



Stimufend[®]
pegfilgrastim-fpgk

STIMUFEND[®] (pegfilgrastim-fpgk)
Injection for subcutaneous use

Billing & Coding Guide

STIMUFEND® (pegfilgrastim-fpgk) Billing and Coding Guide

The STIMUFEND® Billing and Coding Guide provides general reimbursement information for healthcare providers.

Topics include billing, coding, coverage, and reimbursement for treatment with STIMUFEND®.

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 guidance with the patient's health insurance plan to ensure STIMUFEND® claims are accurate, complete, and supported by documentation in the patient's medical record. NorthStar does not guarantee that payers will consider all codes appropriate for all encountered scenarios and NorthStar does not guarantee STIMUFEND® coverage or reimbursement.

INDICATIONS AND USAGE¹

Indication: STIMUFEND® is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

STIMUFEND® is indicated to increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome).

Limitations of Use STIMUFEND® is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

Dosing: For adult patients with non-myeloid cancer receiving myelosuppressive chemotherapy, the recommended dosage of STIMUFEND® is a single subcutaneous injection of 6 mg administered once per chemotherapy cycle. Do not administer STIMUFEND® between 14 days before and 24 hours after administration of cytotoxic chemotherapy.

Use weight-based dosing for pediatric patients weighing less than 45 kg. Refer to Table 1 (2.2 Administration) in the STIMUFEND® full Prescribing Information for dosing for these patients.

For patients with hematopoietic subsyndrome of acute radiation syndrome, the recommended dose of STIMUFEND® is two doses, 6 mg each, administered subcutaneously one week apart.

For dosing in pediatric patients weighing less than 45 kg, refer to Table 1 (2.2 Administration) in the STIMUFEND® full Prescribing Information for dosing for these patients. Administer the first dose as soon as possible after suspected or confirmed exposure to radiation levels greater than 2 gray. Administer the second dose one week after the first dose.

Obtain a baseline complete blood count (CBC). Do not delay administration of STIMUFEND® if a CBC is not readily available. Estimate a patient's absorbed radiation dose (i.e., level of radiation exposure) based on information from public health authorities, biodosimetry if available, or clinical findings such as time to onset of vomiting or lymphocyte depletion kinetics.

Administration: STIMUFEND® is administered subcutaneously via a single-dose, pre-filled syringe for manual use.

Important Safety Information

Contraindication

- Stimufend (pegfilgrastim-fpgk) is contraindicated in patients with a history of serious allergic reactions to pegfilgrastim products or filgrastim products
- Reactions have included anaphylaxis

Splenic Rupture

- Splenic rupture, including fatal cases, can occur following the administration of pegfilgrastim products
- Evaluate for an enlarged spleen or splenic rupture in patients who report left upper abdominal or shoulder pain

Acute Respiratory Distress Syndrome (ARDS)

- ARDS can occur in patients receiving pegfilgrastim products
- Evaluate patients who develop fever and lung infiltrates or respiratory distress after receiving Stimufend
- Discontinue Stimufend in patients with ARDS

Serious Allergic Reactions

- Serious allergic reactions, including anaphylaxis, can occur in patients receiving pegfilgrastim products

Please see Important Safety Information throughout this brochure and click to see [full Prescribing Information](#) and patient information for **STIMUFEND® (pegfilgrastim-fpgk)**.

HCPCS

Healthcare Common Procedure Coding System (HCPCS) code²

Healthcare Common Procedure Coding Systems (HCPCS) Q-Code assigned to STIMUFEND[®] for Centers for Medicare & Medicaid Services (CMS) claims processing effective for dates of service on and after **April 1, 2023**.

HCPCS Code	Description	Sites of Service	Billable Units
Q5127	Injection, pegfilgrastim-fpgk, biosimilar, (STIMUFEND [®]), 0.5 mg	<ul style="list-style-type: none">• Physician office• Hospital outpatient	12 (Billable units for administration of 1 syringe)

Details: Include the JZ Modifier if no amount of drug was discarded. Discarded product should be reported on a separate line with Q5127 and the JW modifier. Inaccurate reporting of drug billing units is a common claims error and can result in denied or delayed payment.

Important Safety Information (continued)

- The majority of reported events occurred upon initial exposure and can recur within days after the discontinuation of initial anti-allergic treatment
- Permanently discontinue Stimufend in patients with serious allergic reactions

Use in Patients with Sickle Cell Disorders

- In patients with sickle cell trait or disease, severe and sometimes fatal sickle cell crises can occur in patients receiving pegfilgrastim products
- Discontinue Stimufend if sickle cell crisis occurs

Glomerulonephritis

- Has occurred in patients receiving pegfilgrastim products
- Diagnoses based on azotemia, hematuria, proteinuria, and renal biopsy
- Generally, events resolved after dose-reduction or discontinuation of pegfilgrastim products
- If suspected, evaluate for cause and if cause is likely, consider dose-reduction or interruption of Stimufend

Please see Important Safety Information throughout this brochure and click to see [full Prescribing Information](#) and patient information for **STIMUFEND[®] (pegfilgrastim-fpgk)**.

MODIFIERS

Summary of Code Modifiers				
Modifier	Description ³	Indication and Placement ^{4,5}	CMS-1500 (Item 24D)	CMS-1450 (Box 44)
JW	Drug amount discarded/not administered to any patient	Applies only to the unused drug that is discarded after applicable dose has been administered from a single-use vial.	✓ Required by Medicare	✓ Required by Medicare
JZ	Zero drug amount discarded/not administered to any patient	To be used for single-dose containers or single-use packages when the entire amount has been administered to the patient (no wastage).	✓ Required by Medicare	✓ Required by Medicare
TB*	Drug or biological acquired with 340B Drug Pricing Program discount, reported for informational purposes for select entities	TB modifier is used to identify drugs or biologicals acquired through the 340B Drug Pricing Program for informational purposes. The TB modifier is required for all 340B covered entities, including hospital-based and non-hospital-based entities, for claims with dates of service beginning on or after January 1, 2025. TB modifier to be reported on the same claim line as the drug HCPCS code for all 340B acquired drugs.	N/A	✓ Required by Medicare

*CMS is requiring all 340B covered entities, including hospital-based and non-hospital-based entities, that submit claims for separately payable Part B drugs and biologicals to discontinue the use of modifier "JG" on claim lines for drugs acquired through the 340B Drug Pricing Program after December 31, 2024.

Important Safety Information (continued)

Leukocytosis

- Increased white blood cell counts of $100 \times 10^9/L$ have been observed
- Monitoring of complete blood count (CBC) during Stimufend therapy is recommended

Thrombocytopenia

- Thrombocytopenia has been reported in patients receiving pegfilgrastim products. Monitor platelet counts

Capillary Leak Syndrome (CLS)

- CLS has been reported after G-CSF administration, including pegfilgrastim products
- Characterized by hypotension, hypoalbuminemia, edema and hemoconcentration
- Episodes vary in frequency, severity and may be life-threatening if treatment is delayed
- Patients with symptoms should be closely monitored and receive standard symptomatic treatment, which may include a need for intensive care

Potential for Tumor Growth Stimulatory Effects on Malignant Cells

- G-CSF receptor has been found on tumor cell lines
- The possibility that pegfilgrastim products act as a growth factor for any tumor type, including myeloid malignancies and myelodysplasia, diseases for which pegfilgrastim products are not approved, cannot be excluded.

Myelodysplastic Syndrome (MDS) and Acute Myeloid Leukemia (AML) in Patients with Breast and Lung Cancer

- MDS and AML have been associated with the use of pegfilgrastim products in conjunction with chemotherapy and/or radiotherapy in patients with breast and lung cancer. Monitor patients for signs and symptoms of MDS/AML in these settings.

Aortitis

- Aortitis has been reported in patients receiving pegfilgrastim products. It may occur as early as the first week after start of therapy
- Manifestations may include generalized signs and symptoms such as fever, abdominal pain, malaise, back pain, and increased inflammatory markers (e.g., c-reactive protein and white blood cell count)

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NDC Numbers and CPT Codes



What codes do I use to bill for STIMUFEND® (pegfilgrastim-fpgk)?

- A new prescription is required for STIMUFEND®.
- To ensure your patient will receive STIMUFEND®, please select the appropriate dosing from the Enrollment and Prescription Form or when prescribing electronically.

National Drug Code (NDC)¹

Electronic data exchange standards usually require the use of an 11-digit NDC. Check with the payer to confirm the correct code required when billing to STIMUFEND®.

Dosage Form	Description	10-digit NDC Code	11-digit NDC Code
Subcutaneous Injection	6 mg/0.6 mL, single-dose prefilled syringe	72603-402-01	72603-0402-01

Current Procedural Terminology (CPT) Code⁶

CPT codes are the standard coding system for reporting medical procedures and services under both public and private health insurance plans.

Type	Code	Description
CPT Code	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular.

All coding and documentation requirements should be confirmed with each payer before submitting a claim for reimbursement. Medicare requires detailed documentation to support a complex infusion code claim.

Diagnosis codes

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes represent the diagnosis related to the patient's treatment with STIMUFEND®. Reimbursement varies by payer.

Revenue codes⁷

Revenue codes are used to categorize hospital services by revenue or cost center. Each service provided in the hospital has its own revenue code. Examples for STIMUFEND® may include:

Code	Description	Details
0636	Drugs requiring detailed coding	Used in combination with HCPCS drug code
0510	Clinic visit	Used in combination with CPT injection code
0250	General pharmacy	Used in combination with HCPCS drug code

Payment status indicator⁸

Identifies whether a service represented by a CPT or HCPCS code is payable under the Outpatient Prospective Payment System (OPPS) Ambulatory Payment Classification (APC) or another payment system. Only 1 status indicator is assigned to each CPT or HCPCS code.

HCPCS Code	Description	Status Indicator
Q5127	Injection, pegfilgrastim-fpgk, biosimilar, (STIMUFEND®), 0.5 mg	K

Sample CMS-1500 Claim Form (physician office site of service)⁹

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIMS COMMITTEE (NUCC) 02/12

Box 21: Diagnosis
Enter appropriate ICD-10-CM diagnosis code(s).

Box 23: Prior Authorization (PA)
Enter the PA number as obtained before services were rendered.

24A: Date(s) of Service
Enter NDC qualifier "N4" and the NDC.

Box 24B: Place of Service
Enter the appropriate Place of Service. Examples: 11-Physician's Office, 49-Independent Clinic.

Box 24D: Procedures, Services, or Supplies
Enter appropriate HCPCS and CPT codes. For example:
- Drug: HCPCS Code Q5127
- Administration: 96372 for subcutaneous injection
Note: Include the JZ Modifier if no amount of drug was discarded. Discarded product should be reported on a separate line with Q5127 and the JW modifier.

24E: Diagnosis Pointer
Enter the letter (A-L) from Box 21 that corresponds to the diagnosis in item 21.

Box 24C: Units
Enter the appropriate number of units. For example, 12 billing units for administration of 1 syringe of STIMUFEND® (pegfilgrastim-fpgk) 0.5 mg.

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

These sample claim forms are for informational purposes only and are not intended to replace a medical provider's professional judgment. It is the sole responsibility of the treating healthcare provider to confirm coverage, coding, and claim submission guidance with the patient's health insurance plan to ensure STIMUFEND® (pegfilgrastim-fpgk) claims are accurate, complete, and supported by documentation in the patient's medical record.

Sample CMS-1450 (UB-04) Claim Form (hospital outpatient site of service)¹⁰

1		2		3a PAT. CONT. #		4 TYPE OF SERVICE	
				b. MED. RESC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME		9 PATIENT ADDRESS					
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION TYPE	
14		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
0636		Drugs requiring specific identification (Stimufend)		Q5127		MM DD YY	
0510		Clinic—general classification (for SC injection administered in the clinic)		96372		MM DD YY	
46		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
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50 PAYER NAME		51 HEALTH PLAN ID		52 PREL. INFO		53 ASST. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER	
58		59		60		61	
59 INSURED'S NAME		59 P. PREL.		60 INSURED'S UNIQUE ID		61 GROUP NAME	
62		63		64		65	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66		67		68		69	
69 ADMIT. DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
73		74		75		76	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 OTHER PROCEDURE CODE	
78		79		80		81	
76 ATTENDING NPI		77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI	
82		83		84		85	
82 LAST		83 FIRST		84 LAST		85 FIRST	
86		87		88		89	
86 LAST		87 FIRST		88 LAST		89 FIRST	
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90 LAST		91 FIRST		92 LAST		93 FIRST	
94		95		96		97	
94 LAST		95 FIRST		96 LAST		97 FIRST	
98		99		100		101	
98 LAST		99 FIRST		100 LAST		101 FIRST	
102		103		104		105	
102 LAST		103 FIRST		104 LAST		105 FIRST	
106		107		108		109	
106 LAST		107 FIRST		108 LAST		109 FIRST	
110		111		112		113	
110 LAST		111 FIRST		112 LAST		113 FIRST	
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114 LAST		115 FIRST		116 LAST		117 FIRST	
118		119		120		121	
118 LAST		119 FIRST		120 LAST		121 FIRST	
122		123		124		125	
122 LAST		123 FIRST		124 LAST		125 FIRST	
126		127		128		129	
126 LAST		127 FIRST		128 LAST		129 FIRST	
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130 LAST		131 FIRST		132 LAST		133 FIRST	
134		135		136		137	
134 LAST		135 FIRST		136 LAST		137 FIRST	
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138 LAST		139 FIRST		140 LAST		141 FIRST	
142		143		144		145	
142 LAST		143 FIRST		144 LAST		145 FIRST	
146		147		148		149	
146 LAST		147 FIRST		148 LAST		149 FIRST	
150		151		152		153	
150 LAST		151 FIRST		152 LAST		153 FIRST	
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154 LAST		155 FIRST		156 LAST		157 FIRST	
158		159		160		161	
158 LAST		159 FIRST		160 LAST		161 FIRST	
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162 LAST		163 FIRST		164 LAST		165 FIRST	
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166 LAST		167 FIRST		168 LAST		169 FIRST	
170		171		172		173	
170 LAST		171 FIRST		172 LAST		173 FIRST	
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174 LAST		175 FIRST		176 LAST		177 FIRST	
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178 LAST		179 FIRST		180 LAST		181 FIRST	
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182 LAST		183 FIRST		184 LAST		185 FIRST	
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190 LAST		191 FIRST		192 LAST		193 FIRST	
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194 LAST		195 FIRST		196 LAST		197 FIRST	
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254		255		256		257	
254 LAST		255 FIRST		256 LAST		257 FIRST	
258		259		260		261	
258 LAST		259 FIRST		260 LAST		261 FIRST	
262		263		264		265	
262 LAST		263 FIRST		264 LAST		265 FIRST	
266		267		268		269	
266 LAST		267 FIRST		268 LAST		269 FIRST	
270		271		272		273	
270 LAST		271 FIRST		272 LAST		273 FIRST	
274		275		276		277	
274 LAST		275 FIRST		276 LAST		277 FIRST	
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298 LAST		299 FIRST		300 LAST		301 FIRST	
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302 LAST		303 FIRST		304 LAST		305 FIRST	
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306 LAST		307 FIRST		308 LAST		309 FIRST	
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350 LAST		351 FIRST		352 LAST		353 FIRST	
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358		359		360		361	
358 LAST		359 FIRST		360 LAST		361 FIRST	
362		363		364		365	
362 LAST		363 FIRST		364 LAST		365 FIRST	
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418		419					

STIMUFEND® (pegfilgrastim-fpgk) treatment approval process

Benefits verification

Complete a thorough assessment and investigation of benefits before administering STIMUFEND® (pegfilgrastim-fpgk) to determine that the patient's coverage is in effect at the time of injection and to see if any additional information is required to obtain coverage.

Benefits verification checklist

Confirm the following with the patient's insurance plan:

- ✓ The patient is actively covered
- ✓ Insurance policy effective and termination dates
- ✓ Whether the patient has a secondary insurer (in addition to primary)
- ✓ Whether the product is covered under medical benefit, pharmacy benefit, or both
- ✓ The insurance holder's name and relationship to the patient
- ✓ In-network or out-of-network coverage
- ✓ HCPCS Q-Code, CPT® code for administration, diagnosis code, and number of units covered
- ✓ Whether a prior authorization (PA) and supplemental documentation/medical record is required
- ✓ The patient's financial responsibility (copay, coinsurance percentage, deductible)
- ✓ The policy limits, including exclusions or documentation requirements

Important Safety Information (continued)

- Consider aortitis in patients who develop these signs and symptoms without known etiology. Discontinue Stimufend if aortitis is suspected

Nuclear Imaging

- Increased hematopoietic activity of the bone marrow in response to growth factor therapy has been associated with transient positive bone imaging changes. This should be considered when interpreting bone imaging results

Most common adverse reactions

- Bone pain
- Pain in extremity



STIMUFEND® (pegfilgrastim-fpgk) offers resources to help your patients start and stay on prescribed therapy

We are dedicated to providing your patients with ongoing support to help them access their medications as prescribed.

References: **1.** STIMUFEND® (pegfilgrastim-fpgk) Prescribing Information. Fresenius Kabi, LLC; 2025. **2.** CMS.gov. Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) application summaries and coding recommendations. Updated October 1, 2022. Accessed August 27, 2024. <https://www.cms.gov/files/document/2022-hcpcs-application-summary-quarter-4-2022-drugs-and-biologicals-updated-02/01/2023.pdf> **3.** Centers for Medicare & Medicaid Services. HCPCS Quarterly Update: January 2025 Alpha-Numeric HCPCS Files [zip file]. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update>. Page last modified December 17, 2024. Accessed January 10, 2025 **4.** 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>. Revised February 15, 2024. Accessed January 10, 2025 **5.** Centers for Medicare & Medicaid Services. Medicare Part B inflation rebate guidance: Use of the 340B Modifier. <https://www.cms.gov/files/document/mln4800856-medicare-part-b-inflation-rebate-guidance-use-340b-modifier.pdf>. Accessed January 10, 2025 **6.** American Medical Association. CPT® 2021 Professional Edition. Chicago, IL: American Medical Association; 2020. **7.** Research Data Assistance Center. Revenue center code. Updated 2020. Accessed August 27, 2024. <https://resdac.org/sites/datadocumentation.resdac.org/files/Revenue%20Center%20Code%20Code%20Book%20%28FFS%29.txt> **8.** CMS.gov. April 2023 update of the hospital outpatient prospective payment system (OPPS). Updated March 10, 2023. Accessed February 25, 2025. <https://www.cms.gov/files/document/mmi13136-hospital-outpatient-prospective-payment-system-april-2023-update.pdf> **9.** Medicare claims processing manual, Chapter 26 - Completing and Processing Form CMS-1500 Data Set. cms.gov. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c26pdf.pdf>. Accessed January 15, 2025. **10.** Medicare claims processing manual, Chapter 25 - Completing and Processing the Form CMS-1450 Data Set. cms.gov. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c25pdf.pdf>. Accessed January 15, 2025.

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