



— NOW APPROVED —

CODING AND REIMBURSEMENT GUIDE

ICD-10-CM Diagnosis, HCPCS, CPT®, and NDC Billing Information
for ANDEMBRY® (garadacimab-gxii)

CODING INFORMATION FOR ANDEMBRY® (garadacimab-gxii)

Disclaimers

- All codes provided are for informational purposes only and are subject to change without notice
- The treating physician is solely responsible for diagnosis coding and determination of the appropriate ICD-10-CM codes that describe the patient’s condition and are supported by medical records
- Please contact third-party payers directly for specific information on their coding, coverage, payment policies, and fee schedules

For questions regarding reimbursement support, please call ANDEMBRY ConnectSM at 1-844-423-4273

ICD-10-CM Diagnosis Code for Persons With Hereditary Angioedema¹

ICD-10-CM Code	Description
D84.1	Defects in the complement system C1 esterase inhibitor (C1-INH) deficiency

HCPCS Codes²

The following drug codes have been assigned by the Center for Medicare and Medicaid Services (CMS) National Level II HCPCS coding system and can be used for ANDEMBRY. The provider is advised to verify the correct codes directly with the third-party payer.

HCPCS Code	Description
J3490	Unclassified drugs
J3590	Unclassified biologics

Note: These HCPCS codes are temporary and will be replaced by a permanent J-code once it is available.

HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification.

Please see Important Safety Information on page 4 and accompanying full Prescribing Information.

CPT® Administration Codes: Physician Office³

ANDEMBRY is a subcutaneous injection that may be self-administered or administered by a caregiver via a prefilled autoinjector subcutaneously into the thigh or abdomen, or to the upper arm if a caregiver administers the injection.

For Medicare beneficiaries, the following codes may not be payable. Medicare considers ANDEMBRY self-administered and therefore not covered as a Part B service. However, other payers may allow administration in a physician office or other site of service. The healthcare professional may not bill for the administration of ANDEMBRY if provided through the QuickStart Program.

Please verify current coding requirements directly with the payer being billed.

CPT® Code	Description
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

Do not report 96372 for injections given without direct physician or other qualified health professional supervision. To report, use 99211.

Note from CPT National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services: CPT code 96372 is reportable by physicians (MD, DO, or other practitioners who bill Medicare contractors) for services performed in physicians’ offices. These drug administration services should not be reported by physicians for services provided in a facility setting such as a hospital outpatient, ambulatory surgery center, or emergency department.⁴

CPT® Code	Description
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

Note from CPT NCCI Policy Manual for Medicare Services: Drug administration CPT code 96372 has been valued to include the work and practice expenses of CPT code 99211. Therefore, CPT code 99211 is not reportable with CPT code 96372. Other non-facility–based evaluation and management codes may be separately reportable with modifier 25 if the physician provides a significant and separately identifiable E&M service.⁴

ANDEMBRY National Drug Codes (NDCs)

NDC (Device)	NDC (Carton)	Strength	Presentation
63833-925-20	63833-925-01	200 mg/1.2 mL	Prefilled autoinjector

CPT, current procedural terminology.

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ANDEMBRY® (garadacimab-gxii) CMS-1500 CLAIM FORM

HEALTH INSURANCE CLAIM FORM

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

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> BULKING <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare#) (Medicaid#) (ID#DoD#) (Member ID#) (ID#) (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 <input type="checkbox"/> F <input type="checkbox"/>									
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
CITY										CITY									
STATE										STATE									
ZIP CODE										ZIP CODE									
TELEPHONE (Include Area Code) ()										TELEPHONE (Include Area Code) ()									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) <input type="text"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10d. CLAIM CODES (Designated by NUCC)									
11. INSURED'S POLICY OR FECA NUMBER										11. INSURED'S POLICY OR FECA NUMBER									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>									
b. RESERVED FOR NUCC USE										b. OTHER CLAIM ID (Designated by NUCC)									
c. RESERVED FOR NUCC USE										c. INSURANCE PLAN NAME OR PROGRAM NAME									
d. INSURANCE PLAN NAME OR PROGRAM NAME										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.									
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									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. <input type="text"/> 17b. NPI <input type="text"/>									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. <input type="text"/>										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
22. RESUBMISSION CODE <input type="text"/> ORIGINAL REF. NO. <input type="text"/>										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES <input type="text"/>									
23. PRIOR AUTHORIZATION NUMBER <input type="text"/>										24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE <input type="text"/> C. EMG <input type="text"/> D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS <input type="text"/> MODIFIER <input type="text"/> E. DIAGNOSIS POINTER <input type="text"/> F. \$ CHARGES <input type="text"/> G. DAYS OR UNITS <input type="text"/> H. EP01 Family Plan <input type="text"/> I. ID. QUAL <input type="text"/> J. RENDERING PROVIDER ID. # <input type="text"/>									
1										1									
2										2									
3										3									
4										4									
5										5									
6										6									
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="text"/>										26. PATIENT'S ACCOUNT NO. <input type="text"/>									
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>										28. TOTAL CHARGE \$ <input type="text"/> 29. AMOUNT PAID \$ <input type="text"/>									
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.)									
32. SERVICE FACILITY LOCATION INFORMATION										33. BILLING PROVIDER INFO & PH# ()									
SIGNED _____ DATE _____										SIGNED _____ DATE _____									

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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

A Field 19: Additional Claim Information²

When an unclassified drug HCPCS code (J3490 or J3590) is used, the provider must include additional information about ANDEMBRY in a free-text field, such as Field 19 or its electronic equivalent. Payers typically require the name of the drug, its NDC, the route of administration, and the amount used for the treatment. For example:

- ANDEMBRY NDC (Device) 63833-925-20; Prefilled autoinjector; 200 mg/1.2 mL
- ANDEMBRY NDC (Carton) 63833-925-01; Prefilled autoinjector; 200 mg/1.2 mL

B Field 21: Diagnosis or Nature of Illness or Injury

Enter the ICD-10-CM diagnosis code(s) that best describes the reason the patient is receiving care.

C **Field 24A (Shaded Area): NDC**

For Medicaid claims and for Medicare claims that will cross over to Medicaid as the secondary payer, NDC information in a specific format is required in the shaded area above the line on which ANDEMBRY is reported in Field 24A. Various state Medicaid plans and Medicare have different reporting formats for this information.

Other payers may require different information. Check with the payer for specific requirements.

D Field 24D: CPT/HCPCS^{2,3}

HCPCS coding options for ANDEMBRY are:

- J3490 Unclassified drugs
- J3590 Unclassified biologics

For Medicare beneficiaries, the following code may not be payable:

- 96372: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

The code selected is based on the documented service provided to the patient.

Medicare considers ANDEMBRY self-administered and therefore not covered as a Part B service. However, other payers may allow administration in a physician office or other site of service. Please verify current coding requirements directly with the payer being billed.

E Field 24E: Diagnosis Pointer

Enter the line number(s) from Field 21 that best describes the medical necessity for the service.

F	Field 24G: Days or Units
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Requirements for Field 24G vary by payer. For example, some payers rely on the information in Field 19 for these data and request a placeholder of “1” in Field 24G. Other payers may require 1 unit per unit of drug used in the care of the patient.

Important Safety Information

ANDEMBRY® (garadacimab-gxii) injection, for subcutaneous use, is an activated Factor XII (FXIIa) inhibitor (monoclonal antibody) indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in adult and pediatric patients aged 12 years and older.

The most common adverse reactions in the pivotal trial (incidence ≥7%) were nasopharyngitis and abdominal pain. In the pivotal trial and the open-label extension study, injection-site reactions (eg, injection-site bruising, injection-site erythema, injection-site hematoma, injection-site pruritus, injection-site urticaria) were reported in 23 (14%) patients.

No dedicated drug interaction studies have been conducted, nor is there data concerning the use of ANDEMBRY in women who are pregnant or breastfeeding. The safety and efficacy of ANDEMBRY in patients under 12 years of age have not been established.

Drug Interference with Laboratory Test: ANDEMBRY can prolong activated partial thromboplastin time (aPTT) due to an interaction of garadacimab-gxii with the aPTT assay.

Please see full Prescribing Information for ANDEMBRY.

To report SUSPECTED ADVERSE REACTIONS, contact the CSL Behring Pharmacovigilance Department at 1-866-915-6958 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see accompanying full Prescribing Information.



ANDEMBRY Connect provides ongoing, one-on-one support throughout the treatment journey

- Personalized support for each patient
- Dedicated case manager for each office
- Injection training and product support available through our dedicated nursing team
- Financial assistance*
- Benefits verification and prior authorization support (if applicable)

QuickStart Program

- ANDEMBRY QuickStart Program for commercially and government-insured patients

*Subject to terms and conditions of the copay assistance program. To read the full terms and conditions, visit <http://cslbehring.com/patients/support-and-assistance>. CSL Behring reserves the right to rescind, revoke, or amend the program at any time without notice.



Call 1-844-423-4273
for ANDEMBRY Connect from 8 AM to 8 PM ET Monday–Friday

References: 1. US Department of Health and Human Services, Centers for Medicare & Medicaid Services. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). Accessed April 17, 2025. <https://www.cms.gov/medicare/coding-billing/icd-10-codes> 2. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. HCPCS release and code sets. Accessed April 17, 2025. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update> 3. American Academy of Professional Coders. Accessed April 17, 2025. <https://coder.aapc.com/cpt-codes> 4. Medicaid NCCI 2023 Coding Policy Manual Chapter 11. Accessed April 17, 2025. <https://www.cms.gov/files/document/medicaid-ncci-policy-manual-2024-chapter-11.pdf>

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