



Reimbursement and Billing Guide



Patient Access and Reimbursement Support Services



1-844-4-UDENYCA (1-844-483-3692) Monday through Friday 8:00 AM-8:00 PM ET



Fax 1-877-226-6370

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www.CoherusCOMPLETE.com

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Coherus BioSciences is pleased to provide you with this reimbursement and billing guide. The information included herein is general coding, billing, and coverage information, and is not intended to suggest coverage for any individual patient or treatment. It is not a guarantee of coverage or reimbursement for any product or service. All final decisions on diagnosis, the need for treatment, and the appropriateness of UDENYCA® for a particular patient rest with you as the patient's healthcare provider. Coherus BioSciences is committed to supporting accurate claims submissions and endorses the use of its products only where medically necessary and appropriate. Given the constantly evolving nature of the healthcare reimbursement environment, this reimbursement and billing guide is intended as a set of general guidelines and is current as of May 2019.

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Getting Started With UDENYCA®

About the Reimbursement and Billing Guide

The UDENYCA® (pegfilgrastim-cbqv) Reimbursement and Billing Guide supports healthcare providers in their efforts to understand the essential components of UDENYCA[®] reimbursement. This step-by-step guide includes key coding and coverage details that may help facilitate appropriate billing and reimbursement for UDENYCA[®] therapy.

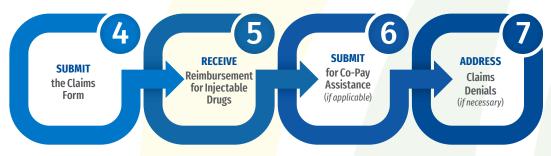
Coverage refers to the health plan's decision to provide benefits for a specific product or medical service. These coverage policies vary by payer and will specify whether a proposed course of treatment is medically necessary and eligible for reimbursement.

This guide provides an overview of the following:

Securing UDENYCA® Treatment Approval



UDENYCA® Reimbursement Process



For reimbursement assistance for UDENYCA[®], please contact



 Coherus COMPLETE™ at 1-844-4-UDENYCA (1-844-483-3692) or www.CoherusCOMPLETE.com

- Your Coherus Field Reimbursement Specialist
- Individual payers for payer-specific information

UDENYCA® Coding Overview

The coding information contained herein is for informational purposes only, and is not a guarantee of coverage or reimbursement for any product or service. This information is not intended to substitute for the physician's independent diagnosis or treatment of each patient. The inclusion of the codes is not intended to suggest or imply that such codes reflect appropriate diagnoses for any particular patient.

HCPCS Code	Des
Q5111 [*]	Inje
Billable Units	Des
42	Billa
12	For and
Modifier	Des
JG Modifier⁺	Mod disc
TB Modifier ⁺	Mod prog
JW Modifier	Mod
jii nouner	and
CPT® Code	Des
	Ther
96372 [‡]	intra
Dationt Diagnosis Codo	Des
Patient Diagnosis Code	500
ICD-10-CM	
ICD-10-CM Appropriate diagnosis codes	Allo
ICD-10-CM	
ICD-10-CM Appropriate diagnosis codes	
ICD-10-CM Appropriate diagnosis codes for patient condition Hospital Services and Supplies	Allo
ICD-10-CM Appropriate diagnosis codes for patient condition Hospital Services and Supplies Revenue Code	Allo Des
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*Effective for UDENYCA® administered on or after January 1, 2019. ¹The use of informational modifier "TB" for pass-through drugs acquired with a 340B discount is required. "JG" modifier is for use with each separately payable, non-pass-through, 340B-acquired drug. ¹Please contact the payer to determine appropriate HCPCS coding for UDENYCA®. ⁸Used in combination with HCPCS drug code. ¹Used in combination with CPT® injection.

CPT®=Current Procedural Terminology. HCPCS=Healthcare Common Procedure Coding System. NDC=National Drug Code.

cription

ection, pegfilgrastim-cbqv, biosimilar, (UDENYCA®), 0.5 mg

cription

lable units for administration of one syringe administration of less than one syringe, please use the billable units J JW modifier as appropriate

cription

difier for drug or biological acquired with 340B drug pricing program count

difier for drug or biological acquired with 340B drug pricing ogram discount; reported for informational purposes

difier to report the amount of drug or biological that is discarded I eligible for payment under the discarded drug policy

cription

erapeutic, prophylactic, or diagnostic injection; subcutaneous or ramuscular

cription

wable diagnosis codes vary by payer

cription

igs requiring detailed coding

ic visit

cription

ng/0.6 mL single-dose prefilled syringe

g/0.6 mL single-dose prefilled syringe



Securing UDENYCA® Treatment Approval

VERIFY the Patient's Insurance Benefits

Benefits Verification Process

Before administering UDENYCA®, complete a product-specific benefits verification. This will determine if additional information must be submitted in order to obtain coverage.

During benefits verification, confirm the following information with the patient's health insurance plan:

- ✓ Patient is actively covered
- \checkmark Name of the insured and the relationship of the insured to the patient
- ✓ **Insurance coverage dates** (effective date and end date of policy)
- ✓ In-network or out-of-network coverage
- » Network providers: Some payers have exclusive contracts with in-network or participating providers to provide infusion therapies
- ✓ UDENYCA[®] Q code, CPT[®] code for administration, diagnosis code, and number of units are covered

✓ Whether a prior authorization (PA) is required

- » If no PA is required, request predetermination or precertification
- » Understand medical necessity requirements
- » Request a copy of the PA form, if necessary

✓ Patient's financial responsibility

- » Co-pay
- » Co-insurance percentage
- » Deductible amounts and if deductible has been met for the year

✓ Limitations of policy, including exclusions or documentation requirements

- » Understand payer policies, including setting of care restrictions
- \checkmark If uninsured, the patient may be eligible for the Patient Assistance Program

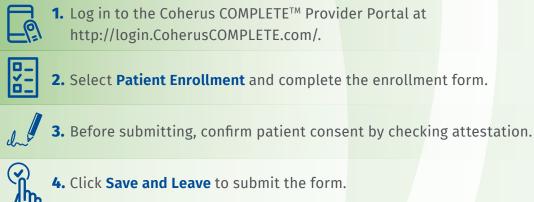
Conducting a Benefits Verification

Coherus COMPLETE™ can assist provider offices with benefits verification. To ensure your patients receive the appropriate support services, enroll your patients online.

The Coherus COMPLETE™ Provider Portal provides a streamlined process:

- Allows online access to monitor the approval status of patients
- Facilitates efficient communication with Patient Access Specialists
- Avoids duplication of administrative efforts when patients require additional treatment

To initiate the enrollment process



Please document the results of the benefits verification in the patient's medical record.



ESTABLISH Medical Necessity Prior Authorization (PA)

During the benefits verification process, the payer may request a PA and will likely provide a specific PA form to be completed prior to a coverage determination. Insurers that are unfamiliar UDENYCA® (pegfilgrastim-cbqv) may require additional information in order to process the claim.

To complete this step, provider offices may use the comprehensive PA services provided by Coherus COMPLETE™:

- Identification of payer PA requirements
- Send prefilled PA form to the provider*
- PA submissions
- PA tracking by following up with payers on PA determinations
- Sample Letter of Medical Necessity
- Other UDENYCA[®]-specific information requested by the payer, including the Prescribing Information and FDA Approval Letter

3 IDENTIFY the Patient's Co-Pay Coherus COMPLETE™ Co-Pay Assistance Program

The Coherus COMPLETE™ Co-Pay Assistance Program can help eligible patients who are commercially insured[†] with out-of-pocket costs for UDENYCA[®].[‡]

*Provider is responsible for completing all clinical information.

†Patients covered by Medicare, Medicaid, or any federal- or state-funded program are not eligible for the Coherus COMPLETE™ Co-Pay Assistance Program.

[‡]For additional details, please see back cover or visit www.CoherusCOMPLETE.com.

To enroll your patient in the Coherus COMPLETE™ Co-Pay Assistance Program, please visit

UDENYCA® Reimbursement Process



Following administration of UDENYCA® (pegfilgrastim-cbqv) to the patient, submit a claim to the insurance provider. Coherus COMPLETE™ can provide information on the buy-and-bill process to aid in claims submissions on behalf of patients.



1. Verify codes submitted. Most claims delays and denials are due to coding errors or failure to complete the form.



2. Verify the patient's diagnosis. in the PA form.



3. File claims properly.

Freestanding Infusion Center/Physician Office



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Patients may receive UDENYCA® in a freestanding infusion center or a physician office. In this setting, use a CMS-1500 Claims Form. For an overview of the CMS-1500 Claims Form, see page 10.

Hospital Outpatient Department

Patients may receive UDENYCA® in the hospital outpatient department. In this setting, use a CMS-1450 (UB-04) Claims Form. For an overview of the CMS-1450 (UB-04) Claims Form, see page 11.

\$0 out-of-pocket costs, with up to \$15,000 in assistance per calendar year

www.CoherusCOMPLETE.com.



Verify that the claims diagnosis code matches the diagnosis code provided

Most payers have a time limit for filing claims after services are provided.



Sample CMS-1500 Claims Form

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This sample claims fo<mark>rm is for information</mark>al purposes only and does not replace a medical provider's professional judgment. Before initiating UDENYCA® treatment, the patient's health insurance provider should be contacted to confirm coverage, coding, and claims submission procedures. All claims should be reviewed for completeness, accuracy, and correct documentation from the patient's medical record. Coherus BioSciences does not guarantee UDENYCA® coverage or reimbursement.

Sample CMS-1450 (UB-04) Claims Form

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This sample claims form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating UDENYCA® treatment, the patient's health insurance provider should be contacted to confirm coverage, coding, and claims submission procedures. All claims should be reviewed for completeness, accuracy, and correct documentation from the patient's medical record. Coherus BioSciences does not guarantee UDENYCA® coverage or reimbursement.

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BECEIVE Reimbursement for Injectable Drugs

Injectable physician-administered products are typically covered under the medical or Part B benefit, though some payers may require coverage under the pharmacy or Part D benefit. Coverage details can be determined in the benefits verification process.

The reimbursement rates of injectable physician-administered drugs covered under the medical or Part B benefit may depend on site of care, payer, and drug-specific information.

Regularly review insurance provider payments to the office, and reconcile reimbursement of both primary and secondary insurance providers.

Payment Rates* for Injectable Drugs in Freestanding Infusion Centers/Physician Offices

Medicare3.4At launch, prior to ASP being established: WAC + 3% [3% of the UDENYCA" (pegfilgrastim-cbqv) WAC] After ASP is established: ASP + 6% [6% of the Neulasta" (pegfilgrastim) ASP]*MedicaidPrivate Commercial Payers, Medicare Advantage, and Managed MedicaidPayers typically reimburse injectable drugs based on proprietary contracts between the provider and the payer; payment rates will vary based on agreed termsPayer 340B ENTITIESMedicaidEach Medicaid state agency will determine its own payment rate; typically, Medicaid state agencies will publish payment rates via a fee scheduleMedicare34	Payer	Rate ⁺	Managed Medie
Payers, Medicare Advantage, and Managed MedicaidPayers typically reimburse injectable drugs based on proprietary contracts between the provider and the payer; payment rates will vary based on agreed terms340B ENTITIESMedicaidEach Medicaid state agency will determine its own payment rate; typically, Medicaid state agencies will publish paymentMedicare ^{3,4}	Medicare ^{3,4}	WAC + 3% [3% of the UDENYCA [®] (pegfilgrastim-cbqv) WAC] After ASP is established:	Medicaid
Medicaid rate; typically, Medicaid state agencies will publish payment Medicare ^{3,4}	Payers, Medicare Advantage, and	proprietary contracts between the provider and the payer;	
	Medicaid	rate; typically, Medicaid state agencies will publish payment	Medicare ^{3,4}

*CMS payment rates are subject to change by CMS from time to time.

[†]ASP or WAC references are exclusive of any government sequestration on reimbursement rates.

^{*}Due to across-the-board cuts in federal spending known as sequestration, Medicare covers 80% of the payment to providers, which is reduced by 2%. This affects payment for Part B-covered drugs along with payment for professional services, such as the administration of the UDENYCA* injection. Sequestration does not affect the patient's share of costs.

ASP=average sales price. WAC=wholesale acquisition cost.

Payment Rates* for Injectable Drugs in Hospital Outpatient Departments

Payer	Rate ⁺
NON-340B ENTITIES	
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Private Commercial Payers, Medicare Advantage, and Managed Medicaid	Payers typical contracts betw will vary base
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Medicare ^{3,4}	After a product being establish WAC - 22.5% (22 If the drug rece WAC + 3% (3% c After ASP is est ASP + 6% (6% o
Private Commercial Payers, Medicare Advantage, and Managed Medicaid	Payers typically contracts betwe vary based on a

[¶]While pass-through status is effective.

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ally reimburse injectable drugs based on proprietary tween the provider and the payer; payment rates ed on agreed terms

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ly reimburse injectable drugs based on proprietary ween the provider and the payer; payment rates will agreed terms

Each Medicaid state agency will determine its own payment rate; typically, Medicaid state agencies will publish payment rates via a



© SUBMIT for Co-Pay Assistance

For patients enrolled in the Coherus COMPLETE™ Co-Pay Assistance Program, the practice submits an ANSI ASC X12N electronic secondary claim using Payer ID #56155, Group #00003633 to process the patient's co-pay assistance benefits. For information on submitting pharmacy benefit claims, please contact Coherus COMPLETE™ at 1-844-4-UDENYCA (1-844-483-3692).

ADDRESS Claims Denials

If your claim is denied, review the payer-provided Explanation of Benefits (EOB) detailing the reason for the denial.

Common reasons for a claims denial or underpayment include

- Lack of details on the patient's history and clinical course
- Incorrect billing codes or omission of modifiers
- Incomplete documentation supporting the medical necessity and/or codes used
- Inaccurate description of services provided

Coherus COMPLETE[™] can help manage the denied claims appeals process. Contact Coherus COMPLETE™ at 1-844-4-UDENYCA (1-844-483-3692).

Tips for Appealing Claims Denials

If there are no submission errors or the claim was denied because the payer was not convinced UDENYCA[®] (pegfilgrastim-cbgv) was necessary, submit additional documentation to justify the medical necessity of UDENYCA[®].

A sample Letter of Appeal is available to download at www.CoherusCOMPLETE.com. The letter highlights

- Patient's medical history
- Other therapies that have been tried unsuccessfully
- Rationale for selecting UDENYCA[®] for this patient

The following information may be needed in the resubmitted claim:

- UDENYCA[®] Prescribing Information, which is available through Coherus COMPLETE™
- FDA Approval Letter, which is available through Coherus COMPLETE[™]

References

- Payment System (OPPS) Frequently Asked Questions. April 2, 2018.
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3. CMS.gov. Medicare Physician Fee Schedule CY 2019. https://www.cms.gov/Medicare/Medicare-Feefor-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html.

4. CMS.gov. Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. https://www.federalregister. gov/documents/2018/11/21/2018-24243/medicare-program-changes-to-hospital-outpatientprospective-payment-and-ambulatory-surgical-center. Accessed November 15, 2018.

5. CMS.gov. Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Correction. https://www. federalregister.gov/documents/2018/12/28/2018-28348/medicare-program-changes-to-hospitaloutpatient-prospective-payment-and-ambulatory-surgical-center. Accessed May 20, 2019.





Overview of Coherus COMPLETE[™]

Coherus is committed to ensuring patient access to biologics. Coherus COMPLETE™ is a suite of patient support services and programs designed to assist with patient access.

Reimbursement support provided by Patient Access Specialists

- Product-specific benefit verification
- Comprehensive PA services—coverage, coding, and reimbursement education
- Investigating alternative financial support through independent foundations for eligible patients

Patient support through financial assistance programs

- Coherus COMPLETE™ Co-Pay Assistance Program
- Patient Assistance Program

Access support to simplify program utilization

- Coherus COMPLETE[™] Provider Portal
- Product Replacement Program
- Access support to simplify program utilization



\$0 out-of-pocket patient costs for each UDENYCA® dose



Coherus COMPLETE is a trademark and UDENYCA is a registered trademark of Coherus BioSciences, Inc. Neulasta® is a registered trademark of Amgen Inc. CPT is a registered trademark of the American Medical Association. ©2019 Coherus BioSciences, Inc. All rights reserved. 0519-COH-P143r2