

Billing & Coding Guide

for the Intravenous (IV) Formulation of COSENTYX® (secukinumab)

A useful tool for navigating
the reimbursement landscape.



An actual patient.
Compensated for her time.

**For additional support, reach out
to your dedicated Access and
Reimbursement Manager or
contact Novartis Patient Support**



Phone:
844-COSENTYX (844-267-3689)



Fax:
844-666-1366 or 800-343-9117



Online:
www.cosentyxhcp.com

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Please see full Prescribing Information, including Medication Guide.



An actual patient.
Compensated for her time.

IMPORTANT INFORMATION:

The coding, coverage, and payment information contained herein is gathered from various resources, general in nature, and subject to change without notice. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for those products and services rendered. Providers should contact third-party health plans for specific information on their coding, coverage, and payment policies. Information and materials are provided to assist healthcare providers, but the responsibility to determine coverage, reimbursement, and appropriate times remains with the provider.

Overview

We know that navigating insurance and reimbursement can be a challenge.

This guide is intended to provide an overview of coding and coverage information related to the IV formulation of COSENTYX® (secukinumab). Healthcare professionals (HCPs) can reference this guide, in addition to other resources, to determine for themselves the appropriate claims to file for the IV formulation of COSENTYX and related services. Novartis does not guarantee payment or coverage for any product or service.

Information specific to coding and billing is subject to change without notice and should be verified by the provider for each patient prior to treatment. It is always the provider’s responsibility to determine the appropriate healthcare setting and to submit true and correct claims for the products and services rendered. Providers should contact third-party health plans for specific information on their coding, coverage and payment policies, and fee schedules.

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to your Access and Reimbursement
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ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification.



Basic coverage information

Coding and billing requirements for the IV formulation of COSENTYX® (secukinumab) vary based on many factors, including the site of service where the drug is administered, the type of insurance the patient has, and the benefit under which the IV formulation of COSENTYX is covered.

Site of service

The IV formulation of COSENTYX is intended for use under the guidance and supervision of a physician. For most health plans, the site of service will affect the coding and billing requirements. This guide provides information on coverage, coding, and billing for the IV formulation of COSENTYX when administered in physicians' offices, hospital outpatient settings, and stand-alone infusion centers.

Basic coverage information (cont)

Health plan type¹

Coverage, as defined by each health plan type and benefit package, may vary depending on the site of service and the patient's status and medical history.



Medicare

Medicare typically covers and separately reimburses drugs provided in the physician's office as well as most drugs provided in the hospital outpatient department that are not self-administered and are provided incident to a physician service.

Coverage under Medicare Advantage can vary by plan. Providers should check with the patient's plan for specific coverage and payment information.



Medicaid

Medicaid coverage and payment can vary by state or by the specific managed Medicaid plan. Providers should check with the state program or plan for specific coverage information for all health plan types for fee schedules.



Private health plans

Private health plans may cover provider-administered treatments and the medical services associated with their administration. However, there may be restrictions on coverage, such as special requirements for distribution and precertification. Private health plans may also vary in the payment methods they use to reimburse the sites of service where the treatments are administered.

- ▶ Most health plans cover physician-administered products under a medical benefit rather than a pharmacy benefit. In the case of Medicare, provider-administered treatments will typically be covered under Part B. However, private health plans and Medicaid may require that physicians order the treatment through a specialty pharmacy
- ▶ Specialty pharmacies may bill the health plan under the medical or pharmacy benefit, depending on what that plan requires. Additionally, Medicare Advantage health plans may cover the treatment in a similar way to private health plans depending on the benefit design of the patient



Contact your Access and Reimbursement Manager to better understand coverage for the IV formulation of COSENTYX® (secukinumab).

Reference: 1. Tikkanen R, Osborn R, Mossialos E, Djordjevic A, Wharton GA. International health care system profiles: United States. Published June 5, 2020. Accessed June 7, 2025. <https://www.commonwealthfund.org/international-health-policy-center/countries/united-states>

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 **Cosentyx**[®]
(secukinumab)

Drug codes

The table below provides common procedure and drug codes that may be related to administration of the IV formulation of COSENTYX® (secukinumab) in the physician office setting.

National Drug Code (NDC)¹

The **NDC** is a unique, 10- or 11-digit, 3-segment number. It is a universal product identifier for drugs in the United States present on all over-the-counter and prescription medication packages and inserts. Many NDC numbers listed on drug packaging are in 10-digit format.

An 11-digit NDC code may be derived from the 10-digit code. Many health plans require the use of the 11-digit code for proper billing.

Please note: Because many practice management systems automatically remove the hyphens, be sure that they are excluded from submission on the claim. Check with the patient’s health insurance provider to determine sequence requirements.

Trade name	Drug strength and dose	10-digit NDC number	11-digit NDC number
COSENTYX	125 mg/5 mL (25 mg/mL) single-dose vial for dilution	0078-1168-61	00078-1168-61



Contact your Access and Reimbursement Manager to better understand NDC codes for the IV formulation of COSENTYX.

Drug codes (cont)

Healthcare Common Procedure Coding System (HCPCS) Level II code(s)¹

HCPCS Level II codes are used to identify drugs, supplies, medical procedures, and other services. As of July 1, 2024, a permanent J-code is available for the IV formulation of COSENTYX® (secukinumab). HCPs should contact third-party health plans for specific information on their coding, coverage, and payment policies.

HCPCS code	Descriptor	Setting of care	Billing unit
J3247	Injection, secukinumab, intravenous, 1 mg	Physician’s office, hospital outpatient setting, stand-alone infusion center	Bill 1 unit per 1 mg

For infusion dates of service on or after July 1, 2024, use **J-code J3247** when submitting claims for the **IV formulation of COSENTYX**. For dates of service prior to July 1, 2024, please bill using the appropriate miscellaneous J-code or product-specific C-code (for Medicare claims for hospital outpatient departments).

Reference: 1. Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services (CMS) healthcare common procedure coding system (HCPCS) application summaries and coding recommendations. Published April 2, 2024. Accessed June 7, 2025. <https://www.cms.gov/files/document/2024-hcpcs-application-summary-quarter-1-2024-drugs-and-biologicals-posted-04/02/2024.pdf>

Drug codes (cont)

Modifiers

Modifiers play a crucial role in coding and billing processes. They provide additional information about a service or procedure without changing its definition or code. By using modifiers, healthcare providers can indicate specific circumstances such as route of administration, wasted product, and more. To determine the applicability of a modifier, it is recommended to consult the relevant CMS manuals.

Wasted-product modifiers ¹ (JW or JZ always required)	
Modifier	Description
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient

Route of administration modifiers ²	
Modifier	Description
JA	Administered intravenously

- The JA modifier is no longer needed for Medicare Administrative Contractors (MACs) but *may* be needed for some private health plans. Please check your private health plan to determine if the JA modifier is required. Please note: The JA modifier is still required for claims filed with a date of service prior to July 1, 2024, using a miscellaneous J-Code

References: 1. Centers for Medicare & Medicaid Services. Medicare program discarded drugs and biologicals—JW modifier and JZ modifier policy. Accessed June 7, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 2. Centers for Medicare & Medicaid Services. Billing and coding: complex drug administration coding. Accessed June 7, 2025. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59272&ver=9&bc=0>

Drug codes (cont)

Billing for wastage

If there were any discarded amounts of COSENTYX® (secukinumab), the JW modifier should be used. The JW modifier is designated for the discarded or unused portion of the drug. The JZ modifier is used to report that no amount of drug was discarded and the claim is eligible for payment. The modifier(s) should only be used for claims that bill single-dose container drugs such as COSENTYX.^{1,2}

Based on the weight-based dosing for the IV formulation of COSENTYX, the use of the JW vs JZ modifier should be based on the amount administered to the patient.

Example A:

A patient weighs 95 kg (~210 lb), and you use 166.25 mg (rounded up to 167 mg), which means 2 vials would be used with 83 mg billed as wastage)

- ▶ The 83 units discarded are billed on another line using the JW modifier
- ▶ When billing, ensure the amount administered is on the first billing line with any wastage on the following line. Please see Sample Forms section for more details

Example B:

A patient weighs 71 kg (~157 lb), and you use 124.25 mg (rounded up to 125 mg), which equals 1 whole vial with no wastage

- ▶ Include the JZ modifier when billing
- ▶ Billing another unit with the JW modifier is not allowed, to prevent overpayment



Keep in mind that CMS does not allow for the billing of fractional units. Units should be rounded up to the nearest whole number.

References: 1. Centers for Medicare & Medicaid Services. Medicare program discarded drugs and biologicals—JW modifier and JZ modifier policy. Accessed June 7, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 2. Cosentyx. Prescribing information. Novartis Pharmaceuticals Corp.

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Not an actual
Novartis Patient Support
team member.

Current Procedural Terminology (CPT) codes¹

CPT codes are the most widely accepted codes for reporting medical procedures and services under government and private health plans. Please bill for administration according to the appropriate type of services rendered when administering COSENTYX® (secukinumab).

Type	Code	Description
CPT code*	96XXX	Check the policy for the patient’s health plan to confirm the appropriate administration code

*CPT © 2025 American Medical Association. All rights reserved.



We are here to help you help your patients. For additional support and resources, reach out to your Access and Reimbursement Manager or visit www.cosentyxhcp.com.

Reference: 1. Association, American M. 2025 AMA CPT Professional. Available from: AAPC, American Medical Association (AMA), 2024.

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Potential ICD-10-CM diagnosis codes

The codes listed are provided for educational purposes only and are not a guarantee of coverage or reimbursement. Coverage and reimbursement may vary significantly by health plan, patient, and setting of care. It is the sole responsibility of the HCP to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient. The codes included on the following pages are included as examples of potential codes that may be relevant for the IV formulation of COSENTYX® (secukinumab).

International Classification of Diseases, Tenth Revision,
Clinical Modification (ICD-10-CM) diagnosis codes^{1,2}

ICD-10-CM diagnosis codes identify why a patient may need treatment (eg, conditions, diseases, related health problems, abnormal findings) and document the medical necessity for a patient to receive treatment with COSENTYX. You should review the health plan’s guidance to ensure appropriate codes are selected based on the patient’s medical record.

Disease	Possible ICD-10-CM code	Descriptor
PsA	L40.50	Arthropathic psoriasis, unspecified*
	L40.51	Distal interphalangeal psoriatic arthropathy
	L40.52	Psoriatic arthritis mutilans
	L40.53	Psoriatic spondylitis
	L40.59	Other psoriatic arthropathy

*When billing with an unspecified ICD-10-CM code, check the health plan for applicability.

PsA, psoriatic arthritis.
References: 1. Centers for Disease Control and Prevention. ICD-10-CM Tabular List of Diseases and Injuries Accessed June 7, 2025. https://ftp.cdc.gov/pub/health_statistics/nchs/publications/ICD10CM/2025/ 2. Codify by AAPC. ICD-10-CM codes lookup. Accessed June 7, 2025. <https://www.aapc.com/codes/icd-10-codes-range/#:::text=TheInternationalClassificationofDiseasesexternalcausesofinjuries>

Potential *ICD-10-CM* diagnosis codes (cont)

Disease	Possible <i>ICD-10-CM</i> code	Descriptor
AS	M45.0	Ankylosing spondylitis of multiple sites in spine
	M45.1	Ankylosing spondylitis of occipito-atlanto-axial region
	M45.2	Ankylosing spondylitis of cervical region
	M45.3	Ankylosing spondylitis of cervicothoracic region
	M45.4	Ankylosing spondylitis of thoracic region
	M45.5	Ankylosing spondylitis of thoracolumbar region
	M45.6	Ankylosing spondylitis of lumbar region
	M45.7	Ankylosing spondylitis of lumbosacral region
	M45.8	Ankylosing spondylitis of sacral and sacrococcygeal region
	M45.9	Ankylosing spondylitis of unspecified sites in spine*
Disease	Possible <i>ICD-10-CM</i> code	Descriptor
nr-axSpA	M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine*
	M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
	M45.A2	Non-radiographic axial spondyloarthritis of cervical region
	M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
	M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
	M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
	M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
	M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
	M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
	M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine

***When billing with an unspecified *ICD-10-CM* code, check the health plan for applicability.**

AS, ankylosing spondylitis; nr-axSpA, non-radiographic axial spondyloarthritis.

Reference: 1. Centers for Disease Control and Prevention. ICD-10-CM Tabular List of Diseases and Injuries. Accessed June 7, 2025. https://ftp.cdc.gov/pub/health_statistics/nchs/publications/ICD10CM/2025/

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Setting of care codes

Place of Service (POS) codes¹

POS codes are used to indicate the setting in which a service was provided. The Centers for Medicare & Medicaid Services (CMS) maintains a database of POS codes commonly used in the healthcare industry. Below are examples of some common POS codes. Review the full listing of the POS codes on the CMS website and consult your health plan's guidance to determine the correct code for your institution.

Service	Code	Description
Office	11	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the healthcare professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
On Campus— Outpatient Hospital	22	A portion of a hospital's main campus that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Description change effective January 1, 2016.)
Off Campus— Independent Clinic*	19	A portion of an off-campus, hospital provider-based department that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Effective January 1, 2016.)

*An independent diagnostic testing facility shall not be allowed to bill for any CPT or HCPCS codes that are solely therapeutic.

Reference: 1. Centers for Medicare & Medicaid Services. Place of service code set. Accessed June 7, 2025. <https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets>

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Setting of care codes (cont)

Hospital revenue codes¹

Specific forms, such as the **CMS-1450 (UB-04) form**, require documentation of revenue codes associated with services provided to patients.

Below are commonly used revenue codes for processing claims for products, such as COSENTYX® (secukinumab). This is not an all-inclusive list of revenue codes that could be used, and it is recommended to review individual health plan guidance to determine the appropriate codes for the IV formulation of COSENTYX.

Revenue code	Description
0250	Pharmacy, General
0260	IV (Intravenous) Therapy, General
0510	Clinic, General
0636	Pharmacy, Drugs Requiring Detailed Coding

Reference: 1. Noridian Healthcare Solutions. Revenue codes. Accessed June 7, 2025. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes>

Submitting claims: claim filing checklist

After your patient has been administered the IV formulation of COSENTYX® (secukinumab), a claim for reimbursement is submitted to their health plan. When submitting a claim, it is a best practice to understand the health plan's specific coding and billing requirements and ensure that the submitted claim is as complete as possible. You may want to reference the following general tips when filing claims for the IV formulation of COSENTYX:

- ☐ **Make sure you are appropriately completing your claim to represent the patient's condition, the drugs the patient received, and the services you provided. Ensure the following are accurately documented:**
 - ▶ ICD-10-CM code
 - ▶ CPT code
 - ▶ HCPCS code
 - ▶ Dosage and strength (if applicable)
 - ▶ Appropriate modifiers to document method of administration and wastage (if applicable)
 - ▶ NDC number
- ☐ **Attach additional information to the claim if necessary**
 - ▶ Letter of medical necessity
 - ▶ Prescribing Information
 - ▶ Patient notes
- ☐ Ensure that the appropriate amount of units are billed based on the codes used when using the permanent J-code J3247, 1 unit equals 1 mg
- ☐ Review claim for accuracy, including patient identification numbers and coding
- ☐ File claim as soon as possible and within health plan filing time limits
- ☐ Reconcile claim reports promptly and thoroughly to ensure claims have been appropriately processed and paid
- ☐ Verify that payment amounts correspond with your public health plan allowables and your private health plan contracts

Submitting claims: common errors

Tips to address common errors when billing for the IV formulation of COSENTYX® (secukinumab)

Billing and coding for COSENTYX is a critical step in the overall process to ensure timely reimbursement from health plans. The following tips can help support more accurate billing. Keep in mind, all box numbers noted below are based on the **CMS-1500 form**.

- ☐ **Required Product Modifiers:** Be sure to include the appropriate modifier based on the amount administered
 - ▶ Some private health plans **may require** the use of the JA modifier when billing for the IV formulation of COSENTYX. All Medicare Administrative Contractors (MACs) have provided guidance that the JA modifier is no longer required for claims with a Date of Service after July 1, 2024, using J3247
 - ▶ **The JW modifier should be used when there is wastage**, which is the most common scenario due to the weight-based dosing for the IV formulation of COSENTYX¹
 - The JW modifier should be billed on a separate line
 - ▶ **The JZ modifier should only be used when there is zero wastage**¹
 - The JZ modifier should be billed on the same line as the JA modifier (if a JA modifier is required by health plan)
- ☐ **Billing Units:** When using the permanent J-code J3247, 1 unit equals 1 mg²
 - ▶ Keep in mind that CMS does not allow for the billing of fractional units. Units should be rounded up to the nearest whole number

Reimbursement Disagreements: *If you have been reimbursed for a claim and you disagree with your reimbursement amount, there are several ways this can be managed. Be sure to contact the health plan or Medicare Administrative Contractor to understand how they want to proceed. They may require you to*

- 1) Reopen a claim
- 2) Submit an appeal or redetermination
- 3) Resubmit with changes

References: 1. Centers for Medicare & Medicaid Services. HCPCS quarterly update. Accessed June 7, 2025. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update> 2. Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services (CMS) healthcare common procedure coding system (HCPCS) application summaries and coding recommendations. Published April 2, 2024. Accessed June 7, 2025. <https://www.cms.gov/files/document/2024-hcpcs-application-summary-quarter-1-2024-drugs-and-biologicals-posted-04/02/2024.pdf>

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 **Cosentyx**[®]
(secukinumab)

Submitting claims: sample forms

Physician's office: sample CMS-1500 form

The IV formulation of COSENTYX® (secukinumab) and the associated services provided in a physician office are billed on the CMS-1500 claim form or its electronic equivalent. A sample CMS-1500 form for billing the IV formulation of COSENTYX is provided below.¹ The sample claim form provided is only an example. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for the products and services rendered. Providers should contact third-party health plans for specific information on their coding, coverage, payment policies, and fee schedules.

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

1. MEDICARE ☐ **MEDICAID** ☐ **TRICARE** ☐ **CHAMPVA** ☐ **GROUP HEALTH PLAN** ☐ **FECA BLK LUNG** ☐ **OTHER** ☐

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **3. PATIENT'S BIRTH DATE** MM DD YY **SEX** M ☐ F ☐

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 ☐ PLACE (State) **11. INSURED'S POLICY GROUP OR FECA NUMBER**

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 **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.** **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) **ICD Ind.** **22. RESUBMISSION** **ORIGINAL REF. NO.**

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY **B. PLACE OF SERVICE** **C. PROCEDURE, SERVICE, OR SUPPLIES** (Explain Unusual Circumstances) **D. DIAGNOSIS** **E. CHARGES** **F. CHARGES** **G. CHARGES** **H. CHARGES** **I. CHARGES** **J. CHARGES**

25. FEDERAL TAX I.D. NUMBER **SSN** **26. PATIENT'S ACCOUNT NO.** **27. ACCEPT ASSIGNMENT?** ☐ YES ☐ NO **28. TOTAL CHARGE** **29. AMOUNT PAID** **30. REV 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**

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Submitting claims: sample forms (cont)

- A Box 21**
Indicate diagnosis using appropriate *ICD-10-CM* code(s) associated with the claim.¹
- B Box 24A**
In the non-shaded bottom section, list the date(s) of service. In the shaded section, list the N4 indicator first, then the 11-digit NDC number, followed by the unit of measurement qualifier and the unit quantity (Example N40078116861ML1.0, where “1.0” is the number of mL administered or wasted).² Health plan requirements for NDC entries may vary—health plans may require that the actual units (mLs) administered or wasted be shown.
- C Box 24D**
Enter the appropriate HCPCS code accompanied by the appropriate modifier as required by the health plan, or if needed based on dose given to patient (JA modifier **may** be required by private health plans when billing for the IV formulation of COSENTYX® [secukinumab]; it is no longer required when submitting claims to any MAC for DOS after July 1, 2024, using J3247). See additional information on modifiers needed for COSENTYX on page 6.³ For administration, enter the appropriate *CPT* code.⁴ Please note, health plan policies may vary in regard to specific coding requirements.
- D Box 24E**
Enter the diagnosis code reference letter as shown in Box 21 to relate the date of service and the procedures performed for the primary diagnosis. If there is more than one diagnosis required with a procedure code, only reference one letter from Box 21.
- E Box 24G**
Include the appropriate number of billing units. When billing with the permanent J-code (J3247), 1 billing unit = 1 mg. Please bill according to the amount of product administered or wasted.

IMPORTANT INFORMATION: The coding, coverage, and payment information contained herein is gathered from various resources, general in nature, and subject to change without notice. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for those products and services rendered. Providers should contact third-party health plans for specific information on their coding, coverage, and payment policies. Information and materials are provided to assist healthcare providers, but the responsibility to determine coverage, reimbursement, and appropriate coding for a particular patient and/or procedure remains, at all times, with the provider.

MAC, Medicare Administrative Contractor.

References: **1.** Centers for Disease Control and Prevention. *ICD-10-CM Tabular List of Diseases and Injuries*. Accessed June 7, 2025. https://ftp.cdc.gov/pub/health_statistics/nchs/publications/ICD10CM/2025/ **2.** Cosentyx. Prescribing information. Novartis Pharmaceuticals Corp. **3.** Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services (CMS) healthcare common procedure coding system (HCPCS) application summaries and coding recommendations. Published April 2, 2024. Accessed June 7, 2025. <https://www.cms.gov/files/document/2024-hcpcs-application-summary-quarter-1-2024-drugs-and-biologicals-posted-04/02/2024.pdf> **4.** American Medical Association (AMA). *CPT Professional 2023 and E/M Companion 2023 Bundle*. AMA; 2023.

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Submitting claims: sample forms (cont)

Hospital outpatient: sample CMS-1450 (UB-04) form

The IV formulation of COSENTYX® (secukinumab) and the associated services provided in a hospital outpatient setting are billed on the UB-04 claim form or its electronic equivalent. A sample UB-04 form for billing the IV formulation of COSENTYX is provided below.¹

The sample claim form provided below is only an example. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for the products and services rendered. Providers should contact third-party health plans for specific information on their coding, coverage, payment policies, and fee schedules.

SAMPLE

1		2		3a PRF CONT. #		3b PRF REG. #		4 TYPE OF BILL	
8 PATIENT NAME		9 PATIENT ADDRESS		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7	
10 BIRTHDATE	11 SEX	12 DATE	13 ADMISSION	14 DISCH. TYPE	15 SEC. 1500	16 STAT.	17	18	19
20		21		22		23		24	
25		26		27		28		29	
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Submitting claims: sample forms (cont)

- 1 Box 42**
Enter the appropriate revenue code corresponding with the HCPCS code in Box 44.¹ Then enter the appropriate revenue code corresponding with the CPT code in Box 44.^{2,3}
- 2 Box 43**
Enter a detailed drug or service description for the health plan. When billing for the IV formulation of COSENTYX® (secukinumab), list the N4 indicator first, then the 11-digit NDC number, followed by the unit of measurement qualifier and the unit quantity (**Example N400078116861ML1.0** where “1.0” is the number of mL administered or wasted).⁴ If allowable, noting the IV formulation of COSENTYX can be helpful to the adjudication process. Health plan requirements for NDC entries may vary—health plans may require that the actual units (mLs) administered or wasted be shown.
- 3 Box 44**
Enter the appropriate HCPCS code (eg, J3247) accompanied by the appropriate modifier as required by the health plan, or if needed based on dose given to patient (please see possible modifiers needed for COSENTYX on page 6).¹ Enter the appropriate CPT code.³ Please note, policies may vary in regard to specific code requirements.
- 4 Box 46**
Include the appropriate number of billing units. When billing with the permanent J-code (J3247), 1 billing unit = 1 mg. Please bill according to the amount of product administered or wasted.
- 5 Box 66**
Indicate diagnosis using appropriate ICD-10-CM code(s) associated with the claim.⁵

IMPORTANT INFORMATION: The coding, coverage, and payment information contained herein is gathered from various resources, general in nature, and subject to change without notice. Third-party payment for medical products and services is affected by numerous factors. It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for those products and services rendered. Providers should contact third-party health plans for specific information on their coding, coverage, and payment policies. Information and materials are provided to assist healthcare providers, but the responsibility to determine coverage, reimbursement, and appropriate coding for a particular patient and/or procedure remains, at all times, with the provider.

References: **1.** Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services (CMS) healthcare common procedure coding system (HCPCS) application summaries and coding recommendations. Published April 2, 2024. Accessed June 7, 2025. <https://www.cms.gov/files/document/2024-hcpcs-application-summary-quarter-1-2024-drugs-and-biologicals-posted-04/02/2024.pdf> **2.** Noridian Healthcare Solutions. Revenue codes. Accessed June 7, 2025. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes> **3.** American Medical Association (AMA). CPT Professional 2023 and E/M Companion 2023 Bundle. AMA; 2023. **4.** Cosentyx. Prescribing information. Novartis Pharmaceuticals Corp. **5.** Centers for Disease Control and Prevention. ICD-10-CM Tabular List of Diseases and Injuries. Accessed June 7, 2025. https://ftp.cdc.gov/pub/health_statistics/nchs/publications/ICD10CM/2025/

Indications & Important Safety Information

INDICATIONS

COSENTYX® (secukinumab) is indicated for the treatment of moderate to severe plaque psoriasis (PsO) in patients 6 years and older who are candidates for systemic therapy or phototherapy.

COSENTYX is indicated for the treatment of active psoriatic arthritis (PsA) in patients 2 years of age and older.

COSENTYX is indicated for the treatment of adult patients with active ankylosing spondylitis (AS).

COSENTYX is indicated for the treatment of adult patients with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.

COSENTYX is indicated for the treatment of active enthesitis-related arthritis (ERA) in patients 4 years of age and older.

COSENTYX is indicated for the treatment of adult patients with moderate to severe hidradenitis suppurativa (HS).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

COSENTYX is contraindicated in patients with a previous serious hypersensitivity reaction to secukinumab or to any of the excipients in COSENTYX. Cases of anaphylaxis and angioedema have been reported during treatment with COSENTYX.

WARNINGS AND PRECAUTIONS

Infections

COSENTYX may increase the risk of infections. In clinical trials, a higher rate of infections was observed in COSENTYX treated subjects compared to placebo-treated subjects. In placebo-controlled clinical trials in subjects with moderate to severe PsO, higher rates of common infections, such as nasopharyngitis (11.4% versus 8.6%), upper respiratory tract infection (2.5% versus 0.7%) and mucocutaneous infections with candida (1.2% versus 0.3%) were observed in subjects treated with COSENTYX compared to placebo-treated subjects. A similar increase in risk of infection in subjects treated with COSENTYX was seen in placebo-controlled trials in subjects with PsA, AS and nr-axSpA. The incidence of some types of infections, including fungal infections, appeared to be dose-dependent in clinical trials.

In the postmarketing setting, serious bacterial, viral, and fungal opportunistic infections, and some fatal infections have been reported in patients receiving IL-17 inhibitors including COSENTYX. Cases of Hepatitis B virus reactivation have been reported.

Indications & Important Safety Information (cont)

WARNINGS AND PRECAUTIONS (cont)

Infections (cont)

Exercise caution when considering the use of COSENTYX in patients with a chronic infection or a history of recurrent infection. Instruct patients to seek medical advice if signs or symptoms suggestive of an infection occur. If a patient develops a serious infection, monitor the patient closely and discontinue COSENTYX until the infection resolves.

If signs of Hepatitis B virus reactivation occur, consult a hepatitis specialist. COSENTYX is not recommended for use in patients with active viral hepatitis.

Pre-treatment Evaluation for Tuberculosis

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with COSENTYX. Avoid administration of COSENTYX to patients with active TB infection. Initiate treatment of latent TB prior to administering COSENTYX. Consider anti-TB therapy prior to initiation of COSENTYX in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Monitor patients closely for signs and symptoms of active TB during and after treatment.

Inflammatory Bowel Disease

Inflammatory Bowel Disease (IBD) exacerbations, in some cases serious and/or leading to discontinuation of COSENTYX, occurred in COSENTYX treated subjects during clinical trials in PsO, PsA, AS, nr-axSpA, and HS. In adult subjects with HS, the incidence of IBD was higher in subjects who received COSENTYX 300 mg every 2 weeks (Ulcerative Colitis [UC] 1 case, EAIR 0.2/100 subject-years; Crohn's Disease [CD] 1 case, EAIR 0.2/100 subject-years) compared to subjects who received COSENTYX 300 mg every 4 weeks (IBD 1 case, EAIR 0.2/100 subject-years). In addition, new onset IBD cases occurred in subjects treated with COSENTYX in clinical trials. In an exploratory trial in 59 subjects with active Crohn's disease [COSENTYX is not approved for the treatment of Crohn's disease], there were trends toward greater disease activity and increased adverse reactions in subjects treated with COSENTYX as compared to placebo-treated subjects.

Exercise caution when prescribing COSENTYX to patients with IBD. Patients treated with COSENTYX should be monitored for signs and symptoms of IBD.

Eczematous Eruptions

In postmarketing reports, cases of severe eczematous eruptions, including atopic dermatitis-like eruptions, dyshidrotic eczema, and erythroderma, were reported in patients receiving COSENTYX; some cases resulted in hospitalization. The onset of eczematous eruptions was variable, ranging from days to months after the first dose of COSENTYX.

Treatment may need to be discontinued to resolve the eczematous eruption. Some patients were successfully treated for eczematous eruptions while continuing COSENTYX.

Indications & Important Safety Information (cont)

WARNINGS AND PRECAUTIONS (cont)

Hypersensitivity Reactions

Serious hypersensitivity reactions including anaphylaxis, angioedema, and urticaria have been reported in COSENTYX treated subjects in clinical trials and in the post-marketing setting. If an anaphylactic or other serious allergic reaction occurs, immediately discontinue administration of COSENTYX and initiate appropriate therapy.

The removable caps of the COSENTYX Sensoready® pen and the COSENTYX 1 mL and 0.5 mL prefilled syringes contain natural rubber latex, which may cause an allergic reaction in latex-sensitive individuals. The safe use of the COSENTYX Sensoready pen or prefilled syringe in latex-sensitive individuals has not been studied.

Immunizations

Prior to initiating therapy with COSENTYX, consider completion of all age-appropriate immunizations according to current immunization guidelines. COSENTYX may alter a patient's immune response to live vaccines. Avoid use of live vaccines in patients treated with COSENTYX.

MOST COMMON ADVERSE REACTIONS

Most common adverse reactions (>1%) are nasopharyngitis, diarrhea, and upper respiratory tract infection.

Glossary

CMS-1450 (UB-04) form: Created by the Centers for Medicare & Medicaid Services (CMS), this form is used by healthcare professionals to bill claims for hospital outpatient services.

CMS-1500 form: Created by CMS, this form is used by healthcare professionals to bill claims for in-office patient services.

Current Procedural Terminology (CPT) code: Uniform language for coding medical services and procedures to streamline reporting and increase accuracy and efficiency.

Healthcare Common Procedure Coding System (HCPCS): Identifies the items and services included within certain designated health services (DHS) categories or that may qualify for certain exceptions.

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis code: A system used by physicians to classify and code all diagnoses, symptoms, and procedures for claims processing.

National Drug Code (NDC): Universal product identifier with a unique set of numbers used for human drugs in the US.

Place of Service (POS) codes: Also referred to as a Site of Care code, this is a 2-digit code on healthcare professional claims to indicate the setting in which a service was provided. CMS maintains these codes used throughout the healthcare industry.

Novartis Patient Support Services

Designed to make onboarding seamless and efficient for patients and HCPs



Benefits Verification

Novartis Patient Support can help verify your patients' benefits

Once you've enrolled your patients in Novartis Patient Support, we'll provide support throughout the prior authorization and appeals process to help your patients access treatment.



Savings Options

Eligible, privately insured patients may pay as little as \$0 for COSENTYX® (secukinumab)*

- ▶ Help patients with the cost of **both** the IV formulation of COSENTYX and drug administration*

*See Co-Pay Terms & Conditions below.



Acquisition Support

Guidance on appropriate distributors and specialty pharmacies

- ▶ Help practices understand the authorized distributors available to order the IV formulation of COSENTYX
- ▶ Novartis Patient Support can also determine if there are any specialty pharmacy requirements



Billing & Coding Support

Support with understanding the relevant reimbursement codes for the IV formulation of COSENTYX

- ▶ Our team is here to help your practice understand the appropriate codes
- ▶ Our Billing & Coding Guide also provides a comprehensive overview of the available codes
- ▶ HCPs should contact third-party health plans for specific information on their coding, coverage, and payment policies

Get your patients started on the IV formulation of COSENTYX. Providers can fill out the electronic Start Form on the Co-Pay Portal by visiting COSENTYX.opushealth.com, completing the IV eSF on the CoverMyMeds portal at covermymeds.health, or by patients calling **Novartis Patient Support** to enroll at **844-COSENTYX (844-267-3689)**, Monday-Friday, 8:00 AM-8:00 PM ET, excluding holidays.



**Click to Download
the Start Form**

***Limitations apply.** Subject to annual co-pay benefit limit. Offer not valid under Medicare, Medicaid, or any other federal or state programs. Novartis reserves the right to rescind, revoke, or amend this program without notice. Additional limitations may apply. See complete Terms & Conditions at support.cosentyx.com for details.