



Billing and Coding Guide

For physician offices prescribing EXDENSUR

INDICATION

EXDENSUR is indicated for the add-on maintenance treatment of severe asthma, characterized by an eosinophilic phenotype, in adult and pediatric patients aged 12 years and older. EXDENSUR is not indicated for the relief of acute bronchospasm or status asthmaticus.

The billing and coding information in this guide is provided for information purposes. Each provider is responsible for selecting the appropriate code based upon the patient's diagnosis and medical condition. The billing and coding information provided in this guide must be confirmed with the payer.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions, including anaphylaxis, can occur following administration of EXDENSUR. If a hypersensitivity reaction occurs, discontinue EXDENSUR and initiate appropriate therapy.

Please see Important Safety Information for EXDENSUR throughout. Please see full [Prescribing Information](#), including [Patient Information](#), for EXDENSUR.

Code Lists

Physician offices prescribing EXDENSUR for in-office administration may reference key information below.

NDC	Description
0173-0927-42 00173-0927-42	100 mg/mL, single-dose, pre-filled syringe with attached 29-gauge, half-inch needle with a needle guard in cartons of 1
Product (HCPCS) ¹	Description
J3490	Unclassified drugs
J3590	Unclassified biologics
C9399	Unclassified drug or biologic used by Hospital Outpatient Department (Outpatient Prospective Payment System)
Procedure (CPT) ²	Description
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); SC or IM
96401	Chemotherapy administration, SC or IM; non-hormonal anti-neoplastic

CPT is a registered trademark of the American Medical Association (AMA). The AMA has recognized the use of the 96401 administration code for some non-chemotherapy substances, such as certain monoclonal antibody agents and other biologic response modifiers. Since EXDENSUR is a human monoclonal antibody agent, this CPT code may be applicable. However, recognition of chemotherapy administration codes for non-chemotherapy drugs may vary by payer, and the documentation must support the use of these codes.

Modifiers ³	Description
JZ	Zero drug amount discarded/not administered to any patient

Diagnosis (ICD-10-CM) ⁴	
Severe Asthma	
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbations. X=0 uncomplicated, X=1 with exacerbation
J82.83	Eosinophilic asthma

Please note: The coding, coverage, reimbursement, and related information presented in this guide is from various third-party sources and is subject to change without notice. GSK cannot guarantee the accuracy or timeliness of these data. This information should not be considered a guarantee of success in obtaining third-party insurance payment for any product and should not be relied upon without payer confirmation. The decision by a payer to pay for a specific product is based on many factors. It is always the prescriber's responsibility to determine the appropriate treatment and submit appropriate codes, charges, and modifiers for treatments provided. Providers should contact third-party payers for specific information on their policies.

CPT®=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; IM=intramuscular; NDC=National Drug Code; SC=subcutaneous.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Acute Asthma Symptoms or Deteriorating Disease

EXDENSUR should not be used to treat acute asthma symptoms or acute exacerbations.

Please see Important Safety Information for EXDENSUR throughout. Please see full [Prescribing Information](#), including [Patient Information](#), for EXDENSUR.

Support Services

Together with EXDENSUR is a centralized program that offers resources and services for patients and healthcare professionals, including information about access and reimbursement. Patient Navigators and Access and Reimbursement Managers (ARMs) are part of the support team with Together with EXDENSUR.

Patient Navigators can help answer your questions about insurance and available financial support, detail program offerings, and suggest additional resources.



Conduct benefits verification and provide prior authorization research and appeals support*



Assess copay program eligibility for commercially insured patients



Provide claims and billing support



Triage specialty pharmacy (SP) cases to patient's appropriate in-network pharmacy



Assess the eligibility of patients for the GSK Patient Assistance Program (PAP) operated by the GSK Patient Assistance Foundation



Triage enrollment form to an alternate site of care (ASOC) as requested by the healthcare provider or the patient

ARMs are accessible by phone or can visit your office to provide information about the access and reimbursement process.

*The Patient Navigator does not provide medical advice and is not part of the patient's care team.

Two Ways to Enroll in Together with EXDENSUR

① eEnrollment

Directly enroll in the program using our eEnrollment option found on the [Together with EXDENSUR](#) website. This one-step digital process features e-signature capabilities for both providers and patients.

② Paper Form

Download and print the enrollment form found on the Patient Access and Support tab of the EXDENSUR HCP product website.

EXDENSURHCP.com

Alternatively, request a paper form from your account specialist. Completed forms can be faxed to 1-844-237-3172.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Risk Associated with Abrupt Reduction of Corticosteroid Dosage

Upon initiation of EXDENSUR therapy, do not abruptly discontinue systemic or inhaled corticosteroids. Reductions in corticosteroid dose, if appropriate, should be gradual and under the supervision of a healthcare provider. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

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Buy and Bill

Practices may purchase EXDENSUR for administration in their office setting. The buy-and-bill model is when the provider orders EXDENSUR from an in-network specialty distributor and is reimbursed by the patient's insurer for both the drug and the administration service.

Information about in-network specialty distributors and the buy-and-bill process is available from the payer and from Together with EXDENSUR. Together with EXDENSUR can provide payer-suggested coding options, including product codes, procedure codes, diagnosis codes, and NDC numbers. Coding requirements often vary by site of care and payer type and should be confirmed with the payer.

Process checklist

- ☐ Consult the payer to determine prior authorization or predetermination requirements
- ☐ Order EXDENSUR from the specialty distributor once prior authorization or predetermination is approved
- ☐ Coordinate with the patient to schedule their appointment. Pull the product from inventory and administer it to the patient
- ☐ Bill for reimbursement. Once the product has been administered, bill the patient's insurance for EXDENSUR reimbursement and administration services
- ☐ Submit the claim to the payer for the cost of EXDENSUR and administration according to payer policy
- ☐ Collect the patient's copay once you receive the EOB. If the patient is utilizing the copay assistance program, collect the amount indicated by the patient's out-of-pocket cost

Please note: This checklist does not represent all steps that you may encounter. If any questions remain about EXDENSUR or this process, please contact your patient's payer, Together with EXDENSUR, or your ARM.



Miscellaneous J-codes function as placeholders, enabling billing for FDA-approved drugs before CMS assigns a permanent code. Providers must submit the miscellaneous J-code along with detailed claim information and adhere to payer specific guidelines, which may include:

- Full name of drug
- Dosage and strength (typically 1 unit, proper payment of NOC drugs and biologicals is determined by the narrative information)
- NDC
- Quantity and code (number of units provided and the billing code)
- Invoice (cost of drug)
- Diagnosis code (disease state)
- Method of administration (injection, IV, or oral)
- Applicable modifiers such as JZ (zero waste)
- HCPCS code (J3490 or J3590, payer may have a preference)

See the current Specialty Distributor Network at [TogetherwithEXDENSUR.com](https://www.togetherwithexdensur.com)

CMS=Centers for Medicare and Medicaid Services; EOB=explanation of benefits; FDA=Food and Drug Administration; IV=intravenous; NDC=National Drug Code; NOC=not otherwise classified.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Parasitic (Helminth) Infection

Patients with pre-existing helminth infections should be treated for their infection prior to initiation of EXDENSUR therapy. If patients become infected while receiving EXDENSUR and do not respond to anti-helminth treatment, discontinue EXDENSUR until the infection resolves.

Please see Important Safety Information for EXDENSUR throughout. Please see full [Prescribing Information](#), including [Patient Information](#), for EXDENSUR.

Specialty Pharmacy for In-Office Administration

When acquiring EXDENSUR for in-office administration, SP ordering is an alternative. You can order EXDENSUR from the appropriate SP, and the SP will deliver EXDENSUR to the physician's office for administration. The physician's office is reimbursed by the patient's insurer for administration while the SP is reimbursed for the cost of the drug. The patient's enrollment in Together with EXDENSUR is an option but is not required.

Process checklist

- ☐ Submit prescription for EXDENSUR to the appropriate in-network SP
- ☐ Inform the patient that they will receive a call from the SP to approve shipment and collect copay
- ☐ If the patient is approved for the copay program, they will receive an approval email that contains instructions on how to use the program. Remind the patient to provide copay information to the SP
- ☐ Verify the correct shipping address and shipping date with the SP and confirm supplies, if needed
- ☐ Submit the claim to the patient's payer for cost of EXDENSUR administration

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It is important to send prescriptions to the payer's in-network SP to avoid potential delays and higher out-of-network costs. If you need help identifying an in-network SP, for Together with EXDENSUR patients, Together with EXDENSUR can provide a direct referral to an in-network SP and information about the SPs in the payer's network. You can also obtain this information from the payer.

See current Specialty Pharmacy (SP) Network at [TogetherwithEXDENSUR.com](https://www.togetherwithexdensur.com).

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS

In patients receiving EXDENSUR, the most common adverse reactions ($\geq 4\%$) were upper respiratory tract infection, allergic rhinitis, influenza, arthralgia, and pharyngitis. Injection site reactions have also occurred.

USE IN SPECIFIC POPULATIONS

The data in pregnant women are insufficient to identify a drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Transport of endogenous IgG antibodies and monoclonal antibodies, such as depemokimab-ulaa, across the placenta increases as pregnancy progresses and peaks during the third trimester.

EXDENSUR can cross the placenta during pregnancy and the presence of the YTE modification may prolong and increase exposure to the infant exposed in utero. The impact of transmission to the fetus should be considered. Pregnant women exposed to EXDENSUR, or their healthcare providers, should report EXDENSUR exposure by calling 1-888-825-5249.

Please see Important Safety Information for EXDENSUR throughout. Please see full [Prescribing Information](#), including [Patient Information](#), for EXDENSUR.

Alternate Site of Care

Providers may choose to have EXDENSUR administered at an ASOC, such as stand-alone centers or hospital outpatient department. In these cases, the office does not bill for any services related to the administration of EXDENSUR.

Process checklist

- ☐ Consult the payer to identify an in-network ASOC
- ☐ If enrollment in Together with EXDENSUR is desired, determine whether your office or the ASOC will enroll the patient
- ☐ Provide relevant patient demographics and clinical information to the ASOC as needed
- ☐ Confirm that the appointment for administration has been scheduled at the ASOC
- ☐ Remind the patient to provide copay assistance details to the ASOC

Please note: This checklist does not represent all steps that you may encounter. If any questions remain about EXDENSUR or this process, please contact your patient's payer, Together with EXDENSUR, or your ARM.

An ASOC may ask for:

- Patient's prescription
- Documentation of diagnosis, including lab results
- Letter of Medical Necessity

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

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EXDENSUR should not be used to treat acute asthma symptoms or acute exacerbations.

Risk Associated with Abrupt Reduction of Corticosteroid Dosage

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Parasitic (Helminth) Infection

Patients with pre-existing helminth infections should be treated for their infection prior to initiation of EXDENSUR therapy. If patients become infected while receiving EXDENSUR and do not respond to anti-helminth treatment, discontinue EXDENSUR until the infection resolves.

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Sample Claim Form: CMS-1500

Products and services provided in the physician office setting are billed using the CMS-1500 claim form (Loop 2400 on electronic claim). NDC and codes for diagnosis, product, and procedure are all used, whether EXDENSUR was purchased for buy-and-bill or obtained via SP. If SP, the office enters no charge for the product.

Box 19/Loop 2300

- Payer may want additional information like EXDENSUR brand, generic names, and amount administered to the patient. Payer may want the NDC here or in Box 24A
- Payer requirements regarding use of the 10- or 11-digit NDC vary. Electronic data exchange generally requires use of the 11-digit NDC as listed above. Check payer requirements for appropriate reporting of the NDC

Box 21/Loop 2300

Enter the appropriate ICD-10-CM diagnosis code(s) determined by the prescriber. Confirm use of ICD-10-CM by entering "0" for "ICD Ind."

Box 24/Loop 24300

Enter information about the product and procedure here, including CPT and HCPCS codes, in accordance with payer preferences. See next page for an example.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 0212

Box 19/Loop 2300: 1. MEDICARE, 2. MEDICAID, 3. TRICARE, 4. CHAMPVA, 5. GROUP HEALTH PLAN, 6. FECA, 7. OTHER

Box 21/Loop 2300: 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Rotate A-L to service line below (24E))

Box 24/Loop 24300: 24. A. DATE(S) OF SERVICE, B. PLACE, C. D. PROCEDURES, SERVICES, OR SUPPLIES, E. DIAGNOSIS MODIFIER, F. CHARGES, G. UNITS, H. REND, I. PROVIDER ID, #

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Please note: The coding information on this page is provided as a general guide based on information from third-party sources. The information is subject to change without notice and should not be relied upon without confirmation from the payer. It is always the prescriber's responsibility to determine the appropriate treatment. Providers should contact third-party payers for confirmation of the specific codes, charges, and modifiers appropriate for use for treatments provided.

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS

In patients receiving EXDENSUR, the most common adverse reactions ($\geq 4\%$) were upper respiratory tract infection, allergic rhinitis, influenza, arthralgia, and pharyngitis. Injection site reactions have also occurred.

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Sample Claim Form: Example

Products and services provided in the physician office setting are billed using the CMS-1500 claim form (Loop 2400 on electronic claim). NDC and codes for diagnosis, product, and procedure are all used, whether EXDENSUR was purchased for buy-and-bill or obtained via SP. If SP, the office enters no charge for the product. Payer may require a penny placeholder (\$0.01) amount in charges for SP-acquired medication when billing for injection only.

Box 24A

Specific information may need to be provided in the shaded lines of Box 24A above the dates of service.

- Required information may include the qualifier "N4" before the 11-digit NDC, followed by 3 spaces, the unit of measure (UN for unit), or the quantity of drugs
- One example for EXDENSUR: NDC = 0173-0927-42; for crossover claims, enter:
 - Brand and generic name
 - Strength
 - N400173-0927-42__UN1

Box 24F

Charges are entered here. Since the example illustrates a buy-and-bill scenario, there are charges for both product and administration.

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES				E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	K. INFORMATION
	MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER										
1	N40173-0927	42_UN1					11					EXDENSUR/depemokimab, 100mg			XXX XX	1				
2	01	01	26	01	01	26						96372			XXX XX	1				

Box 24D

- The HCPCS product code (J3490, J3590, C9399) has been entered on line 1
- On line 2 is the payer's preferred CPT code (for example 96372)
- Be sure to add any additional modifiers the payer requires (eg, to indicate use of SP)
- CMS now requires a JZ modifier for claims with no discarded amount of single-dose container. Other payers may have a similar requirement

Box 24G

Document the number of service units used for each line item as designated by the payer.

It is always the prescriber's responsibility to determine the appropriate treatment and submit appropriate codes, charges, and modifiers for treatments provided. The final coverage determination is not made until the payer receives and reviews the claim.

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IMPORTANT SAFETY INFORMATION (cont'd)

USE IN SPECIFIC POPULATIONS

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References

1. Centers for Medicare and Medicaid Services. HCPCS Quarterly Update. October 2025 Alpha-Numeric HCPCS File. Accessed November 3, 2025. <https://www.cms.gov/files/zip/october-2025-alpha-numeric-hcpcs-file.zip>
2. Find-A-Code. Find-A-Code Comprehensive Search. Accessed November 3, 2025. <https://www.findacode.com/search/search.php>
3. Centers for Medicare and Medicaid Services. ICD-10 Code Lists. Accessed November 3, 2025. <https://www.cms.gov/files/zip/2026-code-descriptions-tabular-order.zip>
4. Centers for Medicare & Medicaid Services. Medicare program discarded drugs and biologicals—JW modifier and JZ modifier policy. Accessed November 3, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>

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IMPORTANT SAFETY INFORMATION (cont'd)

USE IN SPECIFIC POPULATIONS (cont'd)

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To report SUSPECTED ADVERSE REACTIONS, contact GSK at gsk.public.reportum.com or 1-888-825-5249 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see Important Safety Information for EXDENSUR throughout. Please see full [Prescribing Information](#), including [Patient Information](#), for EXDENSUR.

Contact

Together with EXDENSUR

- Call 1-844-CALL-TwGSK (1-844-225-5894), Monday through Friday, 8 AM to 8 PM ET

Access and Reimbursement Manager

NAME

EMAIL

TELEPHONE

Please see Important Safety Information for EXDENSUR throughout. Please see full [Prescribing Information](#), including [Patient Information](#), for EXDENSUR.

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