. OTHER ACCIDENT? YES/NO) 11. INSURED'S POLICY GROUP OR FECA NUMBER (a. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX (M/F), b. OTHER CLAIM ID (Designated by NUCC), c. INSURANCE PLAN NAME OR PROGRAM NAME)

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.) 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) 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. NAME, 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? (YES/NO) \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) (A. H35.3123, B., C., D., E., F., G., H., I., J., K., L.) 22. RESUBMISSION CODE (ORIGINAL REF. NO.) 23. PRIOR AUTHORIZATION NUMBER

1	24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Obtain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF UNITS	H. PRICE PER UNIT	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From	To									
1	01	22	23	01	22	23					
	N482829 0002 01 ML01				J2782	JZ					
2	01	22	23	01	22	23					
					67028	LT					
3											
4											
5											
6											

25. FEDERAL TAX I.D. NUMBER (SSN/ EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (YES/NO) 28. TOTAL CHARGE (\$) 29. AMOUNT PAID (\$) 30. Paid for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) 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)

Box 24G:

When using the permanent J-code, bill 20 units for each IZERVAY injection. 20 billing units of J2782 equals a 2-mg dose of IZERVAY. As a result, 20 units equals 1 single-dose 20-mg vial. Be sure to check with each payer for their specific coding requirements.

Reference: 1. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologicals—JW modifier and JZ modifier policy frequently asked questions. Accessed January 9, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>

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intravitreal solution) 2 mg

INDICATION

IZERVAY™ (avacincaptad pegol intravitreal solution) is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- IZERVAY is contraindicated in patients with ocular or periocular infections and in patients with active intraocular inflammation.

WARNINGS AND PRECAUTIONS

- Endophthalmitis and Retinal Detachments
 - Intravitreal injections, including those with IZERVAY, may be associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering IZERVAY in order to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately.
- Neovascular AMD
 - In clinical trials, use of IZERVAY was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization (7% when administered monthly and 4% in the sham group) by Month 12. Over 24 months, the rate of neovascular (wet) AMD or choroidal neovascularization in the GATHER2 trial was 12% in the IZERVAY group and 9% in the sham group. Patients receiving IZERVAY should be monitored for signs of neovascular AMD.
- Increase in Intraocular Pressure
 - Transient increases in intraocular pressure (IOP) may occur after any intravitreal injection, including with IZERVAY. Perfusion of the optic nerve head should be monitored following the injection and managed appropriately.

ADVERSE REACTIONS

- Most common adverse reactions (incidence $\geq 5\%$) reported in patients receiving IZERVAY were conjunctival hemorrhage, increased IOP, blurred vision, and neovascular age-related macular degeneration.

Please see full Prescribing Information for more information.

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The logo for IZERVAY features the brand name in a bold, purple, sans-serif font. Above the letters 'I' and 'Z' is a curved line with a color gradient from orange to purple. Below the brand name, the text "(avacincaptad pegol intravitreal solution) 2 mg" is written in a smaller, black, sans-serif font.**izervay™**
(avacincaptad pegol
intravitreal solution) 2 mg



**Wherever you are in the process,
we are ready to provide access and
reimbursement support for IZERVAY.**

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