

# Ensuring Proper Coding for a Soon-to-Launch Infused Biologic in the Clinic Setting

A biopharma company engaged Magnolia to conduct a coding analysis for their new biologic to ensure that proper billing codes would exist for the product at launch. Lack of appropriate billing codes may delay claims processing for a product or service and often result in claim denial or inadequate payment. This creates excessive burdens for providers and patients.



## Evaluating Current Coding

### Magnolia reviewed:

- Existing specific and nonspecific diagnosis codes (ICD-10-CM) that would describe the FDA-approved indications
- CPT billing codes that would be appropriate to use for product administration

Our search identified several appropriate diagnosis codes, but given the product's unique method of administration, there was no appropriate billing code identified for the infusion procedure.



## Applying for Appropriate Coding

**Magnolia** recommended the client apply for the appropriate administration procedure code, as well as a new HCPCS (ie, J-code) for the drug at launch. We completed the coding applications and assisted the client through the entire process.



## Actions and Outcomes

- Applied for, and received, new ICD-10 diagnosis code and product-specific HCPCS code
- Developed reimbursement guide for field reimbursement team, client hub, and HCP offices to support proper coding and billing
- Developed additional tools to support proper coding and billing, including:
  - Prior authorization forms
  - Template letters of medical necessity
  - Coding and billing flashcards
  - Educational tools for patients on how to receive their product and patient support materials
  - Provider referral forms