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## **BILLING AND CODING GUIDE FOR ONCE-DAILY NEBULIZED YUPELRI<sup>1</sup>**

### **Indication**

YUPELRI<sup>®</sup> inhalation solution is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

### **Important Safety Information**

YUPELRI is contraindicated in patients with hypersensitivity to revefenacin or any component of this product.

**Please see page 9 for full Important Safety Information.**



# CONFIDENCE IN YOUR PATIENTS' COVERAGE

## Introduction

At VIATRIS™ and Theravance Biopharma, we're dedicated to supporting medically appropriate patient access by providing general information about coding, coverage, billing, and reimbursement to healthcare professionals and their staff. Our goal is to help minimize disruption related to coverage and reimbursement of YUPELRI.

**The content provided in this guide is for informational purposes only and is not intended as legal advice or to replace a medical provider's professional judgment.**

It is the sole responsibility of the treating healthcare professional to confirm coverage, coding, and claim submission processes with the patient's health insurance plan to help ensure YUPELRI claims are accurate, complete, and supported by documentation in the patient's medical record. Viartis and Theravance Biopharma do not guarantee that payers will consider all codes appropriate for all encounter scenarios, and Viartis and Theravance Biopharma do not guarantee YUPELRI coverage or reimbursement.

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## Important Safety Information

YUPELRI should not be initiated in patients during acutely deteriorating or potentially life-threatening episodes of COPD, or for the relief of acute symptoms, i.e., as rescue therapy for the treatment of acute episodes of bronchospasm. Acute symptoms should be treated with an inhaled short-acting beta<sub>2</sub>-agonist.

As with other inhaled medicines, YUPELRI can produce paradoxical bronchospasm that may be life-threatening. If paradoxical bronchospasm occurs following dosing with YUPELRI, it should be treated immediately with an inhaled, short-acting bronchodilator. YUPELRI should be discontinued immediately and alternative therapy should be instituted.

**Please see page 9 for full Important Safety Information.**

# BE SURE TO USE THE APPROPRIATE CODES WHEN BILLING FOR YUPELRI

YUPELRI Billing Codes	
J-CODE	ICD-10-CM Codes for COPD*
J7677	<p><b>J40</b> Bronchitis, not specified as acute or chronic</p> <p><b>J41.0</b> Simple chronic bronchitis</p> <p><b>J42</b> Unspecified chronic bronchitis</p> <p><b>J43</b> Emphysema</p> <p><b>J43.1</b> Panlobular emphysema</p> <p><b>J44</b> Other chronic obstructive pulmonary disease</p> <p><b>J44.9</b> Chronic obstructive pulmonary disease, unspecified</p>

To help ensure proper reimbursement when billing for YUPELRI, indicate:

- **J-CODE J7677**
- **Applicable ICD-10-CM Code (range: J40-J44.9\*)**
- **Number of billable units (1 mcg)<sup>2</sup>**

\*Other codes may apply. For more information on ICD-10 codes, visit <https://icd10cmtool.cdc.gov/?fy=FY2023>.

## Important Safety Information

YUPELRI should be used with caution in patients with narrow-angle glaucoma. Patients should be instructed to immediately consult their healthcare provider if they develop any signs and symptoms of acute narrow-angle glaucoma, including eye pain or discomfort, blurred vision, visual halos or colored images in association with red eyes from conjunctival congestion and corneal edema.

Please see page 9 for full Important Safety Information.



# UNDERSTANDING HOW TO BILL YUPELRI TO MEDICARE PART B PAYERS

New Medicare Part B patients will need 2 separate prescriptions and a detailed written order.\* Patients who have never been prescribed a nebulized product will need the following:

## 1. A prescription for YUPELRI may look like the following:

**Specify:**

Dosing instructions

“Via standard jet nebulizer”

Quantity to be dispensed

Number of refills

J-CODE J7677

Applicable ICD-10 code: J40-J44.9<sup>†</sup>

Covered through the Part B Medical benefit

## 2. A prescription for the standard jet nebulizer may look like the following (if a nebulizer is needed)<sup>‡</sup>:

**Specify:**

Compressor

Administration set

Applicable ICD-10 code: J40-J44.9<sup>†</sup>

Covered through the Part B Medical benefit

\*This is not a guarantee of coverage. Site of care will determine coverage. Check with your patient’s insurance provider for coverage rules and restrictions. In certain limited instances, YUPELRI may be covered through a patient’s Medicare Part D pharmacy benefit.

<sup>†</sup>Other codes may apply. For more information on ICD-10 codes, visit <https://icd10cmtool.cdc.gov/?fy=FY2023>.

<sup>‡</sup>DME suppliers may require additional documentation.

## 3. Detailed written order<sup>3</sup>

Medicare requires a physician to document that a face-to-face encounter/examination with the patient, detailing the treatment and/or evaluation of a condition that supports the need for the nebulizer, occurred within the 6 months prior to the written order for a nebulizer.

## Number of Billable Units

The billing unit for YUPELRI is 1 mcg. Each vial contains 175 mcg/3 mL of YUPELRI. Based on the prescribing information, patients should use 1 vial of YUPELRI once daily. Billing should be based on actual units dispensed.

Example:

A 30-day supply would result in dispensing of 175 mcg per day, resulting in 5,250 units to be billed for a 30-day supply.

30 DAYS × 175 mcg = 5,250 units

If the units provided exceed the size of the units field, or require more characters to report than spaces available in the format, repeat the HCPCS or NDC code on multiple lines until all units can be reported.<sup>4</sup>

Please see page 9 for full Important Safety Information.

# PAYER DOCUMENTATION CHECKLIST

Use the following checklist to minimize the risk of claims denials.<sup>5</sup>

## Standard Written Order (original, faxed, or copied), which includes:

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
- Description of the item
- Specify:
  - YUPELRI inhalation solution 175 mcg/3 mL vial<sup>1</sup>
  - One vial QD via standard jet nebulizer
  - Quantity to be dispensed
  - Number of refills
- Any changes or corrections have been initialed/signed and dated by the ordering practitioner
- Treating practitioner's signature on the written order meets **CMS Signature Requirements**  
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>

## To help ensure proper reimbursement when billing for YUPELRI, indicate:

- **J-CODE J7677**
- **Applicable ICD-10-CM Code (range: J40-J44.9\*)**
- **Number of billable units (1 mcg)<sup>2</sup>**

\*Other codes may apply. For more information on ICD-10 codes, visit <https://icd10cmtool.cdc.gov/?fy=FY2023>.

## Important Safety Information

Worsening of urinary retention may occur. Use with caution in patients with prostatic hyperplasia or bladder-neck obstruction and instruct patients to contact a healthcare provider immediately if symptoms occur

Please see page 9 for full Important Safety Information.



# EXAMPLE OF CMS 1500 CLAIM FORM

A sample CMS 1500 claim form for billing YUPELRI is provided here. Please note that example information specific to coding, coverage policies, and payment methodologies is subject to change and should be verified for each patient prior to treatment. The CMS 1500 form can be accessed on the Centers for Medicare & Medicaid Services website at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf>

## Example of CMS 1500 Claim Form

This document is provided for your guidance only. Verify coding and claim information for specific payers prior to submission.

### A Box 21: Diagnosis or Nature of Illness or Injury

Enter the appropriate ICD diagnosis code used (ie, ICD-10-CM Codes for COPD: J40-J44.9\*).

### C Box 23: Prior Authorization Number

If required, enter the prior authorization number as obtained before services were rendered.

14. DATE OF CURRENT ILLNESS (first symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY								
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY								
19. RESERVED FOR LOCAL USE			17b. NPI	20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)				22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.								
1. JXX A				23. PRIOR AUTHORIZATION NUMBER XXX XX								
2.				C								
3.				D								
4.				D								
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	LIER INFORMATION
1				94640 B				30 D		NPI		
2				J7677						NPI		
3												

For example use only.

### B Box 24D: Procedures, Services, or Supplies

Enter the appropriate CPT/HCPCS codes and modifiers (ie, CPT code 94640 for the standard jet nebulizer; J7677).

### D Box 24G: Days or Units

Enter the appropriate number of units of service (ie, #5250).<sup>1</sup>

*If the units provided exceed the size of the units field, or require more characters to report than spaces available in the format, repeat the HCPCS or NDC code on multiple lines until all units can be reported.<sup>4</sup>*

Please see page 9 for full Important Safety Information.

**To help ensure proper reimbursement when billing for YUPELRI, indicate:**

- **J-CODE J7677**
- **Applicable ICD-10-CM Code (range: J40-J44.9\*)**
- **Number of billable units (1 mcg)<sup>2</sup>**

\*Other codes may apply. For more information on ICD-10 codes, visit <https://icd10cmtool.cdc.gov/?fy=FY2023>.

The content provided on this sample claim form is for informational purposes only and is not intended as legal advice or to replace a medical provider's professional judgment. It is the sole responsibility of the treating healthcare professional to confirm coverage, coding, and claim submission guidance with the patient's health insurance plan to help ensure YUPELRI claims are accurate, complete, and supported by documentation in the patient's medical record. Viatrix and Theravance Biopharma do not guarantee that payers will consider all codes appropriate for all encounter scenarios and Viatrix and Theravance Biopharma do not guarantee YUPELRI coverage or reimbursement.

**Important Safety Information**

Immediate hypersensitivity reactions may occur after administration of YUPELRI. If a reaction occurs, YUPELRI should be stopped at once and alternative treatments considered.

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# COMPREHENSIVE COVERAGE SUPPORT FOR YOUR PATIENTS

## For Your Patients With Medicare\*

### YUPELRI is covered for up to 100% of patients with Medicare Part B†

- For patients with supplemental insurance (over 80% of beneficiaries), coinsurance costs can be as low as \$0
- Medicare Part B covers most nebulizers as DME for patient use at home<sup>3</sup>

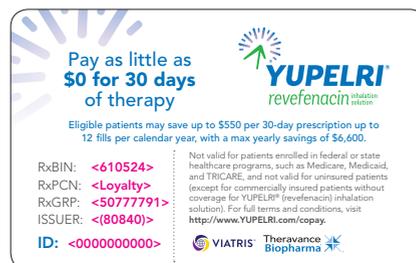


**J-CODE J7677**

## For Your Patients With Commercial Coverage

### YUPELRI may be covered under individual insurance plans

- Commercially insured patients may be eligible to save on their out-of-pocket costs with the YUPELRI Patient Savings Card‡
- Eligible, commercially insured patients may save up to \$550 per 30-day prescription up to 12 times per calendar year, with a max yearly savings of \$6,600
- For full terms and conditions, direct patients to visit [YUPELRI.com/copay](http://YUPELRI.com/copay)



Not actual card

Learn more at [YUPELRIHCP.com](http://YUPELRIHCP.com)

\*Medicare Part D will only be used by patients in chronic stay long-term care post 100 days in accordance with the availability of YUPELRI on their pharmacy benefits.

†This is not a guarantee of coverage. Site of care will determine coverage. Check with your patient's insurance provider for coverage rules and restrictions. In certain limited instances, YUPELRI may be covered through a patient's Medicare Part D pharmacy benefit. <https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage>

‡Please see full terms and conditions at [YUPELRIHCP.com](http://YUPELRIHCP.com). This offer is not valid for patients covered by Medicare, Medicaid, or any other federal or state-funded healthcare program or where prohibited by law. Mylan Specialty L.P., a Viatrix Company, reserves the right to amend or end this program at any time without notice.

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# INDICATION AND IMPORTANT SAFETY INFORMATION

## Indication

YUPELRI® inhalation solution is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

## Important Safety Information

YUPELRI is contraindicated in patients with hypersensitivity to revefenacin or any component of this product.

YUPELRI should not be initiated in patients during acutely deteriorating or potentially life-threatening episodes of COPD, or for the relief of acute symptoms, i.e., as rescue therapy for the treatment of acute episodes of bronchospasm. Acute symptoms should be treated with an inhaled short-acting beta<sub>2</sub>-agonist.

As with other inhaled medicines, YUPELRI can produce paradoxical bronchospasm that may be life-threatening. If paradoxical bronchospasm occurs following dosing with YUPELRI, it should be treated immediately with an inhaled, short-acting bronchodilator. YUPELRI should be discontinued immediately and alternative therapy should be instituted.

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Worsening of urinary retention may occur. Use with caution in patients with prostatic hyperplasia or bladder-neck obstruction and instruct patients to contact a healthcare provider immediately if symptoms occur.

Immediate hypersensitivity reactions may occur after administration of YUPELRI. If a reaction occurs, YUPELRI should be stopped at once and alternative treatments considered.

The most common adverse reactions occurring in clinical trials at an incidence greater than or equal to 2% in the YUPELRI group, and higher than placebo, included cough, nasopharyngitis, upper respiratory infection, headache and back pain.

Coadministration of anticholinergic medicines or OATP1B1 and OATP1B3 inhibitors with YUPELRI is not recommended.

YUPELRI is not recommended in patients with any degree of hepatic impairment.

**Please see accompanying Full Prescribing Information.**

**For more information, please contact  
Viartis Customer Relations at 1-800-796-9526.**

**References:** **1.** YUPELRI [package insert]. Morgantown, WV: Mylan Specialty LP; May 2019. **2.** Centers for Medicare & Medicaid Services. HCPCS quarterly update. Revised other new codes published 4-5-2019 effective 7-1-2019 (updated 4/30/19). <https://www.cms.gov/medicare/coding/hcpcsrleasecodesets/hcpcs-quarterly-update.html>. Accessed March 10, 2023. **3.** Centers for Medicare & Medicaid Services. MLN Matters. Number MM8304. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/DetailedWrittenOrdersandFacetoFaceEncounters.pdf>. Published July 1, 2013. Accessed March 10, 2023. **4.** Centers for Medicare & Medicaid Services. Medicare claims processing manual. Chapter 17—drugs and biologicals (rev. 4233, 02-08-19). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>. Accessed March 10, 2023. **5.** Centers for Medicare & Medicaid Services. Documentation checklist: nebulizers and inhalation drugs. [https://www.cgsmedicare.com/pdf/dme\\_checklists/sv\\_nebulizers\\_2018re.pdf](https://www.cgsmedicare.com/pdf/dme_checklists/sv_nebulizers_2018re.pdf). Updated April 10, 2020. Accessed March 10, 2023.





# **YUPELRI**<sup>®</sup>

revefenacin *inhalation  
solution*

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Learn more at [YUPELRIHCP.com](https://www.yupelrihcp.com)



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