

Summary of Relevant Codes





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ICD-10-CM DIAGNOSIS CODE1

ICD-10-CM Code	Description
D76.1	Hemophagocytic lymphohistiocytosis (HLH)

EAPG CODE²

EAPG Code	Description
780	Other hematologic diagnoses

HCPCS CODE FOR PRODUCT³

HCPCS Code	Description
J9210	Injection, emapalumab-lzsg, 1 mg

NDC NUMBERS⁴

NDC Numbers	Description
66658-501-01	One 10 mg/2 mL (5 mg/mL) single-dose vial
66658-505-01	One 50 mg/10 mL (5 mg/mL) single-dose vial
66658-510-01	One 100 mg/20 mL (5 mg/mL) single-dose vial

CONCOMITANT MEDICATION³

HCPCS Code	Description
J1100	Dexamethasone sodium phosphate, 1 mg

EAPG=Enhanced Ambulatory Patient Group; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; NDC=National Drug Code.





Summary of Relevant Codes (continued)

CPT® CODE EXAMPLES

Procedure Type⁵	CPT® Code	Indications for Testing	
Administration	96365	Therapeutic, prophylactic, and diagnostic injections and infusions	
Monitoring or Treatment Observation Codes			
Platelet counts	85049	Monitoring – Lab test	
WBC and differential	85004 85048	Monitoring – Lab test	
Ferritin	82728	Monitoring – Lab test	
	85610	Monitoring – PT/INR Lab test	
Coagulopathy	85730	Monitoring – APTT Lab test	
(D-dimer or fibrinogen)	85379	Monitoring – D-dimer Lab test	
	85384	Monitoring – Fibrinogen Lab test	
	76700	Ultrasound abdomen	
Splenomegaly/ hepatomegaly	74160	Computerized tomography (CT) scan of the abdomen with contrast	
	74150	CT scan of the abdomen without contrast	
Favor (MDC)	85025	Complete blood count (CBC) with differential	
Fever (WBC)	85027	CBC without differential	
	86580	Skin test for tuberculosis (PPD)	
Tuberculosis	86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response	
	86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon, producing T cells in cell suspension	
Adenovirus	87798	Adenovirus DNA, qualitative, real-time PCR	
Epstein-Barr Virus (EBV)	86664	EBV immunoassay	
Cytomegalovirus (CMV)	87252 87254	CMV, conventional and rapid, culture	

APTT=activated partial thromboplastin time; CPT®=Current Procedural Terminology; DNA=deoxyribonucleic acid; PCR=polymerase chain reaction; PPD=purified protein derivative; PT/INR=prothrombin time/international normalized ratio; WBC=white blood cell count.





Summary of Relevant Codes (continued)

CPT® CODE EXAMPLES (continued)

Procedure Type ⁶⁻¹⁶	CPT® Code	Indications for Testing
Soluble Interleukin 2 (sIL-2)	83520	Monitoring – Lab test Immunoassay
CXCL9	83520	Monitoring – Lab test Immunoassay
Natural Killer cells function	88184 88185	Flow cytometry analysis for immunophenotyping
Lipid panel test	80061	Monitoring – Lab test
Triglyceride	84478	Monitoring – Lab test
Cerebrospinal fluid protein	84157	Monitoring – Lab test
MRI	70553	Diagnostic radiology (diagnostic imaging) procedures of the head and neck
Lymph node biopsy	38500 38505	Biopsy or excision of lymph node(s)
Genetic Testing		
Genetic testing	81443 81402 81403 81404 81405 81406 81479	HLH Genetic Analysis with molecular pathology procedure

DRG/APR-DRG CODES

DRG Codes ¹⁷	Description
814	Reticuloendothelial & immunity disorders W MCC
815	Reticuloendothelial & immunity disorders W CC
816	Reticuloendothelial & immunity disorders W/O CC/MCC
Medicaid APR-DRG Codes ¹⁸	Description
660-1- 660-4	Major hematologic/immunologic diagnosis, except sickle cell crisis & coagulation
663-1- 663-4	Other anemias and disorders of blood and blood-forming organs

APR-DRG=All Patient Refined Diagnosis-Related Groups; CXCL9=chemokine (C-X-C motif) ligand 9; DRG=Diagnosis-Related Group; MRI=magnetic resonance imaging; W CC=with complications; W MCC=with major complications; W/O CC/MCC=without complications/major complications.





REFERENCES:

- ICD-10 Code for hemophagocytic lymphohistiocytosis D76.1. AAPC Coder website. Accessed April 4, 2023. https://coder.aapc.com/icd-10-codes/D76.1
- 2. 3M Health Information Systems. EAPG listing: effective October 1, 2018. Published August 23, 2018. Accessed April 4, 2023. https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/DC%20EAPG%20Relative%20Weights%20Eff%2010-1-18%20DCO18023.pdf
- **3.** Alpha-Numeric HCPCS 2020. Centers for Medicare & Medicaid Services website. Accessed April 4, 2023. https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/ 2020-Alpha-Numeric-HCPCS-File
- **4.** Gamifant [prescribing information]. Waltham, MA: Sobi, Inc; 2022.
- 5. American Medical Association. CPT® 2020 Professional Edition. Chicago, IL: American Medical Association; 2020.
- **6.** Interleukin-2 soluble receptor α. Labcorp website. Accessed April 4, 2023. https://www.labcorp.com/tests/142455/interleukin-2-soluble-receptor
- 7. CXCL9 Cytokine. Fairview Diagnostic Laboratories website. Accessed April 4, 2023. http://www.labguide.fairview.org/showtest.asp?testid=6857&format=long
- 8. Natural killer cells, functional. Quest Diagnostics website. Accessed April 4, 2023. https://testdirectory.questdiagnostics.com/test/test-detail/34184/natural-killer-cells-functional?cc=MASTER
- **9.** Liquid panel. Health lab website. Accessed April 4, 2023. https://www.healthlabtesting.com/Test%20Directory/Test%20Directory/%20 ltem.aspx?itemGuid=0d2ff367-20f5-4002-a0f4-e02ad9c25243
- **10.** Triglycerides. Health lab website. Accessed April 4, 2023. https://healthlabtesting.com/Test%20Directory/Test%20Directory%20Item. aspx?itemGuid=ecba916e-f713-4ed4-9eba-a005bdeef13a
- **11.** Protein, cerebrospinal fluid. Health lab website. Accessed April 4, 2023. https://www.healthlabtesting.com/Test%20Directory/Test%20Directory%20Item.aspx?itemGuid=a85270ff-4fca-4266-bac2-f6cf767a050b
- **12.** CPT® code 70553 Under Diagnostic Radiology (Diagnostic Imaging) procedures of the head and neck. Codify by AAPC website. Accessed April 4, 2023. https://www.aapc.com/codes/cpt-codes/70553
- **13.** CPT® code 38500 Under excision procedures on the lymph nodes and lymphatic channels. Codify by AAPC website. Accessed April 4, 2023. https://www.aapc.com/codes/cpt-codes/38500
- **14.** CPT® code 38505 Under excision procedures on the lymph nodes and lymphatic channels. Codify by AAPC website. Accessed April 4, 2023. https://www.aapc.com/codes/cpt-codes/38505
- **15.** HLH genetic panel. Machaon Diagnostics website. Accessed April 4, 2023. https://www.machaondiagnostics.com/test/hlh-genetic-panel/
- **16.** Codes for inclusion in the Laboratory Benefit Management Program. Blue Cross Blue Shield of North Carolina website. Accessed April 4, 2023. https://www.bluecrossnc.com/sites/default/files/document/attachment/providers/public/pdfs/news-and-information/news/Avalon%20-%20PPA%20Lab%20Services.pdf
- 17. Diseases & disorders of blood, blood-forming organs, immunologic disorders: DRG Code Range 799-816. AAPC Coder website. Accessed April 4, 2023. https://coder.aapc.com/drg-codes-range/17
- **18.** Final APR-DRG Weights Effective July 1, 2018 (v34). New York State Department of Health website. Updated January 2, 2019. Accessed April 4, 2023. https://www.health.ny.gov/facilities/hospital/reimbursement/apr-drg/weights/2018-07-01_final_weights.htm

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