itvisma®
(onasemnogene abeparvovec-brve)
suspension for intrathecal injection

HCP Coding and Billing Guide

INDICATION

ITVISMA is indicated for the treatment of spinal muscular atrophy (SMA) in adult and pediatric patients 2 years of age and older with confirmed mutation in *survival motor neuron 1 (SMN1)* gene.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: Serious Liver Injury

Acute serious liver injury can occur with ITVISMA. Hepatotoxicity, with elevated alanine transaminase (ALT) and/or aspartate transaminase (AST) levels, has occurred with ITVISMA. Patients with preexisting hepatic impairment or acute hepatic viral infection may be at higher risk of liver injury. To mitigate potential aminotransferase elevations, administer systemic corticosteroid before and after ITVISMA injection. Prior to ITVISMA injection, assess liver function by clinical examination and laboratory testing. Continue to monitor liver function for at least 3 months after ITVISMA administration, and at other times as clinically indicated. In case hepatic injury is suspected, further testing is recommended. Promptly consult with a gastroenterologist or hepatologist, as necessary.

HCP, health care professional.

Please see additional Important Safety Information on page 12 and click here for full Prescribing Information, including Boxed WARNING.

An overview of this guide

This guide has been developed to assist you in billing and coding for ITVISMA® (onasemnogene abeparvovec-brve) where health plans provide coverage for ITVISMA as part of the medical benefit. As a result, ITVISMA is available to purchase from CuraScript SD® for buy-and-bill treatment centers and through a limited network of specialty pharmacies.

ITVISMA Distribution

BUY AND BILL

Ordered from
CuraScript SD®
Phone: **1-866-263-8464**

LIMITED NETWORK SPECIALTY PHARMACIES

Novartis Pharmaceuticals Corporation has partnered with select specialty pharmacies, including Accredo® Specialty Pharmacy, Orsini Specialty Pharmacy, and Axium/Farmacia Doral Specialty Pharmacy (Puerto Rico only), to support ITVISMA.

Please contact your Novartis Regional Account Associate Director (RAAD) or Novartis Patient Support™ should you have any questions.

This guide provides codes[a] for

Submitting a claim to a patient's health plan for reimbursement	**Injection codes for ITVISMA[b]**	**Lab testing and diagnosis**

[a]Codes provided in this guide may be subject to change. Please be sure to confirm the accuracy of all codes when submitting a claim.

[b]Codes related to other aspects of SMA or its comorbidities are not included.

*For live support about ordering, access and reimbursement, or coding and billing, please contact your **RAAD** with any questions you have*

Please see Indication and Important Safety Information on page 12 and click here for full Prescribing Information, including Boxed WARNING.

Dosing and NDC designation

The recommended dose of ITVISMA® (onasemnogene abeparvovec-brve) is 1.2×10^{14} vector genomes (vg) for adult and pediatric patients 2 years of age and older.[1]

The National Drug Code (NDC) numbers for ITVISMA are 71894-200-**01** for a single-dose vial and 71894-200-**02** for a carton.[1] Please confirm the appropriate NDC number to use for billing with the patient's health plan.

HCPCS code

ITVISMA is billed under an HCPCS J-code. Effective July 1, 2026, the Centers for Medicare & Medicaid Services assigned ITVISMA the following permanent J-code: J3405.[2] HCPCS J-codes are used for items and supplies and non-physician services not covered by Current Procedural Terminology-4 (CPT-4) codes. J-codes are recommended when filling out and submitting a CMS-1450/UB-04 or CMS-1500 form.[3]

Appropriate codes may vary by setting of care and by payor – providers are encouraged to reach out to payors to confirm appropriate coding procedures

HCPCS code for ITVISMA injection[2]

DESCRIPTION	CODE
Injection, onasemnogene abeparvovec-brve, per treatment	J3405

HCPCS, Healthcare Common Procedure Coding System.

Utilization of the J-code is required when billing for ITVISMA. Please ensure the billing system at your organization has been updated accordingly to support accurate coding and billing processes.

CPT® codes for administration and observation

ITVISMA® (onasemnogene abeparvovec-brve) is administered via a single-dose intrathecal injection.[1] The following CPT® codes may be useful when coding and billing for ITVISMA treatment. **Please note that these codes do not include office visits for diagnosis and prescribing of medication.** Appropriate codes can vary by setting of care, patient, and payor. It is the provider's responsibility to determine the appropriate health care setting and to submit true and correct claims for actual products and services rendered. Please check with the payor to verify codes and special billing requirements.

Remember, billing for ITVISMA should be done separately and only if your institution is buying and billing. For facilities that choose to buy and bill, please refer to the section on HCPCS codes in this guide.

CPT® codes for ITVISMA injection[4]

DESCRIPTION	CODE
DRUG ADMINISTRATION AND IMAGING PROCEDURE/GUIDANCE	
Chemotherapy administration, into central nervous system (eg, intrathecal), requiring and including spinal puncture	**96450**
Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	**62272**
Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	**62329**
Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	**77003**
Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision, and interpretation	**76942**
CT guidance for needle placement (eg, biopsy, aspiration, injection, localization device), including radiological supervision and interpretation	**77012**

CT, computed tomography.

CPT® codes for administration and observation (cont)

CPT® codes for ITVISMA® (onasemnogene abeparvovec-brve) injection[4] (cont)

DESCRIPTION	CODE
ANESTHESIA	
Anesthesia for procedures in lumbar region (including diagnostic or therapeutic lumbar punctures)	**00635**
Anesthesia for patient of extreme age, younger than 1 year and older than 70 years (list separately in addition to code for primary anesthesia procedure)	**99100**
MODERATE (CONSCIOUS) SEDATION	
Coding is based on total intra-service time and the health care professional who is performing the procedure	**99151-99153, 99155-99157**
OUTPATIENT HOSPITAL OBSERVATION STATUS	
Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level, moderate level, or high level of medical decision making	**99221-99223**
Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level, moderate level, or high level of medical decision making	**99234-99236**
Inpatient hospital care or observation discharge day management time of a patient on the encounter date	**99238-99239**

You may need these codes regardless of the distribution method for ITVISMA

CPT® codes for testing

Insurance providers may require the following tests prior to injection with ITVISMA® (onasemnogene abeparvovec-brve)

- SMA Diagnostic Test to confirm *SMN1* deletion or historical documentation of prior test
- Anti-AAV9 Antibody Test

Monitoring is required prior to and post-injection with ITVISMA[1]

Assess liver function (clinical exam, AST, ALT, albumin, prothrombin time, PTT, INR, and total bilirubin), obtain creatinine and complete blood count (including hemoglobin and platelet count), and perform baseline testing for the presence of anti-AAV9 antibodies. Post-injection, monitor liver function (AST, ALT, total bilirubin) weekly for a month (or longer) after ITVISMA injection and during the corticosteroid taper period (28 days or longer if needed). If the patient is clinically stable with unremarkable findings (normal clinical exam, total bilirubin, and ALT and AST levels below 2 × ULN) at the end of the corticosteroid taper period, continue to monitor liver function every other week for another month. Monitor platelet counts weekly for the first month and as clinically indicated until platelet counts return to baseline, as described in the Prescribing Information.

Novartis covers the cost for the following tests as part of the Novartis Laboratory Testing Program

- SMA Diagnostic Test
- Anti-AAV9 Antibody Test

If you have any questions regarding the Novartis Laboratory Testing Program, please contact Novartis Patient Support at **1-855-441-4363, Monday through Friday (8 AM to 8 PM ET)**, for additional assistance.

Additional recommended testing codes related to treatment with ITVISMA[5]

TEST	CODE[a]
AST	**84450**
ALT	**84460**
CBC (includes differential and platelets)	**85025**
Bilirubin, total	**82247**
Prothrombin time (includes INR)	**85610**
Creatinine	**82565**
Serum albumin	**82040**
Thromboplastin time, partial	**85730**

[a]A specific test code may be required in addition to the CPT® code. Please confirm which codes are required for your preferred laboratory.

*Your **RAAD** can answer questions you may have about lab tests, but if there are further questions, please contact Novartis Patient Support at **1-855-441-4363***

AAV9, adeno-associated virus serotype 9; ALT, alanine aminotransferase; AST, aspartate aminotransferase; CBC, complete blood count; INR, international normalized ratio; PTT, partial thromboplastin time; ULN, upper limit of normal.

Please see Indication and Important Safety Information on page 12 and click here for full Prescribing Information, including Boxed WARNING.

Revenue codes

Revenue codes should be used primarily on the UB-04 Form to identify the department or type of service where the charge occurred within the hospital setting.

Revenue codes for outpatient hospital-based facilities[6]

DESCRIPTION	CODE
Anesthesia, general classification	**0370**
Drugs requiring detailed coding	**0636**
Recovery room, general classification: permits identification of particular services, if necessary	**0710**

ICD-10-CM codes

A diagnosis of SMA is required by health plans to substantiate the medical necessity of ITVISMA® (onasemnogene abeparvovec-brve). Please refer to the following codes when documenting a patient's diagnosis.[7]

ICD-10-CM codes for SMA[7]

CONDITION	CODE
Infantile SMA, type 1 (Werdnig-Hoffmann)	**G12.0**
Other inherited SMA • Adult form SMA • Childhood form, type 2 SMA • Distal SMA • Juvenile form, type 3 SMA (Kugelberg-Welander) • Progressive bulbar palsy of childhood (Fazio-Londe) • Scapuloperoneal form SMA	**G12.1**
Other specified SMAs and related syndromes	**G12.8**
SMA, unspecified	**G12.9**
Progressive SMA	**G12.25**

ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification.

Please see Indication and Important Safety Information on page 12 and click here for full Prescribing Information, including Boxed WARNING.

Submitting forms and claims

When submitting claims for ITVISMA® (onasemnogene abeparvovec-brve), you will most likely be required to fill out the CMS-1450/UB-04 or CMS-1500 Form. The following suggestions can help with the claim process:

☑ Ensure the following information is accurate

- Patient name and date of birth
- Patient or patient's parent/legal guardian name, ID number, address
- Prescriber name and National Provider Identifier (NPI)
- HCPCS code
- ICD-10-CM code

☑ Confirm that your patient's medical records support the diagnosis and procedure codes

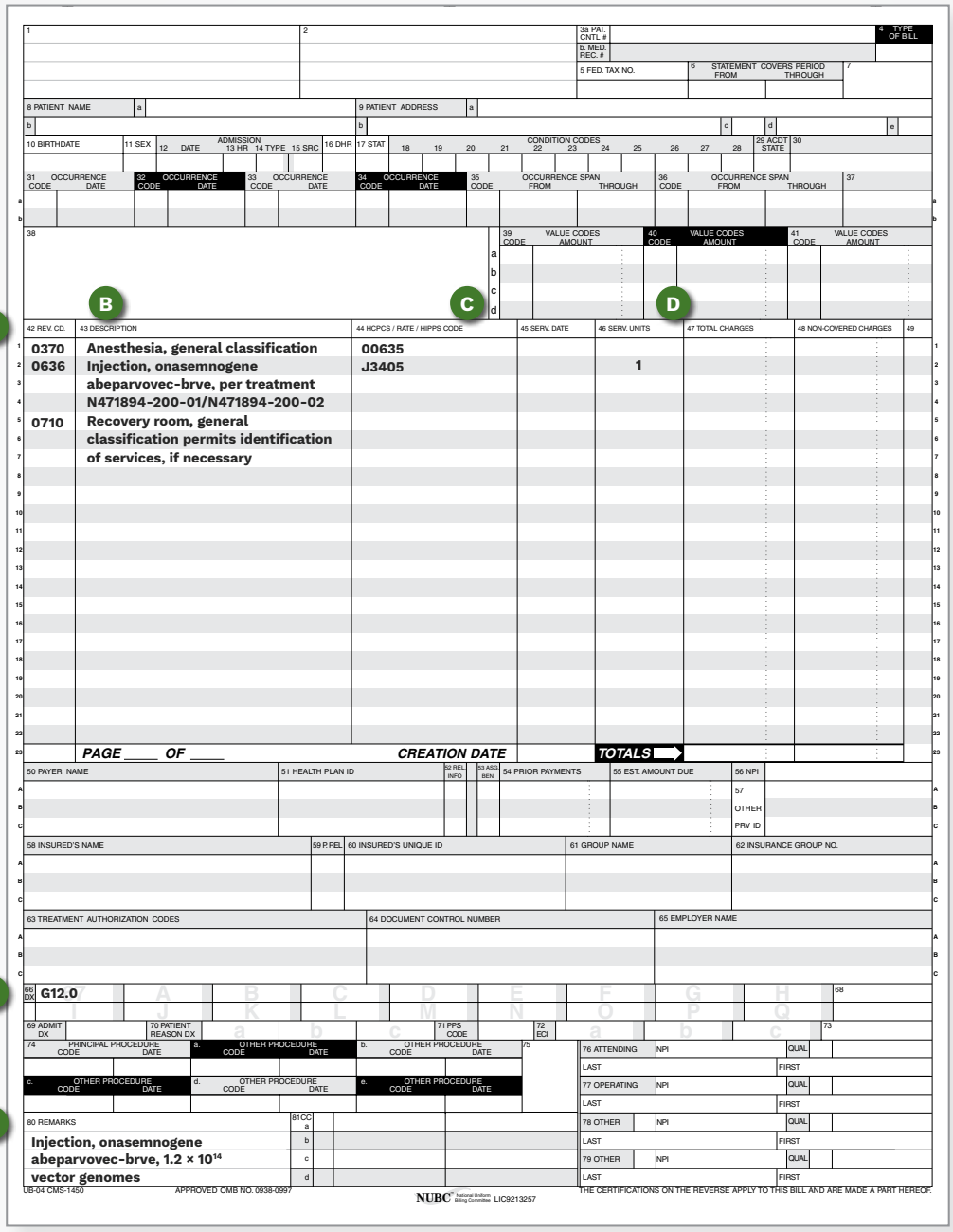
☑ Include a brief description of the medical reason for treatment and why ITVISMA is medically necessary

☑ Enter the prior authorization number provided by your patient's insurance carrier

*Please contact your **RAAD** with any questions you have about ITVISMA coding and billing*

Sample CMS-1450/UB-04 form

Please consider using the following fields and codes when billing for outpatient hospital services:



A **Box 42:** Enter appropriate revenue codes here. Please note, code 0710 must be paired with 0370 for billing purposes. State-specific HCPCS codes may also be required

B **Box 43:** Descriptions of corresponding revenue codes (eg, clinic, lab general) are provided here. The descriptions should also include the N4 indicator first, then the NDC number (N471894-200-**01** for a single-dose vial or N471894-200-**02** for a carton). Please confirm the appropriate NDC code to use for billing with the patient's health plan

C **Box 44:** Enter appropriate CPT®/HCPCS codes, for example 62329, 76942, 96450, and the permanent J-code J3405. Please note, policies may vary in regard to specific code requirements

D **Box 46:** Enter 1 as the number of units administered

E **Box 66:** Enter the appropriate ICD-10-CM diagnosis code that corresponds to the patient's diagnosis, such as G12.0 (Infantile SMA, type I [Werdnig-Hoffmann])

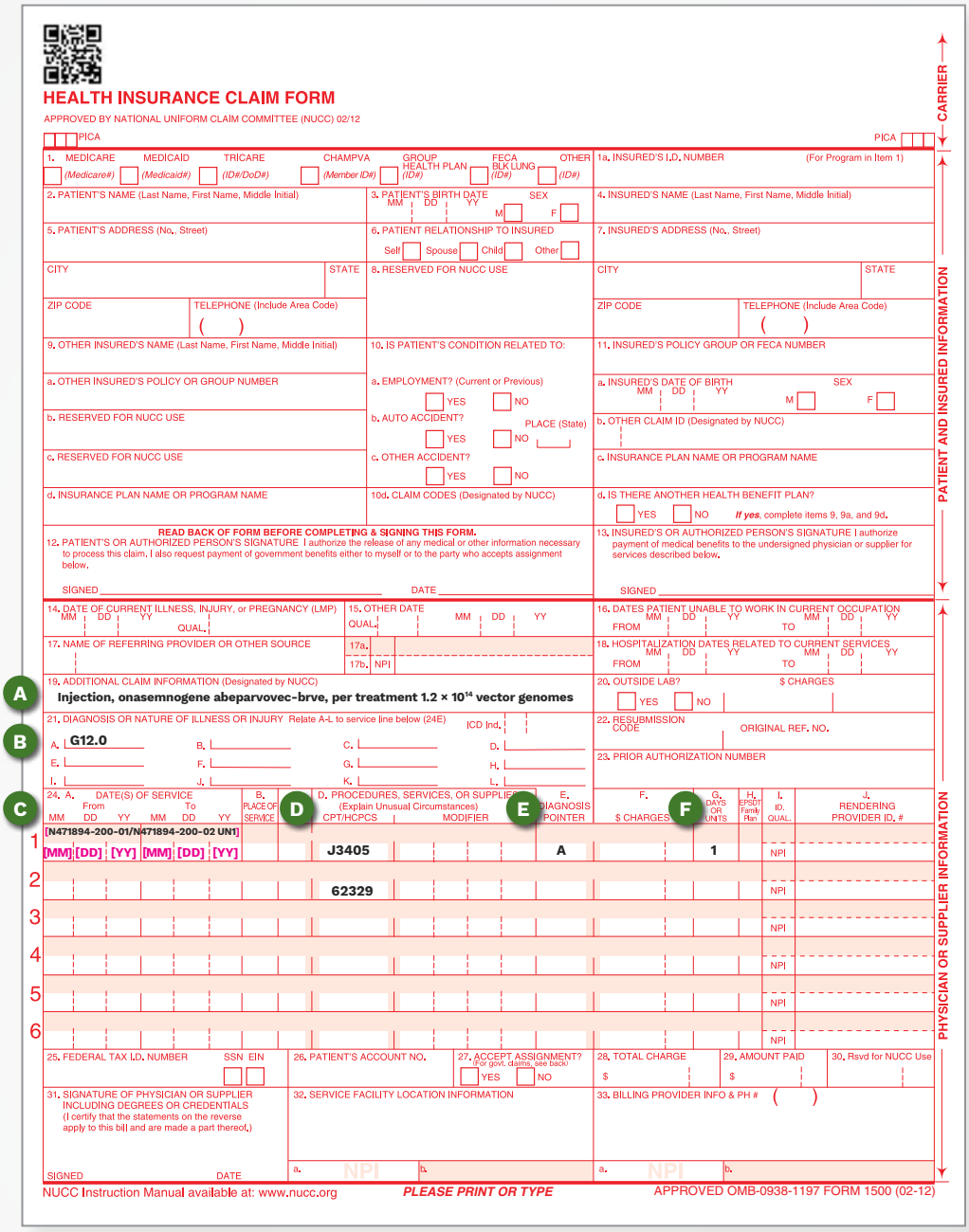
F **Box 80:** Enter the appropriate drug identifying information. This may include the drug name, total dosage and strength, method of administration

Appropriate codes can vary by setting of care, patient, and payor. It is the provider's responsibility to determine the appropriate health care setting and to submit true and correct claims for actual products and services rendered. Please check with the payor to verify codes and special billing requirements.

Please see Indication and Important Safety Information on page 12 and click here for full Prescribing Information, including Boxed WARNING.

Sample CMS-1500 form

Please consider using the following fields and codes when billing for non-institutional providers:



HEALTH INSURANCE CLAIM FORM

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

PICA

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

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

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

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

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

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

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.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

A 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

Injection, onasemnogene abeparvovec-brve, per treatment 1.2 × 10^{14} vector genomes

20. OUTSIDE LAB? YES NO $ CHARGES

B 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. G12.0 B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

C 24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY

B. PLACE OF SERVICE

D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER

E. DIAGNOSIS POINTER

F. $ CHARGES

G. DAYS OR UNITS

H. EPSDT Family Plan

I. ID. QUAL.

J. RENDERING PROVIDER ID. #

	A. From	To	B.	D. CPT/HCPCS	MODIFIER	E.	F. $ CHARGES	G.	H.	I.	J.
1	[N471894-200-01/N471894-200-02 UN1] [MM] [DD] [YY]	[MM] [DD] [YY]		J3405		A		1		NPI	
2				62329						NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd 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.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

A **Box 19:** Enter the appropriate drug identifying information. This may include the drug name, total dosage and strength, method of administration

B **Box 21A:** Enter the appropriate ICD-10-CM diagnosis code that corresponds to the patient's diagnosis, such as G12.0 (Infantile SMA, type I [Werdnig-Hoffmann])

C **Box 24A:** In the nonshaded area, list the date of service. In the shaded area, give a detailed drug description. The description should include the N4 indicator first, then the NDC number (N471894-200-**01** for a single-dose vial or N471894-200-**02** for a carton) and the quantity is listed at the end. Please confirm the appropriate NDC code to use for billing with the patient's health plan

D **Box 24D:** Enter appropriate CPT®/HCPCS codes, for example 62329, 96450, 76942, and the permanent J-code J3405. Please note, policies may vary in regard to specific code requirements

E **Box 24E:** Enter the diagnosis code reference letter (A) as shown in box 21 to relate the date of service to the procedure performed for the primary diagnosis

F **Box 24G:** Enter 1 as the number of units administered

Appropriate codes can vary by setting of care, patient, and payor. It is the provider's responsibility to determine the appropriate health care setting and to submit true and correct claims for actual products and services rendered. Please check with the payor to verify codes and special billing requirements.

Please see Indication and Important Safety Information on page 12 and click here for full Prescribing Information, including Boxed WARNING.

Frequently asked questions

How to Order

1. How do I order ITVISMA® (onasemnogene abeparvovec-brve)?

For assistance with ordering and billing, please contact your RAAD, who will be able to provide you with materials and information to address the specific needs of your office.

ITVISMA may be ordered in 2 ways:

- **Purchase directly from CuraScript SD®**. Order ITVISMA, and CuraScript SD® will drop-ship directly to your treatment center pharmacy
- **Order through one of the limited network specialty pharmacies, including:**
  - Accredo® Specialty Pharmacy
    Phone: **1-800-803-2523**
  - Orsini Specialty Pharmacy
    Phone: **1-800-697-5048**
  - Axium/Farmacia Doral Specialty Pharmacy (Puerto Rico only)
    Phone: **1-844-355-4191**

Novartis does not recommend or require the use of any particular pharmacy.

The specialty pharmacy will order ITVISMA, bill your patient's insurance, and ship product to your treatment center pharmacy.

Novartis Patient Support can help verify which specialty pharmacy is in-network with the patient's insurance policy to ensure a seamless and efficient ordering process.

Insurance Coverage and Billing

2. Is ITVISMA covered under an inpatient diagnosis-related group (DRG) for billing?

- ITVISMA is intended to be administered in an outpatient setting under the direction of health care professionals
- Please contact the patient's health plan as needed for additional clarity

3. Does Novartis cover the cost of the diagnostic testing?

The Novartis Laboratory Testing Program covers the cost of the following diagnostic lab tests:

- SMA Diagnostic Test
- Anti-AAV9 Antibody Test

To learn more, please contact your RAAD, or Novartis Patient Support.

4. How do I bill for ITVISMA through state Medicaid?

Each Medicaid plan will vary in their coverage policies. Please contact your RAAD for a detailed discussion of state policies.

5. How do I bill for ITVISMA through Medicare?

Claims for ITVISMA should be submitted to your local Medicare Administrative Contractor (MAC). Contact the MAC directly to confirm the appropriate coding process as they will vary by payor and by MAC.

6. How does insurance reimburse for ITVISMA injection?

For buy-and-bill treatment centers, the cost of ITVISMA should be billed separately from services related to its treatment. Please refer to the CPT® and hospital revenue codes in this guide for more information that will help you when billing for injection of ITVISMA.

Please see Indication and Important Safety Information on page 12 and click here for full Prescribing Information, including Boxed WARNING.

Indication and Important Safety Information

itvisma®
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suspension for intrathecal injection

INDICATION

ITVISMA is indicated for the treatment of spinal muscular atrophy (SMA) in adult and pediatric patients 2 years of age and older with confirmed mutation in *survival motor neuron 1 (SMN1)* gene.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: Serious Liver Injury

Acute serious liver injury can occur with ITVISMA. Hepatotoxicity, with elevated alanine transaminase (ALT) and/or aspartate transaminase (AST) levels, has occurred with ITVISMA. Patients with preexisting hepatic impairment or acute hepatic viral infection may be at higher risk of liver injury. To mitigate potential aminotransferase elevations, administer systemic corticosteroid before and after ITVISMA injection. Prior to ITVISMA injection, assess liver function by clinical examination and laboratory testing. Continue to monitor liver function for at least 3 months after ITVISMA administration, and at other times as clinically indicated. In case hepatic injury is suspected, further testing is recommended. Promptly consult with a gastroenterologist or hepatologist, as necessary.

WARNINGS AND PRECAUTIONS

Thrombocytopenia
Transient decreases in platelet counts were observed within the first week after ITVISMA administration. Monitor platelet counts before ITVISMA injection and on a regular basis afterwards until platelet counts return to baseline.

Peripheral Sensory Neuropathy
Peripheral sensory neuropathy has occurred with ITVISMA administration with onset seen at approximately 3 weeks post-injection in clinical studies. Consider complete neurologic evaluation and other testing and/or symptom management based on the patient's clinical presentation.

Thrombotic Microangiopathy
Thrombotic microangiopathy (TMA) may occur with ITVISMA administration and can result in life-threatening or fatal outcomes. Monitor platelet counts on a regular basis following ITVISMA injection, as well as signs and symptoms of TMA. Consult a hematologist and/or nephrologist immediately to manage TMA as clinically indicated.

Elevated Cardiac Troponin I

Increases in cardiac troponin I levels have occurred following ITVISMA administration. Consider cardiac evaluation after ITVISMA administration and consult a cardiologist as needed.

AAV Vector Integration and Risk of Tumorigenicity
There is a theoretical risk of tumorigenicity due to integration of AAV vector DNA into the genome. The clinical relevance of individual integration events is unknown, but it is acknowledged that individual integration events could potentially contribute to a risk of tumorigenicity. Report cases of tumor development in patients who received ITVISMA to Novartis Gene Therapies, Inc. at 1-833-828-3947.

ADVERSE EVENTS

The most common adverse reactions that occurred in ≥2% of patients treated with ITVISMA were upper respiratory tract infection, pyrexia, upper gastrointestinal symptoms, hepatic enzymes increased, headache, dizziness, pain in extremity, thrombocytopenia, and sensory disturbance.

Please click here for full Prescribing Information.

*For live support about ordering, access and reimbursement, or coding and billing, please contact your **RAAD or Novartis Patient Support,** with any questions you may have*

References: 1. ITVISMA Prescribing information. Novartis Gene Therapies, Inc. **2.** Centers for Medicare and Medicaid Services. Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Determinations. Accessed April 16, 2026. https://www.cms.gov/files/document/2026-hcpcs-application-summary-quarter-1-2026-drugs-biologicals.pdf **3.** Centers for Medicare and Medicaid Services. Billing and coding: hospital outpatient drugs and biologicals under the outpatient prospective payment system (OPPS). Updated December 26, 2024. Accessed April 28, 2026. https://www.cms.gov/medicare-coverage database/view/article.aspxarticleid=55913&ver=9&bc=0 **4.** American Medical Association. *2026 AMA CPT Professional*. American Medical Association; 2025. Accessed April 16, 2026. https://aapc.vitalsource.com/reader/books/A25BPL0007 **5.** Centers for Medicare and Medicaid Services. Medicare claims processing manual: chapter 16–laboratory services. Published January 8, 2026. Accessed April 16, 2026. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c16.pdf **6.** Centers for Medicare and Medicare Services. CMS manual system: pub 100-04 Medicare claims processing. Published July 10, 2009. Accessed April 16, 2026. https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1767CP.pdf **7.** Centers for Medicare and Medicaid Services. ICD-10. Updated April 1, 2026. Accessed April 16, 2026. https://www.cms.gov/medicare/coding-billing/icd-10-codes

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NOVARTIS

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