

## Coding Resource

SYNAGIS<sup>®</sup> (palivizumab) is a respiratory syncytial virus (RSV) F protein inhibitor monoclonal antibody indicated for the prevention of serious lower respiratory tract disease caused by RSV in children at high risk of RSV disease.<sup>1</sup>

This resource lists codes that may be useful for billing and reimbursement for SYNAGIS. It is important to note that the codes identified below are examples only. Each provider is responsible for ensuring that all coding is accurate and documented in the medical record based on the condition of the patient. The use of the following codes does not guarantee reimbursement.

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

Dosage	10-digit NDC
50-mg vial	66658-230-01
100-mg vial	66658-231-01

Dosage	11-digit NDC
50-mg vial	66658-0230-01
100-mg vial	66658-0231-01

### Current Procedural Terminology<sup>®2</sup>

	Code	Description
Supply and administration of RSV immunoprophylaxis	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

### Healthcare Common Procedure Coding System<sup>3</sup>

Code	Description
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

#### INDICATION

SYNAGIS, 50 mg and 100 mg for injection, is indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients:

- with a history of premature birth ( $\leq 35$  weeks gestational age) and who are 6 months of age or younger at the beginning of RSV season
- with bronchopulmonary dysplasia (BPD) that required medical treatment within the previous 6 months and who are 24 months of age or younger at the beginning of RSV season
- with hemodynamically significant congenital heart disease (CHD) and who are 24 months of age or younger at the beginning of RSV season

#### LIMITATIONS OF USE

The safety and efficacy of SYNAGIS have not been established for treatment of RSV disease.

#### CONTRAINDICATIONS

Previous significant hypersensitivity reaction to SYNAGIS.

#### IMPORTANT SAFETY INFORMATION

**Hypersensitivity Reactions:** Anaphylaxis and anaphylactic shock (including fatal cases) and other severe acute hypersensitivity reactions have been reported. Permanently discontinue SYNAGIS and administer appropriate medication if such reactions occur.

**Please see additional Important Safety Information on page 4. [Click here for full Prescribing Information for SYNAGIS, including Patient Information.](#)**

## Diagnosis Codes<sup>1,4-6</sup>

● Label Guidance ● AAP Guidance ● NPA Guidelines

PREMATURITY (≤35 WEEKS GA)			
ICD-10-CM	Description	ICD-10-CM	Description
P07.21 ●●●	Extreme immaturity of newborn, GA <23 completed weeks	P07.32 ●●	Preterm newborn, GA 29 completed weeks
P07.22 ●●●	Extreme immaturity of newborn, GA 23 completed weeks	P07.33 ●●	Preterm newborn, GA 30 completed weeks
P07.23 ●●●	Extreme immaturity of newborn, GA 24 completed weeks	P07.34 ●●	Preterm newborn, GA 31 completed weeks
P07.24 ●●●	Extreme immaturity of newborn, GA 25 completed weeks	P07.35 ●●	Preterm newborn, GA 32 completed weeks
P07.25 ●●●	Extreme immaturity of newborn, GA 26 completed weeks	P07.36 ●●	Preterm newborn, GA 33 completed weeks*
P07.26 ●●●	Extreme immaturity of newborn, GA 27 completed weeks	P07.37 ●●	Preterm newborn, GA 34 completed weeks*
P07.31 ●●●	Preterm newborn, GA 28 completed weeks	P07.38 ●●	Preterm newborn, GA 35 completed weeks*

BRONCHOPULMONARY DYSPLASIA/CHRONIC LUNG DISEASE OF PREMATURITY	
ICD-10-CM	Description
P27.1 ●●●	Bronchopulmonary dysplasia originating in the perinatal period
P27.8 ●●●	Other chronic respiratory diseases originating in the perinatal period
P27.9 ●●●	Unspecified chronic respiratory disease originating in the perinatal period

HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE			
ICD-10-CM	Description	ICD-10-CM	Description
I42.9 ●●●	Cardiomyopathy, unspecified	Q20.8 ●●●	Other congenital malformations of cardiac chambers and connections
I50.9 ●●●	Heart failure, unspecified	Q20.9 ●●●	Congenital malformation of cardiac chambers and connections, unspecified
P29.30 ●●●	Pulmonary hypertension of newborn	Q21.0 ●●●	Ventricular septal defect
Q20.0 ●●●	Common arterial trunk	Q21.1 ●●●	Atrial septal defect
Q20.1 ●●●	Double outlet right ventricle	Q21.2 ●●●	Atrioventricular septal defect
Q20.2 ●●●	Double outlet left ventricle	Q21.3 ●●●	Tetralogy of Fallot
Q20.3 ●●●	Discordant ventriculoarterial connection	Q21.4 ●●●	Aortopulmonary septal defect
Q20.4 ●●●	Double inlet ventricle	Q21.8 ●●●	Other congenital malformations of cardiac septa
Q20.5 ●●●	Discordant atrioventricular connection	Q21.9 ●●●	Congenital malformation of cardiac septum, unspecified
Q20.6 ●●●	Isomerism of atrial appendages	Q22.0 ●●●	Pulmonary valve atresia

AAP=American Academy of Pediatrics; GA=gestational age; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NPA=National Perinatal Association.

\*NPA guidelines recommend SYNAGIS for patients with additional provider-identified risk factors.

**Please see additional Important Safety Information on page 4. [Click here for full Prescribing Information for SYNAGIS, including Patient Information.](#)**

Diagnosis Codes (cont'd)<sup>1,4-6</sup>

● Label Guidance ● AAP Guidance ● NPA Guidelines

HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE (cont'd)				
ICD-10-CM	Description	ICD-10-CM	Description	
Q22.1 ●●●	Congenital pulmonary valve stenosis	Q25.3 ●●●	Supravalvular aortic stenosis	
Q22.2 ●●●	Congenital pulmonary valve insufficiency	Q25.40 ●●●	Congenital malformation of aorta unspecified	
Q22.3 ●●●	Other congenital malformations of pulmonary valve	Q25.41 ●●●	Absence and aplasia of aorta	
Q22.4 ●●●	Congenital tricuspid stenosis	Q25.42 ●●●	Hypoplasia of aorta	
Q22.5 ●●●	Ebstein's anomaly	Q25.43 ●●●	Congenital aneurysm of aorta	
Q22.6 ●●●	Hypoplastic right heart syndrome	Q25.44 ●●●	Congenital dilation of aorta	
Q22.8 ●●●	Other congenital malformations of tricuspid valve	Q25.45 ●●●	Double aortic arch	
Q22.9 ●●●	Congenital malformation of tricuspid valve, unspecified	Q25.46 ●●●	Tortuous aortic arch	
Q23.0 ●●●	Congenital stenosis of aortic valve	Q25.47 ●●●	Right aortic arch	
Q23.1 ●●●	Congenital insufficiency of aortic valve	Q25.48 ●●●	Anomalous origin of subclavian artery	
Q23.2 ●●●	Congenital mitral stenosis	Q25.49 ●●●	Other congenital malformations of aorta	
Q23.3 ●●●	Congenital mitral insufficiency	Q25.5 ●●●	Atresia of pulmonary artery	
Q23.4 ●●●	Hypoplastic left heart syndrome	Q25.6 ●●●	Stenosis of pulmonary artery	
Q23.8 ●●●	Other congenital malformations of aortic and mitral valves	Q25.71 ●●●	Coarctation of pulmonary artery	
Q24.1 ●●●	Levocardia	Q25.72 ●●●	Congenital pulmonary arteriovenous malformation	
Q24.2 ●●●	Cor triatriatum	Q25.79 ●●●	Other congenital malformations of pulmonary artery	
Q24.3 ●●●	Pulmonary infundibular stenosis	Q25.8 ●●●	Other congenital malformations of other great arteries	
Q24.4 ●●●	Congenital subaortic stenosis	Q25.9 ●●●	Congenital malformation of great arteries, unspecified	
Q24.5 ●●●	Malformation of coronary vessels	Q26.0 ●●●	Congenital stenosis of vena cava	
Q24.6 ●●●	Congenital heart block	Q26.1 ●●●	Persistent left superior vena cava	
Q24.8 ●●●	Other specified congenital malformations of heart	Q26.2 ●●●	Total anomalous pulmonary venous connection	
Q25.0 ●●●	Patent ductus arteriosus	Q26.3 ●●●	Partial anomalous pulmonary venous connection	
Q25.1 ●●●	Coarctation of aorta	Q26.4 ●●●	Anomalous pulmonary venous connection, unspecified	
Q25.21 ●●●	Interruption of aortic arch	Q26.8 ●●●	Other congenital malformations of great veins	
Q25.29 ●●●	Other atresia of aorta	Q26.9 ●●●	Congenital malformation of great vein, unspecified	

**PATIENT HISTORY**

ICD-10-CM	Description
Z29.11	Encounter for prophylactic immunotherapy for RSV



### IMPORTANT SAFETY INFORMATION (cont'd)

**Coagulation Disorders:** SYNAGIS should be given with caution to children with thrombocytopenia or any coagulation disorder.

**RSV Diagnostic Test Interference:** Palivizumab may interfere with immunological-based RSV diagnostic tests, such as some antigen detection-based assays.

**Serious Adverse Reactions:** The most common serious adverse reactions occurring with SYNAGIS are anaphylaxis and other acute hypersensitivity reactions.

**Most Common Adverse Reactions:** The most common adverse reactions are fever and rash.

**Postmarketing Experience:** Severe thrombocytopenia and injection site reactions have been identified during post approval use of SYNAGIS.

Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

**These are not all the possible risks associated with SYNAGIS.**

**[Please click here for full Prescribing Information for SYNAGIS, including Patient Information.](#)**

**To report suspected adverse reactions, contact Sobi North America at 1-866-773-5274 or the FDA at 1-800-FDA-1088.**



For more information, call **SYNAGIS CONNECT®** at **1-833-SYNAGIS (1-833-796-2447)**, Monday through Friday 8 AM to 8 PM ET, or visit **[SYNAGISHCP.com](https://www.synagishcp.com)** for additional resources.

**References:** **1.** SYNAGIS [prescribing information]. Waltham, MA: Sobi, Inc. **2.** American Medical Association. *CPT® 2020 Professional Edition*. Chicago, IL: American Medical Association; 2020. **3.** HCPCS Quarterly Update. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>. Accessed June 27, 2022. **4.** 2023 ICD-10-CM. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/medicare/icd-10/2023-icd-10-cm>. Accessed June 27, 2022. **5.** American Academy of Pediatrics Committee on Infectious Diseases; American Academy of Pediatrics Bronchiolitis Guidelines Committee. Updated guidance for palivizumab prophylaxis among infants and young children at increased risk of hospitalization for respiratory syncytial virus infection. *Pediatrics*. 2014;134(2):415-420. **6.** Goldstein M, Phillips R, DeVincenzo JP, et al. National Perinatal Association 2018 Respiratory Syncytial Virus (RSV) Prevention Clinical Practice Guideline: an evidence-based interdisciplinary collaboration. *Neonatology Today*. 2017;12(10):1-14.