

Coding Resource

SYNAGIS[®] (palivizumab) 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.¹

This resource lists codes that may be useful for billing and reimbursement for SYNAGIS. It is important to note that the codes identified below are examples only. Each provider is responsible for ensuring that 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)¹

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)²

	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)³

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

INDICATION

SYNAGIS[®] (palivizumab), 50 mg and 100 mg for injection, 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 (≤ 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.

IMPORTANT SAFETY INFORMATION

- SYNAGIS is contraindicated in children who have had a previous significant hypersensitivity reaction to SYNAGIS

Please see additional Important Safety Information on back cover and accompanying full Prescribing Information, including Patient Information.

Diagnosis Codes^{1,4-6}

● Label Guidance ● AAP Guidance ● NPA Guidelines

PREMATURITY (≤35 WEEKS GA)

ICD-10-CM	Description	ICD-10-CM	Description
P07.21 ●●●	Extreme immaturity of newborn, GA <23 completed weeks	P07.32 ●●	Preterm newborn, GA 29 completed weeks
P07.22 ●●●	Extreme immaturity of newborn, GA 23 completed weeks	P07.33 ●●	Preterm newborn, GA 30 completed weeks
P07.23 ●●●	Extreme immaturity of newborn, GA 24 completed weeks	P07.34 ●●	Preterm newborn, GA 31 completed weeks
P07.24 ●●●	Extreme immaturity of newborn, GA 25 completed weeks	P07.35 ●●	Preterm newborn, GA 32 completed weeks
P07.25 ●●●	Extreme immaturity of newborn, GA 26 completed weeks	P07.36 ●	Preterm newborn, GA 33 completed weeks
P07.26 ●●●	Extreme immaturity of newborn, GA 27 completed weeks	P07.37 ●	Preterm newborn, GA 34 completed weeks
P07.31 ●●●	Preterm newborn, GA 28 completed weeks	P07.38 ●	Preterm newborn, GA 35 completed weeks

BRONCHOPULMONARY DYSPLASIA/CHRONIC LUNG DISEASE OF PREMATURITY

ICD-10-CM	Description
P27.1 ●●●	Bronchopulmonary dysplasia originating in the perinatal period

HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE

ICD-10-CM	Description	ICD-10-CM	Description
Q20.0 ●●●	Common arterial trunk	Q20.9 ●●●	Congenital malformation of cardiac chambers and connections, unspecified
Q20.1 ●●●	Double outlet right ventricle	Q21.0 ●●●	Ventricular septal defect
Q20.2 ●●●	Double outlet left ventricle	Q21.1 ●●●	Atrial septal defect
Q20.3 ●●●	Discordant ventriculoarterial connection	Q21.2 ●●●	Atrioventricular septal defect
Q20.4 ●●●	Double inlet ventricle	Q21.3 ●●●	Tetralogy of Fallot
Q20.5 ●●●	Discordant atrioventricular connection	Q21.4 ●●●	Aortopulmonary septal defect
Q20.6 ●●●	Isomerism of atrial appendages	Q21.8 ●●●	Other congenital malformations of cardiac septa
Q20.8 ●●●	Other congenital malformations of cardiac chambers and connections	Q22.0 ●●●	Pulmonary valve atresia

AAP=American Academy of Pediatrics; GA=gestational age; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NPA=National Perinatal Association.

Please see Important Safety Information on front and back cover and accompanying full Prescribing Information, including Patient Information.

Diagnosis Codes (cont'd)

● Label Guidance ● AAP Guidance ● NPA Guidelines

HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE (cont'd)^{1,4-6}

ICD-10-CM	Description	ICD-10-CM	Description
Q22.1 ●●●	Congenital pulmonary valve stenosis	Q25.3 ●●●	Supravalvular aortic stenosis
Q22.2 ●●●	Congenital pulmonary valve insufficiency	Q25.40 ●●●	Congenital malformation of aorta unspecified
Q22.3 ●●●	Other congenital malformations of pulmonary valve	Q25.41 ●●●	Absence and aplasia of aorta
Q22.4 ●●●	Congenital tricuspid stenosis	Q25.42 ●●●	Hypoplasia of aorta
Q22.5 ●●●	Ebstein's anomaly	Q25.43 ●●●	Congenital aneurysm of aorta
Q22.6 ●●●	Hypoplastic right heart syndrome	Q25.44 ●●●	Congenital dilation of aorta
Q22.8 ●●●	Other congenital malformations of tricuspid valve	Q25.45 ●●●	Double aortic arch
Q23.0 ●●●	Congenital stenosis of aortic valve	Q25.46 ●●●	Tortuous aortic arch
Q23.1 ●●●	Congenital insufficiency of aortic valve	Q25.47 ●●●	Right aortic arch
Q23.2 ●●●	Congenital mitral stenosis	Q25.48 ●●●	Anomalous origin of subclavian artery
Q23.3 ●●●	Congenital mitral insufficiency	Q25.49 ●●●	Other congenital malformations of aorta
Q23.4 ●●●	Hypoplastic left heart syndrome	Q25.5 ●●●	Atresia of pulmonary artery
Q23.8 ●●●	Other congenital malformations of aortic and mitral valves	Q25.6 ●●●	Stenosis of pulmonary artery
Q24.1 ●●●	Levocardia	Q25.71 ●●●	Coarctation of pulmonary artery
Q24.2 ●●●	Cor triatriatum	Q25.72 ●●●	Congenital pulmonary arteriovenous malformation
Q24.3 ●●●	Pulmonary infundibular stenosis	Q25.79 ●●●	Other congenital malformations of pulmonary artery
Q24.4 ●●●	Congenital subaortic stenosis	Q25.8 ●●●	Other congenital malformations of other great arteries
Q24.5 ●●●	Malformation of coronary vessels	Q26.0 ●●●	Congenital stenosis of vena cava
Q24.8 ●●●	Other specified congenital malformations of heart	Q26.1 ●●●	Persistent left superior vena cava
Q25.0 ●●●	Patent ductus arteriosus	Q26.2 ●●●	Total anomalous pulmonary venous connection
Q25.1 ●●●	Coarctation of aorta	Q26.3 ●●●	Partial anomalous pulmonary venous connection
Q25.21 ●●●	Interruption of aortic arch	Q26.4 ●●●	Anomalous pulmonary venous connection, unspecified
Q25.29 ●●●	Other atresia of aorta	Q26.8 ●●●	Other congenital malformations of great veins

PATIENT HISTORY⁴

ICD-10-CM	Description
Z29.11	Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)

Please see Important Safety Information on front and back cover and accompanying full Prescribing Information, including Patient Information.

IMPORTANT SAFETY INFORMATION (cont'd)

- 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

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 suspected adverse reactions to the FDA by visiting www.FDA.gov/medwatch or calling 1-800-FDA-1088.



For more information, call **SYNAGIS CONNECT** at **1-866-285-8419**, Monday through Friday 8 AM to 8 PM EST, or visit **SYNAGISCONNECT.com** for additional resources.

References: **1.** SYNAGIS [prescribing information]. Gaithersburg, MD: MedImmune; March 2014. **2.** American Medical Association. *CPT*[®] 2019 *Professional Edition*. Chicago, IL: American Medical Association; 2019. **3.** Alpha-numeric HCPCS. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html>. Accessed June 21, 2019. **4.** 2019 ICD-10-CM. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-CM.html>. Accessed June 21, 2019. **5.** American Academy of Pediatrics Committee on Infectious Diseases; American Academy of Pediatrics Bronchiolitis Guidelines Committee. Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. *Pediatrics*. 2014;134(2):415-420. **6.** Goldstein M, Phillips R, DeVincenzo JP, et al. National Perinatal Association 2018 Respiratory Syncytial Virus (RSV) Prevention Clinical Practice Guideline: an evidence-based interdisciplinary collaboration. *Neonatology Today*. 2017;12(10):1-14.