

## Billing and Coding Guide

GAMMAGARD LIQUID is administered by a healthcare professional at a patient's home, a physician's office, a hospital, or an infusion center. This guide provides the following information necessary to bill payers for GAMMAGARD LIQUID:

### PRODUCT CODES

- ▶ National Drug Code (NDC) numbers
- ▶ Healthcare Common Procedure Coding System (HCPCS) codes
- ▶ Current Procedural Terminology (CPT®) codes

### DIAGNOSTIC CODES

- ▶ The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes

The codes are not a comprehensive listing. The provider is responsible for ensuring accurate and appropriate diagnostic coding to obtain reimbursement. Please check with the payer to verify the codes and any special billing requirements.

### INDICATIONS

GAMMAGARD LIQUID is indicated as a replacement therapy for primary humoral immunodeficiency (PI) in adult and pediatric patients two years of age or older, as a maintenance therapy to improve muscle strength and disability in adult patients with Multifocal Motor Neuropathy (MMN), and as a therapy to improve neuromuscular disability and impairment in adult patients with Chronic Inflammatory Demyelinating Polyneuropathy (CIDP).

**LIMITATIONS OF USE (CIDP):** GAMMAGARD LIQUID has not been studied in immunoglobulin-naïve patients with CIDP. GAMMAGARD LIQUID maintenance therapy in CIDP has not been studied for periods longer than 6 months. After responding during an initial treatment period, not all patients require indefinite maintenance therapy with GAMMAGARD LIQUID in order to remain free of CIDP symptoms. Individualize the duration of any treatment beyond 6 months based upon the patient's response and demonstrated need for continued therapy.

GAMMAGARD LIQUID for PI is for intravenous or subcutaneous use.  
GAMMAGARD LIQUID for MMN and CIDP is for intravenous use only.

### IMPORTANT SAFETY INFORMATION

#### **WARNING: THROMBOSIS, RENAL DYSFUNCTION, and ACUTE RENAL FAILURE**

- **Thrombosis may occur with immune globulin (IG) products, including GAMMAGARD LIQUID. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.**
- **Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur in predisposed patients with immune globulin intravenous (IGIV) products. Patients predisposed to renal dysfunction include those with any degree of pre-existing renal insufficiency, diabetes mellitus, age greater than 65, volume depletion, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs. Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. GAMMAGARD LIQUID does not contain sucrose.**
- **For patients at risk of thrombosis, administer GAMMAGARD LIQUID at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.**

*Please see page 9 for additional Important Safety Information and click for [Full Prescribing Information](#).*

The information contained in this Coding Reference Guide is provided for informational purposes only. Every reasonable effort has been made to verify the accuracy of the information; however, this guide is not intended to provide specific guidance on how to utilize, code, bill, or charge for any product or service. Healthcare providers should make the ultimate determination as to when to use a specific product based on clinical appropriateness for a particular patient. Third-party payment for medical products and services is affected by numerous factors, and Takeda cannot guarantee success in obtaining insurance payments. This Coding Reference Guide is current as of September 2024.

# National Drug Codes (NDCs)

An NDC is a unique 3-segment number that serves as a universal product identifier for a drug.<sup>1</sup>

## GAMMAGARD LIQUID IS AVAILABLE IN THE FOLLOWING<sup>2</sup>

NDC Number	Volume	Grams Protein
0944-2700-02	10 mL	1.0
0944-2700-03	25 mL	2.5
0944-2700-04	50 mL	5.0
0944-2700-05	100 mL	10.0
0944-2700-06	200 mL	20.0
0944-2700-07	300 mL	30.0

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

MAC=Medicare Administrative Contractor.

***Please see pages 1 and 9 for Important Safety Information including Boxed Warning regarding Thrombosis, Renal Dysfunction and Acute Renal Failure, and click for Full Prescribing Information.***

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# ICD-10-CM Codes

The ICD-10-CM are diagnostic codes that must be used for all healthcare services provided in the United States.

## FOR MMN<sup>3</sup>

ICD-10-CM Diagnostic Code	Code Description
G61.82	Use diagnostic code when diagnosing MMN

## FOR PI<sup>3</sup>

D80	Immunodeficiency With Predominantly Antibody Defects	D81	Combined Immunodeficiency
D80.0	Hereditary hypogammaglobulinemia	D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D80.1	Nonfamilial hypogammaglobulinemia	D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses	D81.89	Other combined immunodeficiencies
D80.4	Selective deficiency of immunoglobulin M [IgM]	D81.9	Combined immunodeficiency, unspecified
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]		
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia		

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; MAC=Medicare Administrative Contractor; MMN=multifocal motor neuropathy; PI=primary immunodeficiency.

**Please see pages 1 and 9 for Important Safety Information including Boxed Warning regarding Thrombosis, Renal Dysfunction and Acute Renal Failure, and click for Full Prescribing Information.**

# ICD-10-CM Codes

## FOR PI<sup>3</sup> (CONTINUED)

D83	Common Variable Immunodeficiency
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Combined variable immunodeficiency, unspecified

## FOR CIDP<sup>3</sup>

ICD-10-CM Diagnostic Code	Code Description
G61.81	Use diagnostic code when diagnosing CIDP

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

CIDP=chronic inflammatory demyelinating polyneuropathy; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; MAC=Medicare Administrative Contractor; PI=primary immunodeficiency.

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# IV Codes

## J-Codes

Among the most commonly used HCPCS Level II codes are J-codes, which are used primarily to identify an injectable drug product or biologic.<sup>4,5</sup>

J-Code <sup>6</sup>	Code Description
J1569*	Injection, immune globulin (GAMMAGARD LIQUID), intravenous, non-lyophilized (e.g., liquid), 500 mg

\*HCPCS code J1569 must be billed with either modifier JA for the IVIG formulation or modifier JB for the SCIG formulation.<sup>7</sup>

## CPT<sup>®</sup> Codes

A CPT code is a 5-digit code used to identify medical services and procedures performed by HCPs. These codes are maintained by the American Medical Association.<sup>8</sup>

### IVIG ADMINISTRATION (AVAILABLE FOR PI AND MMN INDICATIONS)<sup>9-12</sup>

CPT Codes	Code Description
96365	IV infusion for therapy, prophylaxis, or diagnosis; initial, up to 1 hour
96366 (add-on code)	IV infusion for therapy, prophylaxis, or diagnosis; each additional hour (list separately in addition to code for primary procedure)
96367 (add-on code)	IV infusion for therapy, prophylaxis, or diagnosis; additional sequential infusion, up to 1 hour (list separately in addition to code for primary procedure)
96368 (add-on code)	IV infusion for therapy, prophylaxis, or diagnosis; concurrent infusion (list separately in addition to code for primary procedure)

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

CPT=Current Procedural Terminology; HCP=healthcare professional; HCPCS=Healthcare Common Procedure Coding System; IV=intravenous; IVIG=intravenous immunoglobulin; MAC=Medicare Administrative Contractor; MMN=multifocal motor neuropathy; PI=primary immunodeficiency; SCIG=subcutaneous immunoglobulin.

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# SC Codes

## J-Codes

Among the most commonly used HCPCS Level II codes are J-codes, which are used primarily to identify an injectable drug product or biologic.<sup>4,5</sup>

J-Code <sup>6,7</sup>	Code Description
J1569JB	Injection, immune globulin (GAMMAGARD LIQUID), intravenous, non-lyophilized (e.g., liquid), 500 mg, the JB modifier designates subcutaneous injection of the drug and must be included when coding.

## E-Codes

An HCPCS E-code is a standardized code used to report durable medical equipment (DME).<sup>13</sup>

E-Codes <sup>14,15</sup>	Code Description
E0779	For ambulatory infusion pump (mechanical, reusable), for infusion 8 hours or more as maintained by CMS, falls under infusion pumps and supplies. Associated infusion pump (E0779) claims where the route of administration is subcutaneous, a JB modifier must be added to each HCPCS code.
E0780	Describes a mechanical infusion pump similar to an E0779 pump but capable of only a single infusion cycle of less than 8 hours.

## A-Codes

HCPCS A codes represent transportation services, medical, and surgical supplies.<sup>16</sup>

A-Codes <sup>15</sup>	Code Description
A4221	Describes all necessary supplies, such as dressings for the catheter site and flush solutions, not directly related to non-insulin drug infusions. The catheter site may be a peripheral intravenous line, a subcutaneous infusion catheter, a peripherally inserted central catheter (PICC), a centrally inserted intravenous line with either an external or a subcutaneous port, or an epidural catheter.
A4222*	Includes the cassette or bag, diluting solutions, tubing and other administration supplies, port cap changes, compounding charges, and preparation charges. This code is not used for a syringe-type reservoir.

\*For E0779 and K0455 pumps, either A4222 or K0552 may be billed, but not both.<sup>15</sup>

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

CMS=Centers for Medicare & Medicaid Services; HCPCS=Healthcare Common Procedure Coding System;  
MAC=Medicare Administrative Contractor; SC=subcutaneous.

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# SC Codes

## K-Codes

Used by Durable Medical Equipment Medicare Administrative Contractors (DME MACs) to report supplies and other products for which a national code has not yet been developed. Payment jurisdiction lies with the DME MACs unless otherwise specified.<sup>17</sup>

K-Code <sup>15</sup>	Code Description
K0552*	Describes a syringe-type reservoir that is used with the K0455 pump when it is used to administer epoprostenol/treprostinil, or with an E0779 pump used to administer subcutaneous immune globulin. The reservoir may be either glass or plastic and includes the needle for drawing up the drug. This code does not include the drug for use in the reservoir. Code A4232 is invalid for submission to Medicare and should not be used for this purpose.

## CPT® Codes

A 5-digit CPT code is used to identify medical services and procedures performed by HCPs. These codes are maintained by the American Medical Association.<sup>8</sup>

### SCIG ADMINISTRATION (AVAILABLE FOR PI INDICATION ONLY)<sup>18-20</sup>

CPT Codes	Code Description
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s).
96370	Each additional hour (list separately in addition to code for primary procedure); includes infusions of more than 30 minutes beyond 1 hour.
96371	Additional pump set-up with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure).

\*For E0779 and K0455 pumps, either A4222 or K0552 may be billed, but not both.<sup>15</sup>

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

CPT=Current Procedural Terminology; HCP=healthcare professional; PI=primary immunodeficiency;

SCIG=subcutaneous immunoglobulin.

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# Other Codes

## S-Codes

S-codes are a type of HCPCS code that identifies drugs, services, and supplies for which national codes do not exist but are needed to implement policies, programs, or support claims processing. Note that they are not payable by Medicare.<sup>5</sup>

### HOME INFUSION THERAPY (FOR IVIG OR SCIG)<sup>21</sup>

S-Code	Code Description
S9338	Home infusion therapy, immunotherapy, administration services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

## Hospital Revenue Code

The following table contains the hospital revenue code typically used to report this service.

### HOSPITAL REVENUE CODE<sup>22</sup>

Code	Code Description
0636	Pharmacy, drugs requiring detailed coding

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

HCPCS=Healthcare Common Procedure Coding System; IVIG=intravenous immunoglobulin; MAC=Medicare Administrative Contractor; SCIG=subcutaneous immunoglobulin.

**Please see pages 1 and 9 for Important Safety Information including Boxed Warning regarding Thrombosis, Renal Dysfunction and Acute Renal Failure, and click for Full Prescribing Information.**





# Important Safety Information

## IMPORTANT SAFETY INFORMATION (Continued)

### Contraindications

- History of anaphylactic or severe systemic hypersensitivity reactions to human IG.
- IgA-deficient patients with antibodies to IgA and a history of hypersensitivity to human IG. Anaphylaxis has been reported with intravenous (IV) use of GAMMAGARD LIQUID.

### Warnings and Precautions

**Hypersensitivity:** Severe hypersensitivity reactions may occur, even in patients who have tolerated previous treatment with human IG. If a hypersensitivity reaction occurs, discontinue infusion immediately and institute appropriate treatment. IgA-deficient patients with antibodies to IgA are at greater risk of developing potentially severe hypersensitivity reactions, including anaphylaxis.

**Renal Dysfunction/Failure:** Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis, and death may occur with IV use of IG products, especially those containing sucrose. Acute renal dysfunction/failure has been reported in association with infusions of GAMMAGARD LIQUID. Ensure patients are not volume depleted prior to infusion. In patients at risk due to pre-existing renal insufficiency or predisposition to acute renal failure, assess renal function before initiation and throughout treatment, and use the minimum infusion rate practicable for IV administration. If renal function deteriorates, consider discontinuation.

**Hyperproteinemia, increased serum viscosity, and hyponatremia** may occur. It is critical to distinguish true hyponatremia from a pseudohyponatremia because certain treatments may lead to volume depletion, a further increase in serum viscosity, and a predisposition to thromboembolic events.

**Thrombosis:** May occur following treatment with IG products and in the absence of known risk factors. In patients at risk, administer at the minimum dose and infusion rate practicable. Ensure adequate hydration before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

**Aseptic Meningitis Syndrome:** Has been reported with use of IG and may occur more frequently in females. Conduct a thorough neurological exam on patients exhibiting signs and symptoms, to rule out other causes of meningitis. Discontinuing IG treatment has resulted in remission within several days without sequelae.

**Hemolysis:** GAMMAGARD LIQUID contains blood group antibodies, which may cause a positive direct antiglobulin reaction and hemolysis. Monitor patients for signs and symptoms of hemolysis and delayed hemolytic anemia and, if present, perform appropriate confirmatory lab testing.

**Transfusion-Related Acute Lung Injury:** Non-cardiogenic pulmonary edema has been reported with IV-administered IG, including GAMMAGARD LIQUID. Monitor patients for pulmonary adverse reactions. If suspected, perform appropriate tests for presence of anti-neutrophil and anti-HLA antibodies in both product and patient serum. May be managed using oxygen therapy with adequate ventilatory support.

**Transmittable Infectious Agents:** Because GAMMAGARD LIQUID is made from human plasma, it may carry a risk of transmitting infectious agents (e.g., viruses, other pathogens). No confirmed cases of viral transmission or variant Creutzfeldt-Jakob disease (vCJD) have been associated with GAMMAGARD LIQUID.

**Interference with Lab Tests:** False positive serological test results and certain assay readings, with the potential for misleading interpretation, may occur as the result of passively transferred antibodies.

### Adverse Reactions

The serious adverse reactions observed in clinical studies in PI was aseptic meningitis, and in MMN were pulmonary embolism and blurred vision.

The most common adverse reactions observed in  $\geq 5\%$  of patients were:  
IV administration for PI: Headache, fatigue, pyrexia, nausea, chills, rigors, pain in extremity, diarrhea, migraine, dizziness, vomiting, cough, urticaria, asthma, pharyngolaryngeal pain, rash, arthralgia, myalgia, oedema peripheral, pruritus, and cardiac murmur.

Subcutaneous administration for PI: Infusion site (local) event (rash, erythema, edema, hemorrhage, and irritation), headache, fatigue, heart rate increased, pyrexia, abdominal pain upper, nausea, vomiting, asthma, blood pressure systolic increased, diarrhea, ear pain, aphthous stomatitis, migraine, oropharyngeal pain, and pain in extremity.

IV administration for MMN: Headache, chest discomfort, muscle spasms, muscular weakness, nausea, oropharyngeal pain, and pain in extremity.

IV administration for CIDP: Headache, pyrexia, anemia, leukopenia, neutropenia, illness, blood creatinine increased, dizziness, migraine, somnolence, tremor, nasal dryness, abdominal pain upper, vomiting, chills, nasopharyngitis, and pain in extremity.

### Drug Interactions

Passive transfer of antibodies may transiently interfere with immune responses to live attenuated virus vaccines (e.g., measles, mumps, rubella, and varicella).

**Please click here for Full Prescribing Information, including Boxed Warning regarding Thrombosis, Renal Dysfunction and Acute Renal Failure.**

**GAMMAGARD LIQUID**

[Immune Globulin Infusion (Human)] 10% 9



**References:** **1.** National Drug Code database background information. US Food and Drug Administration. Updated March 20, 2017. Accessed August 20, 2024. <https://www.fda.gov/drugs/development-approval-process-drugs/national-drug-code-database-background-information> **2.** Gammagard Liquid. Prescribing information. Baxalta, Inc; 2024. **3.** Billing and coding: immune globulin intravenous (IVIg). Centers for Medicare and Medicaid Services. October 1, 2019. Updated July 1, 2023. Accessed August 20, 2024. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57187> **4.** HCPCS J-codes. HCPCS.codes. Accessed August 20, 2024. <https://hcpcs.codes/j-codes/> **5.** What is HCPCS? American Academy of Professional Coders. Accessed August 20, 2024. <https://www.aapc.com/resources/what-is-hcpcs> **6.** HCPCS code for injection, immune globulin, (Gammagard Liquid), non-lyophilized, (e.g., liquid), 500 mg J1569. American Academy of Professional Coders. Accessed August 20, 2024. <https://www.aapc.com/codes/hcpcs-codes/J1569> **7.** Billing and coding: immune globulin. Centers for Medicare and Medicaid Services. October 3, 2018. Updated January 12, 2024. Accessed August 20, 2024. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57778> **8.** CPT® overview and code approval. American Medical Association. Accessed August 20, 2024. <https://www.ama-assn.org/practice-management/cpt/cpt-overview-and-code-approval> **9.** CPT® 96365, under therapeutic, prophylactic, and diagnostic injections and infusions (excludes chemotherapy and other highly complex drug or highly complex biologic agent administration). American Academy of Professional Coders. Accessed August 20, 2024. <https://www.aapc.com/codes/cpt-codes/96365> **10.** CPT® 96366, under therapeutic, prophylactic, and diagnostic injections and infusions (excludes chemotherapy and other highly complex drug or highly complex biologic agent administration). American Academy of Professional Coders. Accessed August 20, 2024. <https://www.aapc.com/codes/cpt-codes/96366> **11.** CPT® 96367, under therapeutic, prophylactic, and diagnostic injections and infusions (excludes chemotherapy and other highly complex drug or highly complex biologic agent administration). American Academy of Professional Coders. Accessed August 20, 2024. <https://www.aapc.com/codes/cpt-codes/96367> **12.** CPT® 96368, under therapeutic, prophylactic, and diagnostic injections and infusions (excludes chemotherapy and other highly complex drug or highly complex biologic agent administration). American Academy of Professional Coders. Accessed August 20, 2024. <https://www.aapc.com/codes/cpt-codes/96368> **13.** HCPCS E-codes. HCPCS.codes. Accessed August 20, 2024. <https://hcpcs.codes/E-codes/> **14.** HCPCS code for ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater E0779. American Academy of Professional Coders. Accessed August 20, 2024. <https://www.aapc.com/codes/hcpcs-codes/E0779> **15.** External infusion pumps—policy article. Centers for Medicare and Medicaid Services. October 1, 2015. Updated January 12, 2024. Accessed August 20, 2024. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52507> **16.** HCPCS A-codes. HCPCS.codes. Accessed August 20, 2024. <https://hcpcs.codes/a-codes/> **17.** HCPCS K-codes. HCPCS.codes. Accessed August 20, 2024. <https://hcpcs.codes/k-codes/> **18.** CPT® 96369, under therapeutic, prophylactic, and diagnostic injections and infusions (excludes chemotherapy and other highly complex drug or highly complex biologic agent administration). American Academy of Professional Coders. Accessed August 20, 2024. <https://www.aapc.com/codes/cpt-codes/96369> **19.** CPT® 96370, under therapeutic, prophylactic, and diagnostic injections and infusions (excludes chemotherapy and other highly complex drug or highly complex biologic agent administration). American Academy of Professional Coders. Accessed August 20, 2024. <https://www.aapc.com/codes/cpt-codes/96370> **20.** CPT® 96371, under therapeutic, prophylactic, and diagnostic injections and infusions (excludes chemotherapy and other highly complex drug or highly complex biologic agent administration). American Academy of Professional Coders. Accessed August 20, 2024. <https://www.aapc.com/codes/cpt-codes/96371> **21.** HCPCS code for home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem S9338. American Academy of Professional Coders. Accessed August 20, 2024. <https://www.aapc.com/codes/hcpcs-codes/S9338> **22.** Billing and coding: hospital outpatient drugs and biologicals under the Outpatient Prospective Payment System (OPPS). Centers for Medicare and Medicaid Services. March 1, 2018. Updated April 23, 2020. Accessed August 20, 2024. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55913>