PHYSICIAN OFFICE

BILLING AND CODING GUIDE FOR AMVUTTRA® (vutrisiran)

April 2026

amvuttra® (vutrisiran) injection 25 mg/0.5 mL

Coverage, coding, and payment in the physician office[a]

AMVUTTRA® (vutrisiran) is indicated for the treatment of the:

- cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) in adults to reduce cardiovascular mortality, cardiovascular hospitalizations and urgent heart failure visits.
- polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR-PN) in adults.

COVERAGE

- **For Medicare patients** receiving AMVUTTRA under Medicare Part B, the Medicare Administrative Contractors (MACs) may require additional chart documentation to determine the medical necessity of AMVUTTRA, although prior authorization is not required[a,b]
- **For patients enrolled in a Medicaid or commercial health plan,** AMVUTTRA coverage will vary by payer

PAYMENT

Payer Type	Payment Methodology
Medicare Fee-for-Service	Average Sales Price (ASP) + 6%[c]
Medicare Advantage, Medicaid, and commercial payers	Payment rates will vary by payer and provider contract

[a]It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for products and services rendered. Providers should contact third-party payers for specific information on their coding, coverage, and payment policies.

[b]Medicare Advantage plans may require prior authorization for AMVUTTRA.

[c]Does not account for any required payment reductions if sequestration is in effect.

Alnylam Field Reimbursement Directors are available to meet with you and your staff to answer coverage, coding, and payment questions about AMVUTTRA. Contact Alnylam Assist® at 1-833-256-2748.

CODING[a]

Please refer to the table below to support appropriate claims submission for AMVUTTRA® (vutrisiran).

Code Type	Code	Code Description
ICD-10-CM	E85.1	Neuropathic heredofamilial amyloidosis
	E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
	E85.4	Organ-limited amyloidosis
CPT®[b]	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
HCPCS	J0225	Injection, vutrisiran, 1 mg (for dates of service on or after January 1, 2023)
NDC	10-digit: 71336-1003-1 11-digit: 71336-1003-01	25 mg/0.5 mL single-dose prefilled syringe

[a]It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for products and services rendered. Providers should contact payers for specific information on their coding, coverage, and payment policies.

[b]CPT © 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Applicable FARS/DFARS restrictions apply to government use.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

AMA=American Medical Association; CPT=Current Procedural Terminology; DFARS=Defense Federal Acquisition Regulation System; FARS=Federal Acquisition Regulation System; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NDC=National Drug Code.

Providers should consult the ICD-10-CM code book and use their own clinical judgment to confirm coding.

Physician office: sample CMS 1500 claim form

AMVUTTRA® (vutrisiran) and the associated services provided in a physician office are billed on the CMS 1500 claim form or its electronic equivalent. A sample CMS 1500 claim form for billing AMVUTTRA is provided on the next page.

- The sample CMS 1500 claim form for AMVUTTRA is for illustrative purposes
- It is the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for the products and services rendered
- Providers should contact payers for specific information on their coding, coverage, and payment policies
- Medicare claims require the use of the JW modifier (drug amount discarded/not administered to any patient) when applicable
  - Medicare requires the use of the new JZ modifier on any claims for single-use vials when there are no drug discarded amounts for dates of service on or after July 1, 2023
  - Wastage-reporting policies for payers other than Medicare may vary. Providers should check with their specific plans about policies related to billing for discarded drug and use of the JW and JZ modifiers
- Providers should contact their billing software vendors to ensure that they are utilizing the recommended loops and segments
- **Due to Medicare billing thresholds, electronic 837P/CMS 1500 claims may require split billing as dollar amount fields are capped at 7 characters[a]**
  - Claims containing a dollar amount **more than $99,999.99** will be rejected by the MAC
  - Please refer to your local MAC instructions and guidance on submitting CMS 1500 claims for amounts greater than $99,999.99

[a]Commercial payers processing claims may not follow CMS guidance. Providers should contact commercial payers for specific information on their coding and billing policies.

CMS=Centers of Medicare & Medicaid Services; MAC=Medicare Administrative Contractor.

Sample CMS 1500 Claim Form for AMVUTTRA® (vutrisiran)[a]

Locator 21

Enter the appropriate primary diagnosis code from the patient's medical record in Locator 21A.

Locator 21ICD-IND

Enter "0" to indicate use of ICD-10-CM diagnosis coding system.

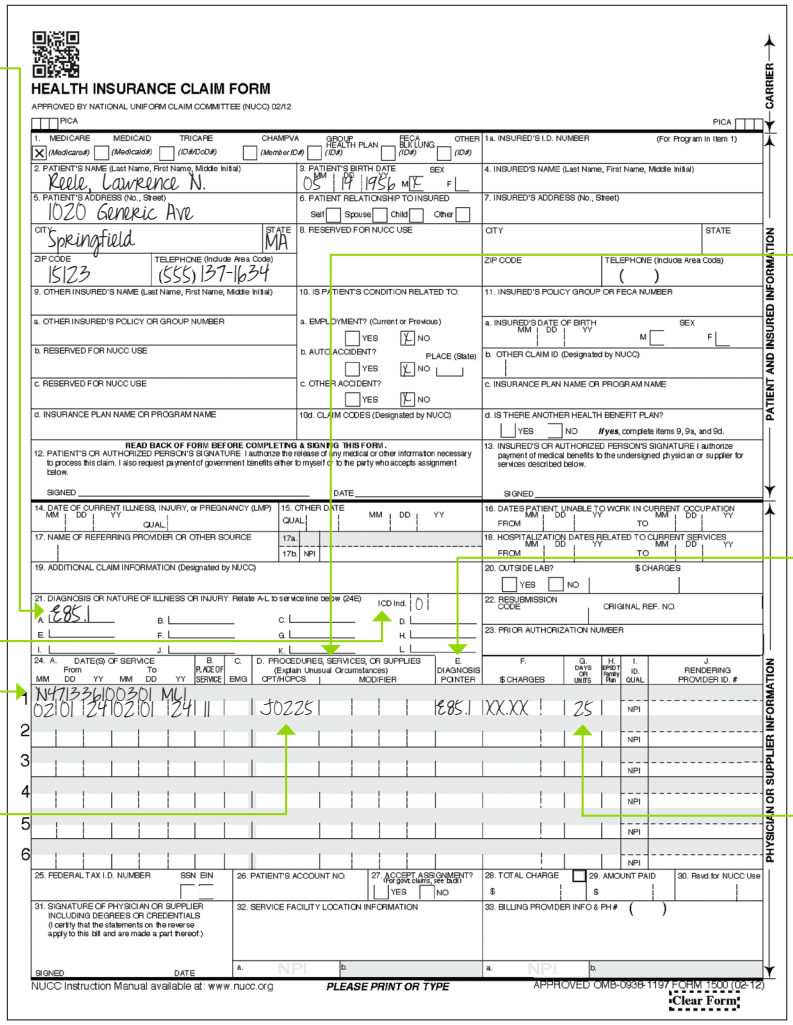
Locator 24A-B

Enter the date of service and the appropriate place of service code.

Locator 24

Enter the HCPCS code J0225 first, followed by the CPT code 96372 for the drug administration after the J0225 entries.

- Payers may limit the charges on a single claim, rejecting claims over the specified limit. Providers should contact payers for information on claim charge limits and claims submission guidance



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Reele, Lawrence N.

3. PATIENT'S BIRTH DATE: 05 19 1956 SEX: M

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street): 1020 Generic Ave

6. PATIENT RELATIONSHIP TO INSURED: Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY: Springfield STATE: MA

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE: 15123 TELEPHONE (Include Area Code): (555) 137-1634

ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH SEX

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) QUAL.

15. OTHER DATE QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. E785 B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

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. #
1 N471336100301 ML1 02 01 01	24 02 01	01		J0225		E785	XX.XX	25		NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd. for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.

33. BILLING PROVIDER INFO & PH # ( ) a. NPI b.

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

Clear Form

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Locator 24D

Enter HCPCS code J0225 – Injection, vutrisiran, 1 mg

In shaded area of Locator 24D, enter the NDC (when applicable): N471336100301 ML1

Locator 24E

Specify the diagnosis, from Locator 21, that relates to the product or procedure listed in Locator 24D.

Locator 24G

Enter the number of service units for each line item.

[a]The codes listed on this sample claim form are for illustrative purposes only. It is the provider's responsibility to submit true and correct claims for products and services rendered.

Clean claim filing checklist

- **Select the appropriate primary diagnosis**
- **Confirm appropriate clinical documentation to support diagnosis**
- **Understand any payer-specific requirements (prior authorization, coding details, etc.)**
- **Utilize all appropriate ICD-10, CPT®, and HCPCS codes**
  - For all claims in the physician office setting, use HCPCS J0225 (Injection, vutrisiran, 1 mg)[a]
    - Remember: Billing unit = 1 mg
  - Remember to use the sample claim form on page 5 as a guide
- **Anticipate requests from payers for additional clinical information prior to claims being processed for payment**

It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for those products and services rendered. Contact third-party payers for specific information on their coding and payment policies.

[a]HCPCS codes for AMVUTTRA® (vutrisiran) may vary for dates of service prior to January 1, 2023.

Indications and Important Safety Information

INDICATIONS

AMVUTTRA® (vutrisiran) is indicated for the treatment of the:

- cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) in adults to reduce cardiovascular mortality, cardiovascular hospitalizations and urgent heart failure visits.
- polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR-PN) in adults.

IMPORTANT SAFETY INFORMATION

Reduced Serum Vitamin A Levels and Recommended Supplementation
AMVUTTRA treatment leads to a decrease in serum vitamin A levels.

Supplementation at the recommended daily allowance (RDA) of vitamin A is advised for patients taking AMVUTTRA. Higher doses than the RDA should not be given to try to achieve normal serum vitamin A levels during treatment with AMVUTTRA, as serum vitamin A levels do not reflect the total vitamin A in the body.

Patients should be referred to an ophthalmologist if they develop ocular symptoms suggestive of vitamin A deficiency (e.g., night blindness).

Adverse Reactions
In a study of patients with hATTR-PN, the most common adverse reactions that occurred in patients treated with AMVUTTRA were pain in extremity (15%), arthralgia (11%), dyspnea (7%), and vitamin A decreased (7%).

In a study of patients with ATTR-CM, no new safety issues were identified.

For additional information about AMVUTTRA, please see the full Prescribing Information.

amvuttra® (vutrisiran) injection 25 mg/0.5 mL

Alnylam ASSIST®

8AM–6PM, Monday–Friday

1-833-256-2748 1-833-256-2747

To learn more about AMVUTTRA®, visit www.amvuttrahcp.com