

Reimbursement Coding Options for Hospital Outpatient and ASC Services

QUZYTIR® (cetirizine hydrochloride injection), 10mg/mL, for intravenous use

Disclaimer: It is important to note that the codes identified below are examples only. Each provider is responsible for ensuring all coding is accurate and documented in the medical record based on the condition of the patient. The use of the following codes does not guarantee reimbursement. The ultimate responsibility for obtaining reimbursement lies with the physician, provider, or patient. Please consult with your reimbursement specialist for any practice-specific reimbursement or billing questions.

National Drug Code (NDC)

The NDC is a universal product identifier comprised of a 3-segment number that identifies drugs by manufacturer, dosage, and package size. Payers may require the submission of an 11-digit NDC on healthcare claim forms, and electronic claims may be denied for drugs billed without a valid 11-digit NDC. Contact your patient's health plan to determine claim submission requirements and to determine accurate reporting of NDC codes.

Dosage ¹	11 Digit Code ¹
Carton containing 25 single-use vials (10mg/mL cetirizine hydrochloride)	70720-0100-25
Carton containing 1 single-use vial (10mg/mL cetirizine hydrochloride)	70720-0100-10

Current Procedural Terminology (CPT)

Submitting accurate codes and claims is important to ensure proper reimbursement of services. The chart below lists potential CPT codes for your reference when submitting claims for your patients who receive QUZYTIR.

Code ²	Description ²
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug.
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure).
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (list separately in addition to code for primary procedure).

Healthcare Common Procedure Coding System (HCPCS)

Submitting accurate codes and claims is important to ensure proper reimbursement of services. The chart below lists a potential code for your reference when submitting claims for your patients who receive QUZYTIR.

Code ³	Description ³
J1201	Injection, cetirizine hydrochloride, 0.5mg

- A CMS 1450 (UB-04) form is often required
- Please enter the following information in box 43:
 - o N4 indicator, 11-digit NDC, code describing unit of measurement, unit quantity (Example: N470720010025ME10)
- Please enter the following information in box 44:
 - o The appropriate HCPCS code for QUZYTIR is J1201
- J1201 is billed per 0.5mg
- Check with your individual payer for specific requirements
- Recommended dosages: • Adults and adolescents ≥ 12 years of age and older: 10 mg • Children 6 to 11 years: 5 mg or 10 mg • Children 6 months to 5 years: 2.5 mg.
- Recommended dosage regimen is once every 24 hours as needed for acute urticaria.

Diagnosis Code (ICD-10)

Submitting accurate codes and claims is important to ensure proper reimbursement of services. The chart below lists potential diagnosis codes for your reference when submitting claims for your patients who receive QUZYTIR® (cetirizine hydrochloride injection), for intravenous use.

Code ³	Description ³
L50	Urticaria
L50.0	Allergic urticaria
L50.1	Idiopathic urticaria
L50.2	Urticaria due to cold and heat
L50.3	Dermatographic urticaria
L50.4	Vibratory urticaria
L50.5	Cholinergic urticaria
L50.6	Contact urticaria
L50.8	Other urticaria
L50.9	Urticaria, unspecified

Additional Questions?

Please contact TerSera SupportSource at 1-855-686-8725, Monday-Friday, 9:00 AM -6:00 PM EST.



Indication and Important Safety Information

QUZYTIR® (cetirizine hydrochloride injection), for intravenous use

INDICATIONS AND USAGE

QUZYTIR is indicated for the treatment of acute urticaria in adults and children 6 months of age and older.

Limitations of Use: QUZYTIR is not recommended in pediatric patients <6 years of age with impaired renal or hepatic function.

IMPORTANT SAFETY INFORMATION

Contraindications: Known hypersensitivity to QUZYTIR or any of its ingredients, to levocetirizine, or hydroxyzine.

Warnings and Precautions: The occurrence of somnolence/sedation has been reported in some patients. Advise patients to exercise due caution when driving or operating potentially dangerous machinery. Avoid concurrent use of QUZYTIR with alcohol or other CNS depressants because additional reduction in alertness and additional impairment of CNS performance may occur.

Adverse Reactions: The most common adverse reactions (incidence <1%) with QUZYTIR are dysgeusia, headache, paresthesia, presyncope, dyspepsia, feeling hot, and hyperhidrosis.

The most common adverse reactions (incidence ≥2%) with chronic dosing of oral cetirizine hydrochloride in adults are somnolence, fatigue, dry mouth, pharyngitis and dizziness. Adverse reactions observed in pediatric patients with chronic use of oral cetirizine hydrochloride are headache, pharyngitis, abdominal pain, coughing, somnolence, diarrhea, epistaxis, bronchospasm, nausea, and vomiting.

For more information, please see the accompanying full Prescribing Information for QUZYTIR.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

References

1. Quzyttir (cetirizine hydrochloride injection) [package insert]. Deerfield, IL: TerSera Therapeutics LLC; 2020.
2. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 17: Drugs and Biologicals. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>.
3. Centers for Medicare & Medicaid Services. 2020 Alpha Numeric HCPCS File. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-Alpha-Numeric-HCPCS-File>.