

LIBTAYO Surround™ quick reference coding guide



An understanding of the codes needed for quick reimbursement must be a core competency of your billing staff. Coding—descriptors that capture diagnoses, medical procedures, and products—enables payers to more easily recognize, process, and pay claims for LIBTAYO

Indications and Usage

LIBTAYO is indicated for the treatment of patients with metastatic cutaneous squamous cell carcinoma (CSCC) or locally advanced CSCC who are not candidates for curative surgery or curative radiation.

Important Safety Information

Warnings and Precautions

Severe and Fatal Immune-Mediated Adverse Reactions

Immune-mediated adverse reactions, which may be severe or fatal, can occur in any organ system or tissue and usually occur during treatment; however, they can also occur after discontinuation. Early identification and management are essential to ensuring safe use of PD-1–blocking antibodies. Monitor for symptoms and signs of immune-mediated adverse reactions. Evaluate clinical chemistries, including liver tests and thyroid function tests, at baseline and periodically during treatment. Institute medical management promptly to include specialty consultation as appropriate.

Please see additional Important Safety Information throughout and [click here](#) for full Prescribing Information.

LIBTAYO Surround quick reference coding guide provides you with key resources

Lists of potential billing codes

- *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)* codes
- *Current Procedural Terminology (CPT)* codes
- Revenue codes
- Healthcare Common Procedure Coding System (HCPCS) level 2 codes
- Product information

Annotated samples of the 2 most common Centers for Medicare and Medicaid Services claim forms used to bill for drugs and services

- Centers for Medicare and Medicaid Services (CMS) 1500 (print) or 837P (electronic) forms for billing for physician office reimbursement
- CMS 1450 (print), also referred to as CMS UB-04, or 837I (electronic) forms for hospital outpatient reimbursement
- These sample forms are available at LIBTAYOhcp.com for quick reference

Billing codes for CSCC patients

The coding information discussed in this document is provided for informational purposes only, is subject to change, and should not be construed as legal advice. The codes listed herein may not apply to all patients or to all health plans. Conversely, additional codes not listed in this guide may apply to some patients. Providers should follow payer-specific coding requirements and exercise independent clinical judgment when selecting codes and submitting claims to accurately reflect the services and products furnished to a specific patient.

ICD-10-CM codes^a

Primary squamous cell carcinoma

C44.02	Squamous cell carcinoma of skin of lip
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus ^b
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal ^b
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.320	Squamous cell carcinoma of skin of unspecified parts of face ^b
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder ^b

^aBe as specific as possible when selecting codes.

^bCodes for "unspecified" sites should generally be avoided.

(Continued on next page)

Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

Severe and Fatal Immune-Mediated Adverse Reactions (cont'd)

In general, withhold LIBTAYO for Grade 3 or 4 and certain Grade 2 immune-mediated adverse reactions. Permanently discontinue LIBTAYO for Grade 4 and certain Grade 3 immune-mediated adverse reactions. For Grade 3 or 4 and certain Grade 2 immune-mediated adverse reactions, administer corticosteroids (1 to 2 mg/kg/day prednisone or equivalent) or other appropriate therapy until improvement to Grade 1 or less followed by a corticosteroid taper over 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reaction is not controlled with corticosteroids. Institute hormone replacement therapy for endocrinopathies as warranted.

Please see additional Important Safety Information throughout and [click here](#) for full Prescribing Information.

ICD-10-CM codes^a (cont'd)

Primary squamous cell carcinoma (cont'd)

C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip ^b
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.92	Squamous cell carcinoma of skin, unspecified ^b

^aBe as specific as possible when selecting codes.

^bCodes for "unspecified" sites should generally be avoided.

History of squamous cell carcinoma

Z85.828	Personal history of other malignant neoplasm of skin
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CPT code

96413	Chemotherapy administration, intravenous (IV) infusion technique, up to 1 hour, single or initial substance/drug
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Example revenue codes for hospital-based infusions

Chemotherapy administration

0335	Chemotherapy administration, IV
0510	Clinic
0636	Drugs requiring detailed coding
0761	Treatment room

Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

Severe and Fatal Immune-Mediated Adverse Reactions (cont'd)

Immune-mediated pneumonitis: Immune-mediated pneumonitis occurred in 2.4% of 534 patients receiving LIBTAYO, including Grade 5 (0.2%), Grade 3 (0.7%), and Grade 2 (1.3%). Pneumonitis led to permanent discontinuation of LIBTAYO in 1.3% of patients. Systemic corticosteroids were required in all patients with pneumonitis, including 85% who received prednisone \geq 40 mg/day or equivalent. Pneumonitis resolved in 62% of patients. Withhold LIBTAYO for Grade 2, and permanently discontinue for Grade 3 or 4. Resume in patients with complete or partial resolution (Grade 0 to 1) after corticosteroid taper.

HCPCS level 2 codes

J codes: There is often a delay in the assignment of drug-specific J codes for new drugs. The length of the delay depends on when the drug's approval date falls in the J code application and assignment cycle. Until a new drug has been assigned a unique J code, a "miscellaneous" or "not otherwise classified (NOC)" J code is used. J codes are used by physicians when the drug is delivered in the office or by hospitals for non-Medicare payers for outpatient services. Always verify the codes your patient's health plan accepts before submitting a claim.

J9999	Not otherwise classified, antineoplastic drugs
J3590	Unclassified biologics

C code: Used when the drug is delivered in the hospital outpatient settings for Medicare. C codes may not be applicable to private payers or other insurance types. Always verify the codes your patient's health plan accepts before submitting a claim.

C9044	Injection, cemiplimab-rwlc, 1 mg
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Product information

How supplied	350-mg/7-mL solution in a single-dose vial
Quantity and units per case	1 vial per carton/24 cartons per case
NDC	61755-008-01 (350 mg/7 mL)
GTINs	00361755008013 (350-mg/7-mL case)
	00361755008018 (350-mg/7-mL carton)
UPC	361755008018 (350 mg/7 mL)

GTIN=global trade item number; NDC=national drug code; UPC=universal product code.

Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

Severe and Fatal Immune-Mediated Adverse Reactions (cont'd)

Immune-mediated colitis: Immune-mediated colitis occurred in 0.9% of 534 patients receiving LIBTAYO, including Grade 3 (0.4%) and Grade 2 (0.6%). Colitis led to permanent discontinuation of LIBTAYO in 0.2% of patients. Systemic corticosteroids were required in all patients with colitis, including 60% who received prednisone \geq 40 mg/day or equivalent. Colitis resolved in 80% of patients. Withhold LIBTAYO for Grade 2 or 3, and permanently discontinue for Grade 4. Resume in patients with complete or partial resolution (Grade 0 to 1) after corticosteroid taper.

Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

Severe and Fatal Immune-Mediated Adverse Reactions (cont'd)

Immune-mediated hepatitis: Immune-mediated hepatitis occurred in 2.1% of 534 patients receiving LIBTAYO, including Grade 5 (0.2%), Grade 4 (0.2%), and Grade 3 (1.7%). Hepatitis led to permanent discontinuation of LIBTAYO in 0.9% of patients. Systemic corticosteroids were required in all patients with hepatitis, including 91% who received prednisone \geq 40 mg/day or equivalent. Hepatitis resolved in 64% of patients. Withhold LIBTAYO if AST or ALT increases to more than 3 and up to 10 times the upper limit of normal (ULN) or if total bilirubin increases up to 3 times the ULN. Permanently discontinue LIBTAYO if AST or ALT increases to more than 10 times the ULN or total bilirubin increases to more than 3 times the ULN. Resume in patients with complete or partial resolution (Grade 0 to 1) after corticosteroid taper.

Immune-mediated endocrinopathies: Withhold LIBTAYO if clinically necessary for Grade 2, 3, or 4.

- **Adrenal insufficiency:** Adrenal insufficiency occurred in 0.4% of 534 patients receiving LIBTAYO, including Grade 3 (0.2%) and Grade 2 (0.2%)
- **Hypophysitis:** Hypophysitis, which can result in hypopituitarism, occurred in 0.2% of 534 patients receiving LIBTAYO, which consisted of 1 patient with Grade 3 hypophysitis
- **Hypothyroidism:** Hypothyroidism occurred in 6% of 534 patients receiving LIBTAYO, including Grade 3 (0.2%) and Grade 2 (5.6%); no patients discontinued hormone replacement therapy
- **Hyperthyroidism:** Hyperthyroidism occurred in 1.5% of 534 patients receiving LIBTAYO, including Grade 3 (0.2%) and Grade 2 (0.4%); hyperthyroidism resolved in 38% of patients
- **Type 1 diabetes mellitus:** Type 1 diabetes mellitus, which can present with diabetic ketoacidosis, occurred in 0.7% of 534 patients, including Grade 4 (0.4%) and Grade 3 (0.4%); type 1 diabetes mellitus led to permanent discontinuation of LIBTAYO in 0.2% of patients

Immune-mediated nephritis with renal dysfunction: Immune-mediated nephritis occurred in 0.6% of 534 patients receiving LIBTAYO, including Grade 3 (0.4%) and Grade 2 (0.2%). Nephritis led to permanent discontinuation of LIBTAYO in 0.2% of patients. Systemic corticosteroids were required in all patients with nephritis, including 67% who received prednisone \geq 40 mg/day or equivalent. Nephritis resolved in all patients. Withhold LIBTAYO for Grade 3, and permanently discontinue for Grade 4. Resume in patients with complete or partial resolution (Grade 0 to 1) after corticosteroid taper.

Immune-mediated dermatologic adverse reactions: Immune-mediated dermatologic reactions, including erythema multiforme and pemphigoid, occurred in 1.7% of 534 patients receiving LIBTAYO, including Grade 3 (1.1%) and Grade 2 (0.6%). In addition, SJS and TEN have been observed with LIBTAYO and with other products in this class. Systemic corticosteroids were required in all patients with dermatologic reactions, including 89% who received prednisone \geq 40 mg/day or equivalent. Dermatologic reactions resolved in 33% of patients. Approximately 22% of patients had recurrence of dermatologic reactions after re-initiation of LIBTAYO. Withhold LIBTAYO for Grade 3, and permanently discontinue for Grade 4. Resume in patients with complete or partial resolution (Grade 0 to 1) after corticosteroid taper.

Other immune-mediated adverse reactions: The following clinically significant immune-mediated adverse reactions occurred at an incidence of <1% in 534 patients who received LIBTAYO or were reported with the use of other PD-1–blocking and PD-L1–blocking antibodies. Severe or fatal cases have been reported for some of these adverse reactions. Withhold LIBTAYO for Grade 3, and permanently discontinue for Grade 4. Resume in patients with complete or partial resolution (Grade 0 to 1) after corticosteroid taper.

- **Neurological:** Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis, Guillain-Barré syndrome, nerve paresis, and autoimmune neuropathy
- **Cardiovascular:** Myocarditis, pericarditis, and vasculitides

Important Safety Information (cont'd)

Warnings and Precautions (cont'd)

Severe and Fatal Immune-Mediated Adverse Reactions (cont'd)

Other immune-mediated adverse reactions (cont'd)

- **Ocular:** Uveitis, iritis, and other ocular inflammatory toxicities. Some cases can be associated with retinal detachment. Various Grades of visual impairment to include blindness can occur. If uveitis occurs in combination with other immune-mediated adverse reactions, consider a Vogt-Koyanagi-Harada–like syndrome, as this may require treatment with systemic corticosteroids to reduce the risk of permanent vision loss
- **Gastrointestinal:** Pancreatitis to include increases in serum amylase and lipase levels, gastritis, and duodenitis
- **Musculoskeletal and connective tissue:** Myositis, rhabdomyolysis, and associated sequelae, including renal failure, arthritis, and polymyalgia rheumatica
- **Hematological and immunological:** Hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenic purpura, and solid organ transplant rejection

Infusion-related reactions

Severe infusion-related reactions (Grade 3) occurred in 0.2% of patients receiving LIBTAYO. Monitor patients for signs and symptoms of infusion-related reactions. Interrupt or slow the rate of infusion for Grade 1 or 2, and permanently discontinue for Grade 3 or 4.

Embryo-fetal toxicity

LIBTAYO can cause fetal harm when administered to a pregnant woman due to an increased risk of immune-mediated rejection of the developing fetus resulting in fetal death. Advise women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with LIBTAYO and for at least 4 months after the last dose.

Adverse reactions

- Serious adverse reactions occurred in 28% of patients. Serious adverse reactions that occurred in \geq 2% of patients were cellulitis, sepsis, pneumonia, pneumonitis, and urinary tract infection. The most common Grade 3-4 adverse reactions (\geq 2%) were cellulitis, sepsis, hypertension, pneumonia, musculoskeletal pain, skin infection, urinary tract infection, and fatigue
- LIBTAYO was permanently discontinued due to adverse reactions in 5% of patients; adverse reactions resulting in permanent discontinuation were pneumonitis, autoimmune myocarditis, hepatitis, aseptic meningitis, complex regional pain syndrome, cough, and muscular weakness
- The most common adverse reactions (incidence \geq 20%) were fatigue, rash, and diarrhea

Use in specific populations

- **Lactation:** Because of the potential for serious adverse reactions in breastfed children, advise women not to breastfeed during treatment and for at least 4 months after the last dose of LIBTAYO
- **Females and males of reproductive potential:** Verify pregnancy status in females of reproductive potential prior to initiating LIBTAYO

Please [click here](#) for full Prescribing Information.

For any questions or concerns, or to report side effects with a Regeneron and Sanofi product for patients enrolled in LIBTAYO Surround, please contact LIBTAYO Surround at **1-877-LIBTAYO** (1-877-542-8296) **Option 1**, Monday–Friday, 8 AM–8 PM Eastern time.