



# Billing and coding guide

For questions or support, reach out to your Novartis Access and Reimbursement Expert

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

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**You can also talk to a dedicated Access Specialist at the LEQVIO® Service Center**



Phone: **833-LEQVIO2 (833-537-8462)**



Fax: **877-LEQVIO8 (877-537-8468)**



Website: **LEQVIOhcp.com**



Portal: **ServiceCenterPortal.com**

## Overview

This guide is intended to provide an overview of coding and coverage information related to LEQVIO®. Health care professionals can reference this guide, in addition to other sources of information, to determine for themselves the appropriate claims to file for LEQVIO and the related services. Novartis does not guarantee payment or coverage for any product or service.

The health care billing environment is constantly evolving to keep pace with scientific advances and financial constraints. Information specific to billing and coding is subject to change without notice and should be verified by the provider for each patient prior to treatment. A provider should contact the patients' payers directly for any revised or additional requirements, information, or guidance.

It is always the provider's responsibility to determine the appropriate health care setting, and to submit true and correct claims for the products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, payment policies, and fee schedules.

The site of care determines specific coding requirements. It is always the provider's responsibility to determine medical necessity for a specific service, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services that are rendered.

**Please see Important Safety Information on page 32.**  
Click [here](#) for LEQVIO full Prescribing Information.

 **LEQVIO®**  
(inclisiran) injection  
284 mg/1.5 mL

## Basic coverage information

Billing and coding requirements for LEQVIO® will 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 LEQVIO is covered.

### Site of service

LEQVIO may be administered in physicians' offices or in hospital outpatient departments. For most payers, the site of service will affect the billing and coding requirements. This guide provides information on coverage, coding, and billing for LEQVIO when administered in physicians' offices, hospital outpatient settings, and stand-alone alternate sites of care.

### Payer type

Coverage, as defined by each payer 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



#### Private payers

Private payers may cover LEQVIO and the medical services associated with its administration. However, there may be restrictions on coverage, such as special requirements for distribution and precertification. Private payers may also vary in the payment methods they use to reimburse the sites of service where LEQVIO is administered



#### Medicaid

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

### Benefit category

Most payers cover physician-administered products such as LEQVIO under a medical benefit rather than a pharmacy benefit. In the case of Medicare, LEQVIO will typically be covered under Part B. However, private payers and Medicaid may require that physicians obtain LEQVIO through a specialty pharmacy. Specialty pharmacies may bill the payer under the medical or pharmacy benefit, depending on what that payer requires. Additionally, Medicare Advantage payers may cover LEQVIO in a similar way to private payers depending on the benefit design of the plan.

**Reference:** Tikkanen R, et al. Published June 5, 2020. Accessed August 11, 2025. <https://www.commonwealthfund.org/international-health-policy-center/countries/united-states>

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## Relevant codes: drug codes

### National Drug Code (NDC)<sup>1</sup>

The NDC is a product identifier for drugs in the United States present on all over the counter and prescription medication packages and inserts. The NDC number is essential for proper claim processing when submitting claims for drugs used. As not all NDCs are set up the same, the table below demonstrates how to achieve the 11-digit NDC for LEQVIO.

**NOTE:** Be sure that hyphens are excluded from submission on the claim and check with the patient's health insurance provider to determine sequence requirements.

Tradename	Package strength	10-digit	NDC number	11-digit	NDC number for payer
LEQVIO	284 mg/1.5 mL single-dose prefilled syringe	4-4-2	0078-1000-60	5-4-2	00078-1000-60

### Healthcare Common Procedure Coding System (HCPCS) level II code<sup>2</sup>

HCPCS Level II codes are used to identify drugs, supplies, medical procedures, and other services.

HCPCS code	Descriptor	Billing units
J1306	Injection, inclisiran, 1 mg	284

### Modifiers<sup>3,4</sup>

Modifiers provide additional information about a service or procedure without changing its definition or code. By using modifiers, health care 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.

**NOTE:** the modifiers below will accompany the HCPCS code within the claim form.

Modifier	Information
JZ	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
TB	Starting January 1, 2025, the updated CMS guidance requires 340B covered entities to only report the TB modifier on claims for products acquired through the 340B program. This update impacts Medicare providers and suppliers who bill for separately payable Part B drugs and biologics and participate in the 340B Pricing Program

**References:** 1. Leqvio. Prescribing information. Novartis Pharmaceuticals Corp. 2. Centers for Medicare & Medicaid Services. CMS HCPCS Application Summaries and Coding Recommendations: First Quarter, 2022 HCPCS Coding Cycle. Accessed August 11, 2025. <https://www.cms.gov/files/document/2022-hcpcs-application-summary-quarter-1-2022-drugs-and-biologics.pdf> 3. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologics–JW modifier and JZ modifier policy frequently asked questions. Accessed August 11, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 4. Centers for Medicare & Medicaid Services. Revised Part B inflation rebate guidance: Use of the 340B modifier. Published December 14, 2023. Accessed August 11, 2025. <https://www.cms.gov/files/document/revised-part-b-inflation-rebate-340b-modifier-guidance.pdf>

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# Relevant codes: CPT and setting of care codes

## Current Procedural Terminology (CPT) code<sup>1</sup>

CPT codes are the most widely accepted codes for reporting medical procedures and services under government and private health plans.

CPT code*	Description
96372	Therapeutic, Prophylactic, and Diagnostic Injection (specific substance or drug; subcutaneous or intramuscular)

## Place of service (POS) codes<sup>2</sup>

POS codes are used to indicate the setting in which a service was provided. CMS maintains a database of POS codes commonly used in the health care 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.

POS code	Description
11	<b>Office:</b> 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 health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis
22	<b>On Campus—Outpatient Hospital:</b> A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

## Revenue codes<sup>3</sup>

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

Revenue code	Description
0636	Drugs requiring detailed coding
0250	General pharmacy
0500	General outpatient services
0510	General clinic services

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

**References:** 1. AAPC Coder. Accessed August 11, 2025. <https://www.aapc.com/codes/cpt-codes/96372> 2. Centers for Medicare & Medicaid Services. Place of Service Codes for Professional Claims. Accessed August 11, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/downloads/website-pos-database.pdf> 3. Noridian Healthcare Solutions. Revenue Codes. Accessed August 11, 2025. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes>


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# Physician's office: sample CMS-1500 claim form

LEQVIO® 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 claim form for billing LEQVIO is provided below.<sup>1</sup>

The sample claim form provided below is only an example. It is always the provider's responsibility to determine the appropriate health care setting and to submit true and correct claims for the products and services rendered. Providers should contact third-party payers 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

PICA ☐ PICA ☐

1. MEDICARE (Medicare) ☐ MEDICAID (Medicaid) ☐ TRICARE (DoD) ☐ CHAMPVA (Member ID) ☐ GROUP HEALTH PLAN (ID#) ☐ FECA (ID#) ☐ OTHER (ID#) ☐

2. PATIENT'S NAME (Last, First, Middle Initial)  3. INSURED'S NAME (Last, First, Middle Initial)

4. PATIENT'S ADDRESS (No., Street)  5. INSURED'S ADDRESS (No., Street)

CITY  STATE  CITY  STATE

ZIP CODE  TELEPHONE (Include Area Code)  ZIP CODE  TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED  7. INSURED'S POLICY GROUP OR FECA NUMBER

8. RESERVED FOR NUCC USE  9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:  11. INSURED'S DATE OF BIRTH  SEX

a. OTHER INSURED'S POLICY OR GROUP NUMBER  b. AUTO ACCIDENT?  c. INSURED'S DATE OF BIRTH  SEX

d. INSURED'S POLICY OR GROUP NUMBER  e. INSURED'S DATE OF BIRTH  SEX

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE  13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)  15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE  18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)  20. OUTSIDE LAB?

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY  22. RESUBMISSION CODE

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE  B. PLACE OF SERVICE  C. PROCEDURES, SERVICES, OR SUPPLIES

25. FEDERAL TAX I.D. NUMBER  26. PATIENT'S ACCOUNT NO.  27. ACCEPT ASSIGNMENT?

28. TOTAL CHARGE  29. AMOUNT PAID  30. Rvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER  32. SERVICE FACILITY LOCATION INFORMATION  33. BILLING PROVIDER

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

**Box 21**  
Relevant diagnosis code(s) (ICD-10-CM).

**Box 23**  
Prior authorization number, if available.

**Box 24A**  
In the non-shaded area, list the date of service. In the shaded area, give a detailed drug description. List the N4 indicator first, then the 11-digit NDC number. Third is the unit of measurement qualifier; the unit quantity is listed at the end.  
Example N400078100060ML1.5

**Box 24B**  
Enter the appropriate POS code to indicate the setting where a service was provided.

**Box 24D**  
Enter the appropriate HCPCS code J1306 for LEQVIO use as required by the payer.<sup>2</sup> The HCPCS code must be accompanied by the JZ modifier, indicating zero drug wasted.<sup>3</sup> Starting January 1, 2025, 340B covered entities must use the TB modifier accompanied by the HCPCS code.<sup>4</sup> Include the appropriate CPT code to report the administration procedure, 96372.<sup>5</sup>

**Box 24E**  
Enter the diagnosis code reference letter (A or B) as shown in Box 21 to relate the date of service and the procedures performed to the primary diagnosis. If there is more than one diagnosis required for a procedure code, only reference one letter from Box 21.

**Box 24G**  
Include the appropriate number of billing units for LEQVIO: 284 mg=284 billing units.

**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 health care setting and to submit true and correct claims for those products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, and payment policies. Information and materials are provided to assist health care 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. Accessed August 11, 2025. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf> 2. Centers for Medicare & Medicaid Services. CMS HCPCS Application Summaries and Coding Recommendations: First Quarter, 2022 HCPCS Coding Cycle. Accessed August 11, 2025. <https://www.cms.gov/files/document/2022-hcpcs-application-summary-quarter-1-2022-drugs-and-biologicals.pdf> 3. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologicals—JW modifier and JZ modifier policy frequently asked questions. Accessed August 11, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 4. Medicare Part B inflation rebate guidance: use of the 340b modifier. Medicare Learning Network Fact Sheet. Published December 2023. Accessed August 11, 2025. <https://www.cms.gov/files/document/mln4800856-medicare-part-b-inflation-rebate-guidance-use-340b-modifier.pdf> 5. AAPC Coder. Accessed August 11, 2025. <https://www.aapc.com/codes/cpt-codes/96372>

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

LEQVIO® 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 claim form for billing LEQVIO is provided below.<sup>1</sup>

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

1		2		3a. DATE CONT. #		3b. DATE CONT. #		4. TYPE OF BILL	
5. PATIENT NAME		6. PATIENT ADDRESS		7. STATEMENT COVERS PERIOD FROM		8. STATEMENT COVERS PERIOD THROUGH		9. FED. TAX NO.	
10. BIRTHDATE		11. SEX		12. DATE		13. ADMISSION		14. TYPE	
15. SRC		16. DHR		17. STAT		18. 19		20. 21	
22. 23		24. 25		26. 27		28. 29		30. 31	
32. 33		34. 35		36. 37		38. 39		40. 41	
42. 43		44. 45		46. 47		48. 49		50. 51	
52. 53		54. 55		56. 57		58. 59		60. 61	
62. 63		64. 65		66. 67		68. 69		70. 71	
72. 73		74. 75		76. 77		78. 79		80. 81	
82. 83		84. 85		86. 87		88. 89		90. 91	
92. 93		94. 95		96. 97		98. 99		100. 101	
102. 103		104. 105		106. 107		108. 109		110. 111	
112. 113		114. 115		116. 117		118. 119		120. 121	
122. 123		124. 125		126. 127		128. 129		130. 131	
132. 133		134. 135		136. 137		138. 139		140. 141	
142. 143		144. 145		146. 147		148. 149		150. 151	
152. 153		154. 155		156. 157		158. 159		160. 161	
162. 163		164. 165		166. 167		168. 169		170. 171	
172. 173		174. 175		176. 177		178. 179		180. 181	
182. 183		184. 185		186. 187		188. 189		190. 191	
192. 193		194. 195		196. 197		198. 199		200. 201	
202. 203		204. 205		206. 207		208. 209		210. 211	
212. 213		214. 215		216. 217		218. 219		220. 221	
222. 223		224. 225		226. 227		228. 229		230. 231	
232. 233		234. 235		236. 237		238. 239		240. 241	
242. 243		244. 245		246. 247		248. 249		250. 251	
252. 253		254. 255		256. 257		258. 259		260. 261	
262. 263		264. 265		266. 267		268. 269		270. 271	
272. 273		274. 275		276. 277		278. 279		280. 281	
282. 283		284. 285		286. 287		288. 289		290. 291	
292. 293		294. 295		296. 297		298. 299		300. 301	
302. 303		304. 305		306. 307		308. 309		310. 311	
312. 313		314. 315		316. 317		318. 319		320. 321	
322. 323		324. 325		326. 327		328. 329		330. 331	
332. 333		334. 335		336. 337		338. 339		340. 341	
342. 343		344. 345		346. 347		348. 349		350. 351	
352. 353		354. 355		356. 357		358. 359		360. 361	
362. 363		364. 365		366. 367		368. 369		370. 371	
372. 373		374. 375		376. 377		378. 379		380. 381	
382. 383		384. 385		386. 387		388. 389		390. 391	
392. 393		394. 395		396. 397		398. 399		400. 401	
402. 403		404. 405		406. 407		408. 409		410. 411	
412. 413		414. 415		416. 417		418. 419		420. 421	
422. 423		424. 425		426. 427		428. 429		430. 431	
432. 433		434. 435		436. 437		438. 439		440. 441	
442. 443		444. 445		446. 447		448. 449		450. 451	
452. 453		454. 455		456. 457		458. 459		460. 461	
462. 463		464. 465		466. 467		468. 469		470. 471	
472. 473		474. 475		476. 477		478. 479		480. 481	
482. 483		484. 485		486. 487		488. 489		490. 491	
492. 493		494. 495		496. 497		498. 499		500. 501	
502. 503		504. 505		506. 507		508. 509		510. 511	
512. 513		514. 515		516. 517		518. 519		520. 521	
522. 523		524. 525		526. 527		528. 529		530. 531	
532. 533		534. 535		536. 537		538. 539		540. 541	
542. 543		544. 545		546. 547		548. 549		550. 551	
552. 553		554. 555		556. 557		558. 559		560. 561	
562. 563		564. 565		566. 567		568. 569		570. 571	
572. 573		574. 575		576. 577		578. 579		580. 581	
582. 583		584. 585		586. 587		588. 589		590. 591	
592. 593		594. 595		596. 597		598. 599		600. 601	
602. 603		604. 605		606. 607		608. 609		610. 611	
612. 613		614. 615		616. 617		618. 619		620. 621	
622. 623		624. 625		626. 627		628. 629		630. 631	
632. 633		634. 635		636. 637		638. 639		640. 641	
642. 643		644. 645		646. 647		648. 649		650. 651	
652. 653		654. 655		656. 657		658. 659		660. 661	
662. 663		664. 665		666. 667		668. 669		670. 671	
672. 673		674. 675		676. 677		678. 679		680. 681	
682. 683		684. 685		686. 687		688. 689		690. 691	
692. 693		694. 695		696. 697		698. 699		700. 701	
702. 703		704. 705		706. 707		708. 709		710. 711	
712. 713		714. 715		716. 717		718. 719		720. 721	
722. 723		724. 725		726. 727		728. 729		730. 731	
732. 733		734. 735		736. 737		738. 739		740. 741	
742. 743		744. 745		746. 747		748. 749		750. 751	
752. 753		754. 755		756. 757		758. 759		760. 761	
762. 763		764. 765		766. 767		768. 769		770. 771	
772. 773		774. 775		776. 777		778. 779		780. 781	
782. 783		784. 785		786. 787		788. 789		790. 791	
792. 793		794. 795		796. 797		798. 799		800. 801	
802. 803		804. 805		806. 807		808. 809		810. 811	
812. 813		814. 815		816. 817		818. 819		820. 821	
822. 823		824. 825		826. 827		828. 829		830. 831	
832. 833		834. 835		836. 837		838. 839		840. 841	
842. 843		844. 845		846. 847		848. 849		850. 851	
852. 853		854. 855		856. 857		858. 859		860. 861	
862. 863		864. 865		866. 867		868. 869		870. 871	
872. 873		874. 875		876. 877		878. 879		880. 881	
882. 883		884. 885		886. 887		888. 889		890. 891	
892. 893		894. 895		896. 897		898. 899		900. 901	
902. 903		904. 905		906. 907		908. 909		910. 911	
912. 913		914. 915		916. 917		918. 919		920. 921	
922. 923		924. 925		926. 927		928. 929		930. 931	
932. 933		934. 935		936. 937		938. 939		940. 941	
942. 943		944. 945		946. 947		948. 949		950. 951	
952. 953		954. 955		956. 957		958. 959		960. 961	
962. 963		964. 965		966. 967		968. 969		970. 971	
972. 973		974. 975		976. 977		978. 979		980. 981	
982. 983		984. 985		986. 987		988. 989		990. 991	
992. 993		994. 995		996. 997		998. 999		1000. 1001	
1002. 1003		1004. 1005		1006. 1007		1008. 1009		1010. 1011	
1012. 1013		1014. 1015		1016. 1017		1018. 1019		1020. 1021	
1022. 1023		1024. 1025		1026. 1027		1028. 1029		1030. 1031	
1032. 1033		1034. 1035		1036. 1037		1038. 1039		1040. 1041	
1042. 1043		1044. 1045		1046. 1047		1048. 1049		1050. 1051	
1052. 1053		1054. 1055		1056. 1057		1058. 1059		1060. 1061	
1062. 1063		1064. 1065		1066. 1067		1068. 1069		1070. 1071	
1072. 1073		1074. 1075		1076. 1077		1078. 1079		1080. 1081	
1082. 1083		1084. 1085		1086. 1087		1088. 1089		1090. 1091	
1092. 1093		1094. 1095		1096. 1097		1098. 1099		1100. 1101	
1102. 1103		1104. 1105		1106. 1107		1108. 1109		1110. 1111	
1112. 1113		1114. 1115		1116. 1117		1118. 1119		1120. 1121	
1122. 1123		1124. 1125		1126. 1127		1128. 1129		1130. 1131	
1132. 1133		1134. 1135		1136. 1137		1138. 1139		1140. 1141	
1142. 1143		1144. 1145		1146. 1147		1148. 1149		1150. 1151	
1152. 1153		1154. 1155		1156. 1157		1158. 1159		1160. 1161	
1162. 1163		1164. 1165		1166. 1167		1168. 1169		1170. 1171	
1172. 1173		1174. 1175		1176. 1177		1178. 1179		1180. 1181	
1182. 1183		1184. 1185		1186. 1187		1188. 1189		1190. 1191	
1192. 1193		1194. 1195		1196. 1197		1198. 1199		1200. 1201	
1202. 1203		1204. 1205		1206. 1207		1208. 1209		1210. 1211	
1212. 1213		1214. 1215		1216. 1217		1218. 1219		1220. 1221	
1222. 1223		1224. 1225		1226. 1227		1228. 1229		1230. 1231	
1232. 1233		1234. 1235		1236. 1237		1238. 1239		1240. 1241	
1242. 1243		1244. 1245		1246. 1247		1248. 1249		1250. 1251	
1252. 1253		1254. 1255		1256. 1257		1258. 1259		1260. 1261	
1262. 1263		1264.							

# Claim filing checklist

Once your patient is administered LEQVIO®, a claim for reimbursement is submitted to their health insurance provider. When submitting a claim, it is a best practice to understand the payer's specific billing and coding 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 LEQVIO:

- ☐ **Use appropriate codes to report the patient's condition, the drugs the patient received, and the services you have provided**
  - ICD-10-CM code
    - For a list of potentially applicable diagnosis codes, please see the [ICD-10-CM codes tab](#)
  - NDC
  - CPT code
  - HCPCS code
  - JZ modifier
  - 340B modifier
- ☐ **Attach additional information to the claim if necessary**
  - Letter of medical necessity
  - Prescribing Information
  - Patient notes
- ☐ **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**

For a list of potentially applicable diagnosis codes,  
please see the [ICD-10-CM codes tab](#)



# Novartis Patient Support is here to help

## Enroll in Novartis Patient Support services with your patients to receive:



### ACCESS & REIMBURSEMENT SUPPORT

A dedicated Access Specialist can provide you and your office with insurance, acquisition, and reimbursement support.



### PATIENT AFFORDABILITY SUPPORT

The LEQVIO® Co-pay Program can help eligible commercially insured patients **pay as little as \$0** for LEQVIO.

Subject to terms and conditions. Limitations apply.\*



### PATIENT EDUCATION AND ONGOING SUPPORT

The LEQVIO Care Program offers dedicated one-on-one support that can help your patients start and stay on their LEQVIO treatment.



### GET STARTED

Simply download the one-page **Start Form** and fax it to **877-LEQVIO8 (877-537-8468)**

OR

Register for the Service Center Portal and submit your request online at **[ServiceCenterPortal.com](https://ServiceCenterPortal.com)**

### Have questions? We are here to help.



Phone: **833-LEQVIO2 (833-537-8462)**



Fax: **877-LEQVIO8 (877-537-8468)**



Website: **[LEQVIOhcp.com](https://LEQVIOhcp.com)**



Portal: **[ServiceCenterPortal.com](https://ServiceCenterPortal.com)**

**\*Limitations apply.** Valid only for those with commercial insurance. The Program may include the Co-pay Card, Payment Card (if applicable), and Rebate. Per treatment maximums and an annual benefit cap apply. For patients covered under the medical benefit, rebate for out-of-pocket costs will be assigned directly to provider, unless patient requests direct reimbursement. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

\*LEQVIO Care Program is a patient support program and not intended to take the place of the care provided by doctors or their office staff. LEQVIO Care does not provide medical advice or treatment.

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# Potential ICD-10-CM codes

The codes listed in this tab are provided for educational purposes only and are not a guarantee of coverage or reimbursement. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care. It is the sole responsibility of the health care provider 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 LEQVIO®.

Select a link from below to view the specific codes in each category.

## Primary diagnosis

### Hypercholesterolemia

- [Disorders of lipoprotein metabolism and other lipidemias](#) ..... 11

### Heterozygous familial hypercholesterolemia

- [Familial hypercholesterolemia](#) ..... 11

## Secondary diagnosis

### Clinical ASCVD

- [Atherosclerosis and atherosclerotic heart disease](#) ..... 11
- [Ischemic heart disease \(other\)](#) ..... 13
- [ST elevation \(STEMI\) and non-ST elevation \(NSTEMI\) myocardial infarction](#) ..... 14
- [Presence of cardiac and vascular implants and grafts and other postprocedural states](#) ..... 14
- [Occlusion and stenosis of precerebral and cerebral arteries, not resulting in cerebral infarction](#) ..... 14
- [Cerebrovascular diseases \(other\)](#) ..... 15
- [Cerebral infarction](#) ..... 16
- [Transient cerebral ischemic attack](#) ..... 19
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### Increased risk of ASCVD

- [Type 2 diabetes mellitus](#) ..... 31
- [Chronic kidney disease](#) ..... 31
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- [Family history](#) ..... 31

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# International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes

## Primary diagnosis codes

### Hypercholesterolemia

ICD-10-CM diagnosis code	Description
<b>Disorders of lipoprotein metabolism and other lipidemias</b>	
E78.00	Pure hypercholesterolemia, unspecified
E78.2	Mixed hyperlipidemia
E78.49	Other hyperlipidemia, familial combined hyperlipidemia
E78.5	Hyperlipidemia, unspecified

### Heterozygous familial hypercholesterolemia

<b>Familial hypercholesterolemia</b>	
E78.011	Familial hypercholesterolemia, heterozygous (HeFH)
E78.019	Familial hypercholesterolemia

## Secondary diagnosis codes

### Clinical ASCVD codes

<b>Atherosclerosis and atherosclerotic heart disease</b>	
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris

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ICD-10-CM diagnosis code	Description
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina

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ICD-10-CM diagnosis code	Description
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
<b>Ischemic heart disease (other)</b>	
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
I23.7	Postinfarction angina
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.8	Other forms of acute ischemic heart disease
I25.2	Old myocardial infarction
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.82	Chronic total occlusion of coronary artery
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified

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ICD-10-CM diagnosis code	Description
<b>ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction</b>	
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
<b>Presence of cardiac and vascular implants and grafts and other postprocedural states</b>	
Z95.1	Presence of aortocoronary bypass graft
Z95.5	Presence of coronary angioplasty implant and graft
Z98.61	Coronary angioplasty status
<b>Occlusion and stenosis of precerebral and cerebral arteries, not resulting in cerebral infarction</b>	
I65.01	Occlusion and stenosis of right vertebral artery
I65.02	Occlusion and stenosis of left vertebral artery
I65.03	Occlusion and stenosis of bilateral vertebral arteries
I65.09	Occlusion and stenosis of unspecified vertebral artery
I65.1	Occlusion and stenosis of basilar artery
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery

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ICD-10-CM diagnosis code	Description
I65.23	Occlusion and stenosis of bilateral carotid arteries
I65.29	Occlusion and stenosis of unspecified carotid artery
I65.8	Occlusion and stenosis of other precerebral arteries
I65.9	Occlusion and stenosis of unspecified precerebral artery
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.09	Occlusion and stenosis of unspecified middle cerebral artery
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery
I66.21	Occlusion and stenosis of right posterior cerebral artery
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery
I66.3	Occlusion and stenosis of cerebellar arteries
I66.8	Occlusion and stenosis of other cerebral arteries
I66.9	Occlusion and stenosis of unspecified cerebral artery
<b>Cerebrovascular diseases (other)</b>	
I67.2	Cerebral atherosclerosis
I67.81	Acute cerebrovascular insufficiency
I67.82	Cerebral ischemia
I67.89	Other cerebrovascular disease
I67.9	Cerebrovascular disease, unspecified
I68.8	Other cerebrovascular disorders in diseases classified elsewhere

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ICD-10-CM diagnosis code	Description
<b>Cerebral infarction</b>	
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar arteries
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries

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ICD-10-CM diagnosis code	Description
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.323	Cerebral infarction due to thrombosis of bilateral anterior arteries
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.333	Cerebral infarction due to thrombosis of bilateral posterior arteries
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery

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ICD-10-CM diagnosis code	Description
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.8	Other cerebral infarction
I63.9	Cerebral infarction, unspecified

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ICD-10-CM diagnosis code	Description
<b>Transient cerebral ischemic attack</b>	
G45.8	Other transient cerebral ischemic attacks and related syndromes
G45.9	Transient cerebral ischemic attack, unspecified
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
<b>Vascular syndromes of brain in cerebrovascular diseases</b>	
G46.0	Middle cerebral artery syndrome
G46.1	Anterior cerebral artery syndrome
G46.2	Posterior cerebral artery syndrome
G46.3	Brain stem stroke syndrome
G46.4	Cerebellar stroke syndrome
G46.5	Pure motor lacunar syndrome
G46.6	Pure sensory lacunar syndrome
G46.7	Other lacunar syndromes
G46.8	Other vascular syndromes of brain in cerebrovascular diseases
<b>Atherosclerosis</b>	
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg

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ICD-10-CM diagnosis code	Description
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg

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ICD-10-CM diagnosis code	Description
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
I70.291	Other atherosclerosis of native arteries of extremities, right leg
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.298	Other atherosclerosis of native arteries of extremities, other extremity
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity

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ICD-10-CM diagnosis code	Description
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs

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ICD-10-CM diagnosis code	Description
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot

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ICD-10-CM diagnosis code	Description
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg

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ICD-10-CM diagnosis code	Description
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf

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ICD-10-CM diagnosis code	Description
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
I70.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg

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ICD-10-CM diagnosis code	Description
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg

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ICD-10-CM diagnosis code	Description
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity

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ICD-10-CM diagnosis code	Description
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg

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ICD-10-CM diagnosis code	Description
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.8	Atherosclerosis of other arteries
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I70.92	Chronic total occlusion of artery of the extremities
<b>Diseases of arteries, arterioles, and capillaries (other)</b>	
I73.89	Other specified peripheral vascular diseases
I73.9	Peripheral vascular disease, unspecified
<b>Arterial embolism and thrombosis</b>	
I74.09	Other arterial embolism and thrombosis of abdominal aorta
I74.1	Embolism and thrombosis of other and unspecified parts of aorta
I74.10	Embolism and thrombosis of unspecified parts of aorta
I74.11	Embolism and thrombosis of thoracic aorta
I74.19	Embolism and thrombosis of other parts of aorta
I74.2	Embolism and thrombosis of arteries of the upper extremities
I74.3	Embolism and thrombosis of arteries of the lower extremities
I74.4	Embolism and thrombosis of arteries of extremities, unspecified

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ICD-10-CM diagnosis code	Description
<b>Atheroembolism</b>	
I75.011	Atheroembolism of right upper extremity
I75.012	Atheroembolism of left upper extremity
I75.013	Atheroembolism of bilateral upper extremities
I75.019	Atheroembolism of unspecified upper extremity
I75.02	Atheroembolism of lower extremity
I75.021	Atheroembolism of right lower extremity
I75.022	Atheroembolism of left lower extremity
I75.023	Atheroembolism of bilateral lower extremities
I75.029	Atheroembolism of unspecified lower extremity
<b>Peripheral vascular angioplasty</b>	
Z95.820	Peripheral vascular angioplasty status with implants and grafts
Z98.62	Peripheral vascular angioplasty status
<b>Disorders of sphingolipid metabolism and other lipid storage disorders</b>	
E75.5	Other lipid storage disorders

Increased risk of ASCVD

<b>Clinical risk factors</b>	
E11	Type 2 diabetes mellitus
N18	Chronic kidney disease
I10	Essential (primary) hypertension
<p><b>Please note:</b> The 3-digit ICD-10-CM codes above are not complete codes on their own. To appropriately code these diagnoses in the required format, please reference the International Classification of Diseases, Tenth Revision code manual.</p>	
<b>Family history</b>	
Z83.42	Family history of familial hypercholesterolemia

**Reference:** Centers for Medicare and Medicaid Services. ICD-10-CM. Accessed August 11, 2025. <https://www.cms.gov/medicare/coding-billing/icd-10-codes>

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# Indication & Important Safety Information

## INDICATION

LEQVIO® (inclisiran) injection is indicated as an adjunct to diet and exercise to reduce low-density lipoprotein cholesterol (LDL-C) in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH).

## IMPORTANT SAFETY INFORMATION

LEQVIO is contraindicated in patients with a prior serious hypersensitivity reaction to inclisiran or any of the excipients in LEQVIO. Serious hypersensitivity reactions have included angioedema. Adverse reactions in clinical trials ( $\geq 3\%$  of patients treated with LEQVIO and more frequently than placebo) were injection site reaction, arthralgia, and bronchitis.

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