

# Billing and Coding Guide

GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC are administered by a healthcare professional at a patient's home, a physician's office, a hospital, or an infusion center. This guide provides the following information necessary to bill payers for GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC:

## PRODUCT CODES

- ▶ National Drug Code (NDC) numbers
- ▶ Healthcare Common Procedure Coding System (HCPCS) codes
- ▶ Current Procedural Terminology (CPT®) codes

## DIAGNOSTIC CODES

- ▶ The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes

The codes are not a comprehensive listing. The provider is responsible for ensuring accurate and appropriate diagnostic coding to obtain reimbursement. Please check with the payer to verify the codes and any special billing requirements.

## INDICATIONS

GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC are indicated as replacement therapy for primary humoral immunodeficiency (PI) in adult and pediatric patients ≥2 years.

GAMMAGARD LIQUID is also indicated as a maintenance therapy to improve muscle strength and disability in adult patients with Multifocal Motor Neuropathy (MMN) and as a therapy to improve neuromuscular disability and impairment in adult patients with Chronic Inflammatory Demyelinating Polyneuropathy (CIDP).

**LIMITATIONS OF USE (CIDP):** GAMMAGARD LIQUID has not been studied in immunoglobulin-naive patients with CIDP. GAMMAGARD LIQUID maintenance therapy in CIDP has not been studied for periods longer than 6 months. After responding during an initial treatment period, not all patients require indefinite maintenance therapy with GAMMAGARD LIQUID in order to remain free of CIDP symptoms. Individualize the duration of any treatment beyond 6 months based upon the patient's response and demonstrated need for continued therapy.

GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC for PI are for intravenous or subcutaneous use.

GAMMAGARD LIQUID for MMN and CIDP is for intravenous use only.

## IMPORTANT SAFETY INFORMATION

### **WARNING: THROMBOSIS, RENAL DYSFUNCTION, and ACUTE RENAL FAILURE**

- **Thrombosis may occur with immune globulin (IG) products, including GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.**
- **Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur in predisposed patients with immune globulin intravenous (IGIV) products. Patients predisposed to renal dysfunction include those with any degree of pre-existing renal insufficiency, diabetes mellitus, age greater than 65, volume depletion, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs. Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC do not contain sucrose.**
- **For patients at risk of thrombosis, administer GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.**

***Please see page 10 for additional Important Safety Information and click for Full Prescribing Information for GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC.***

The information contained in this Coding Reference Guide is provided for informational purposes only. Every reasonable effort has been made to verify the accuracy of the information; however, this guide is not intended to provide specific guidance on how to utilize, code, bill, or charge for any product or service. Healthcare providers should make the ultimate determination as to when to use a specific product based on clinical appropriateness for a particular patient. Third-party payment for medical products and services is affected by numerous factors, and Takeda cannot guarantee success in obtaining insurance payments. This Coding Reference Guide is current as of September 2025.

# Product Codes

## J-Codes

Among the most commonly used HCPCS Level II codes are J-codes, which are used primarily to identify an injectable drug product or biologic.<sup>1,2</sup>

J-Code <sup>3</sup>	Code Description
J1569	Injection, immune globulin (GAMMAGARD LIQUID), intravenous, non-lyophilized (eg, liquid), 500 mg

## Modifier Overview

Modifiers provide additional information about the medical procedure, service, or supply involved without changing the meaning of the code.<sup>4</sup>

Modifier	Description
JA/JB <sup>5</sup>	Some payers, including Medicare, require modifier JA for intravenous administration and JB for subcutaneous administration
TB <sup>6</sup>	This modifier indicates that the drug or biological was acquired through the 340B Drug Pricing Program. Medicare requires it to be reported for select entities
JW/JZ <sup>6</sup>	Some payers, including Medicare, require the JW modifier to be used to report drug amounts discarded/not administered to a patient and the JZ modifier to indicate that there was zero drug amount discarded/not administered to any patient

HCPCS=Healthcare Common Procedure Coding System.

**Please see pages 1 and 10 for Important Safety Information and click for Full Prescribing Information, including Boxed Warning regarding Thrombosis, Renal Dysfunction and Acute Renal Failure for GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC.**



# Product Codes (continued)

## National Drug Codes (NDCs)

An NDC is a unique 3-segment number that serves as a universal product identifier for a drug.<sup>7</sup>

### GAMMAGARD LIQUID<sup>8</sup>

NDC Number	Volume	Grams Protein
0944-2700-02	10 mL	1.0
0944-2700-03	25 mL	2.5
0944-2700-04	50 mL	5.0
0944-2700-05	100 mL	10.0
0944-2700-06	200 mL	20.0
0944-2700-07	300 mL	30.0

### GAMMAGARD LIQUID ERC<sup>9</sup>

NDC Number	Volume	Grams Protein
0944-2705-50	50 mL	5.0
0944-2705-10	100 mL	10.0

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

MAC=Medicare Administrative Contractor.

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# ICD-10-CM Codes

▶ = Medicare Part B IVIG-covered codes  
All other codes are covered by Medicare Part D.

The ICD-10-CM are diagnostic codes that must be used for all healthcare services provided in the United States.

## GAMMAGARD LIQUID AND GAMMAGARD LIQUID ERC CODES FOR PI<sup>10-14</sup>

Diagnostic Code	Code Description
<b>D80</b>	<b>Immunodeficiency with predominantly antibody defects</b>
▶ D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
▶ D80.2	Selective deficiency of immunoglobulin A [IgA]
▶ D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
▶ D80.4	Selective deficiency of immunoglobulin M [IgM]
▶ D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
▶ D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
▶ D80.7	Transient hypogammaglobulinemia of infancy
<b>D81</b>	<b>Combined immunodeficiency</b>
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
▶ D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
▶ D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
▶ D81.5	Purine nucleoside phosphorylase deficiency
▶ D81.6	MHC class I deficiency
▶ D81.7	MHC class II deficiency
▶ D81.82	Activated PI3K Delta Syndrome (APDS)
▶ D81.89	Other combined immunodeficiencies
▶ D81.9	Combined immunodeficiency, unspecified [SCID NOS]
<b>D82</b>	<b>Immunodeficiency associated with other major defects</b>
▶ D82.0	Wiskott-Aldrich syndrome
▶ D82.1	DiGeorge's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
▶ D82.4	Hyper IgE syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
<b>D83</b>	<b>Common variable immunodeficiency</b>
▶ D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
▶ D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
▶ D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
▶ D83.8	Other common variable immunodeficiencies
▶ D83.9	Combined variable immunodeficiency, unspecified
<b>G11</b>	<b>Hereditary ataxia</b>
▶ G11.3	Cerebellar ataxia with defective DNA repair Ataxia telangiectasia [Louis-Bar]

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

DNA=deoxyribonucleic acid; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; IVIG=intravenous immunoglobulin; MAC=Medicare Administrative Contractor; MHC=major histocompatibility complex; NOS=not otherwise specified; PI=primary immunodeficiency.

**Please see pages 1 and 10 for Important Safety Information and click for Full Prescribing Information, including Boxed Warning regarding Thrombosis, Renal Dysfunction and Acute Renal Failure for GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC.**

**GAMMAGARD LIQUID**  
[Immune Globulin Infusion (Human)] 10%

**GAMMAGARD LIQUID ERC**  
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≤2 µg/mL IgA in a 10% Solution

# ICD-10-CM Codes (continued)

▶ = Medicare Part B IVIG-covered codes  
All other codes are covered by Medicare Part D.

The following codes are for **GAMMAGARD LIQUID** only for CIDP and MMN indications.<sup>8,13</sup>

## FOR CIDP<sup>13</sup>

Diagnostic Code	Code Description
G61.81*	Chronic inflammatory demyelinating polyneuropitis

## FOR MMN<sup>13</sup>

Diagnostic Code	Code Description
G61.82	Multifocal motor neuropathy

\*Not payable when associated with diabetes mellitus, dysproteinemias, renal failure, or malnutrition.

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

CIDP=chronic inflammatory demyelinating polyneuropathy; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; IVIG=intravenous immunoglobulin; MAC=Medicare Administrative Contractor; MMN=multifocal motor neuropathy.

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# Intravenous (IV) Codes

▶ = Medicare Part B IVIG–covered codes  
All other codes are covered by Medicare Part D.

The following IV codes for **GAMMAGARD LIQUID** and **GAMMAGARD LIQUID ERC** must be used for all healthcare services provided in the United States.

## Infusion Procedure Codes

A 5-digit CPT code is used to identify medical services and procedures performed by HCPs. These codes are maintained by the American Medical Association.<sup>15</sup>

CPT Code <sup>16,17</sup>	Code Description
96365	IV infusion for therapy, prophylaxis, or diagnosis; initial, up to 1 hour
96366 (add-on code)	IV infusion for therapy, prophylaxis, or diagnosis; each additional hour (list separately in addition to code for primary procedure)

## IVIG Demonstration Codes

This Q-code covers the costs associated with administering IVIG in the home, including the services, supplies, and accessories needed. Medicare Part B makes a bundled payment for all items and services necessary to provide IVIG in the home for treating PI for eligible patients.<sup>18</sup>

Q-Code <sup>18</sup>	Code Description
▶ Q2052*	Services, supplies, and accessories for in-home IVIG administration (one unit per infusion day, as allowed under the Medicare IVIG home infusion benefit)

\*The provider is only paid for one unit of Q2502, but is required to report 15 minute increments for informational purposes. Please refer to CMS guidance for the latest instruction. Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

CPT=Current Procedural Terminology; HCP=healthcare professional; IVIG=intravenous immunoglobulin; MAC=Medicare Administrative Contractor; PI=primary immunodeficiency. CPT® is a registered trademark of the American Medical Association.

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# Subcutaneous (SC) Codes

The following SC codes for **GAMMAGARD LIQUID** and **GAMMAGARD LIQUID ERC** must be used for all healthcare services provided in the United States.

## Pump Codes

An HCPCS E-code is a standardized code used to report durable medical equipment (DME).<sup>19</sup>

E-Code <sup>20-22</sup>	Code Description
E0779*	For ambulatory infusion pump (mechanical, reusable), for infusion 8 hours or greater as maintained by CMS, falls under Infusion Pumps and Supplies. For associated infusion pump (E0779) claims where the route of administration is subcutaneous, a JB modifier must be added to each HCPCS code
E0780*	For ambulatory infusion pump (mechanical, reusable), similar to an E0779 pump, but capable of only a single infusion cycle of less than 8 hours

## Supply Codes

HCPCS A-codes represent transportation services, including medical and surgical supplies.<sup>23</sup> HCPCS K-codes are used to report supplies and other products for which a national code has not yet been developed. Payment jurisdiction lies with the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) unless otherwise specified.<sup>24</sup>

A-Code <sup>20</sup>	Code Description
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)
A4222*	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)

K-Code <sup>20</sup>	Code Description
K0552*	Describes a syringe-type reservoir that is used with the K0455 pump when it is used to administer epoprostenol/treprostinil, or with an E0779 pump used to administer subcutaneous immune globulin. The reservoir may be either glass or plastic and includes the needle or equivalent for drawing up or transferring the drug to the reservoir. This code does not include the drug for use in the reservoir. Code A4232 is invalid for submission to Medicare and should not be used for this purpose.

\*Under the Medicare Part B DME benefit, either A4222 and/or K0552 may be billed.

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

CMS=Centers for Medicare & Medicaid Services; HCPCS=Healthcare Common Procedure Coding System.

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# Subcutaneous (SC) Codes (continued)

The following SC codes for **GAMMAGARD LIQUID** and **GAMMAGARD LIQUID ERC** must be used for all healthcare services provided in the United States.

## Infusion Procedure Codes

A 5-digit CPT code is used to identify medical services and procedures performed by HCPs. These codes are maintained by the American Medical Association.<sup>15</sup>

CPT Code <sup>25-27</sup>	Code Description
96369*	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump setup and establishment of subcutaneous infusion site(s)
96370	Each additional hour (list separately in addition to code for primary procedure) Includes infusions of more than 30 minutes beyond 1 hour
96371	Additional pump setup with establishment of new subcutaneous infusion site(s) (list separately in addition to code for primary procedure)

## Medicare Home Infusion Therapy (HIT) Benefit Codes<sup>†</sup>

G-codes are used for HIT benefit. They cover the professional services of in-home infusion for certain drugs when using a Part B DME infusion pump.<sup>28</sup>

G-Code <sup>28</sup>	Code Description
G0069	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biologic for each infusion drug administration calendar day in the individual's home, each 15 minutes
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biologic for each infusion drug administration calendar day in the individual's home, each 15 minutes

\*Use CPT infusion codes for administration performed in a facility/office setting. Home infusion under the DME benefit does not use these CPT codes—those services are covered either by the HIT service G-codes or are not separately billable if self-administered by patient.

<sup>†</sup>Please refer to CMS guidance for additional guidance on billing and coding requirements for the HIT benefit.

Coding and coverage policies may change periodically and often without warning. MAC jurisdiction acceptance of the codes above may vary. It is recommended that providers check with their local jurisdiction policies. The information provided here should in no way be considered a guarantee of coverage or reimbursement for any product or service.

CPT=Current Procedural Terminology; DME=durable medical equipment; HCP=healthcare professional; HCPCS=Healthcare Common Procedure Coding System; MAC=Medicare Administrative Contractor.

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# Other Codes

The following codes for **GAMMAGARD LIQUID** and **GAMMAGARD LIQUID ERC** must be used for all healthcare services provided in the United States.

## S-Codes

S-codes are a type of HCPCS code that identifies drugs, services, and supplies for which national codes do not exist but are needed to implement policies, programs, or support claims processing. They are not payable by Medicare.<sup>1</sup>

S-Code <sup>29</sup>	Code Description
S9338*	Home infusion therapy, immunotherapy, administration services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately)

## Hospital Revenue Code

The following table contains the hospital revenue code typically used to report this service.

Code <sup>30,31</sup>	Code Description
0636	Pharmacy - drugs requiring detailed coding

\*S9338 is a per diem code used by some non-Medicare payers for home infusion therapy. Medicare requires different codes for home infusion services and does not pay S9338.

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# Important Safety Information



## IMPORTANT SAFETY INFORMATION (continued)

### Contraindications

- GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC are contraindicated in patients with a history of anaphylactic or severe systemic hypersensitivity reactions to human IG, and IgA-deficient patients with antibodies to IgA and a history of hypersensitivity to human IG. Anaphylaxis has been reported with intravenous (IV) use of GAMMAGARD LIQUID.
- GAMMAGARD LIQUID ERC is contraindicated in patients with a history of anaphylactic or severe systemic hypersensitivity reactions to the administration of GAMMAGARD LIQUID ERC.

### Warnings and Precautions

**Hypersensitivity:** Severe hypersensitivity reactions may occur, with IG products even in patients previously treated with human IG Products. If a hypersensitivity reaction occurs, discontinue infusion immediately and institute appropriate treatment. IgA-deficient patients with antibodies to IgA are at greater risk of developing potentially severe hypersensitivity reactions, including anaphylaxis.

**Renal Dysfunction/Failure:** Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis may occur with IG products. Acute renal failure has been reported in association with GAMMAGARD LIQUID. Ensure patients are not volume depleted prior to infusion. In patients at risk due to pre-existing renal insufficiency or predisposition to acute renal failure, administer at the minimum rate of infusion practicable. Assess renal function before initiation and throughout treatment, and consider lower, more frequent dosing. If renal function deteriorates, consider discontinuation.

**Aseptic Meningitis Syndrome:** Has been reported with use of IG products. Conduct a thorough neurological exam on patients exhibiting signs and symptoms, to rule out other causes of meningitis. Discontinuing IG treatment has resulted in remission within several days without sequelae. The syndrome usually begins within several hours to two days following IG treatment.

**Hemolysis:** GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC contain blood group antibodies, which may cause a positive direct antiglobulin reaction and hemolysis. Monitor patients for signs and symptoms of hemolysis and delayed hemolytic anemia and, if present, perform appropriate confirmatory lab testing.

**Transfusion-Related Acute Lung Injury:** Non-cardiogenic pulmonary edema has been reported with IV-administered IG, including GAMMAGARD LIQUID. Monitor patients for pulmonary adverse reactions. If suspected, perform appropriate tests for presence of anti-neutrophil and anti-HLA antibodies in both product and patient serum. Manage using oxygen therapy with adequate ventilatory support.

**Transmittable Infectious Agents:** Because GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC are made from human plasma, there is a risk of transmitting infectious agents (e.g., viruses, other pathogens). No confirmed cases of viral transmission of variant Creutzfeldt-Jakob disease (vCJD) have been associated with GAMMAGARD LIQUID.

**Interference with Lab Tests:** False positive serological test results and certain assay readings, with the potential for misleading interpretation, may occur as the result of passively transferred antibodies.

**Hyperproteinemia, increased serum viscosity, and hyponatremia** may occur. It is critical to distinguish true hyponatremia from a pseudohyponatremia because certain treatments may lead to volume depletion, a further increase in serum viscosity, and a predisposition to thromboembolic events.

### Adverse Reactions

#### GAMMAGARD LIQUID

The serious adverse reactions observed in clinical studies in PI was aseptic meningitis, and in MMN were pulmonary embolism and blurred vision.

The most common adverse reactions observed in  $\geq 5\%$  of patients were:

IV administration for PI: headache, fatigue, pyrexia, nausea, chills, rigors, pain in extremity, diarrhea, migraine, dizziness, vomiting, cough, urticaria, asthma, pharyngolaryngeal pain, rash, arthralgia, myalgia, oedema peripheral, pruritus, and cardiac murmur.

Subcutaneous administration for PI: infusion site (local) event (rash, erythema, edema, hemorrhage, and irritation), headache, fatigue, heart rate increased, pyrexia, abdominal pain upper, nausea, vomiting, asthma, blood pressure systolic increased, diarrhea, ear pain, aphthous stomatitis, migraine, oropharyngeal pain, and pain in extremity.

IV administration for MMN: headache, chest discomfort, muscle spasms, muscular weakness, nausea, oropharyngeal pain, and pain in extremity.

IV administration for CIDP: Headache, pyrexia, anemia, leukopenia, neutropenia, illness, blood creatinine increased, dizziness, migraine, somnolence, tremor, nasal dryness, abdominal pain upper, vomiting, chills, nasopharyngitis, and pain in extremity.

#### GAMMAGARD LIQUID ERC

The safety of GAMMAGARD LIQUID ERC in patients with primary humoral immunodeficiency (PI) is supported by two clinical studies conducted on GAMMAGARD LIQUID. No clinical studies have been conducted using GAMMAGARD LIQUID ERC.

IV administration: The most common adverse reactions observed in  $\geq 5\%$  of patients in study 1 were headache, fatigue, pyrexia, chills, nausea, pain in extremity, diarrhea, migraine, vomiting, dizziness, urticaria, cough, asthma, oropharyngeal pain, infusion site extravasation, arthralgia, rash, myalgia, pruritus, and cardiac murmur.

Subcutaneous administration: The most common adverse reactions observed in  $\geq 5\%$  of patients in study 2 were infusion site (local) event, headache, pyrexia, fatigue, heart rate increased, abdominal pain upper, vomiting, arthralgia, nausea, asthma, blood pressure systolic increased, diarrhea, ear pain, aphthous ulcer, migraine, oropharyngeal pain, and pain in extremity.

### Drug Interactions

Passive transfer of antibodies may transiently interfere with the immune responses to live attenuated virus vaccines (e.g., measles, mumps, rubella, and varicella).

**Please click for Full Prescribing Information, including Boxed Warning regarding Thrombosis, Renal Dysfunction and Acute Renal Failure for GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC.**



**References:** 1. What is HCPCS? American Academy of Professional Coders. Accessed August 11, 2025. <https://www.aapc.com/resources/what-is-hcpcs> 2. HCPCS J-codes. HCPCS. codes. Accessed August 11, 2025. <https://hcpcs.codes/j-codes/> 3. HCPCS code for injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg J1569. American Academy of Professional Coders. Accessed August 11, 2025. <https://www.aapc.com/codes/hcpcs-codes/J1569> 4. AAPC. What are medical coding modifiers? Accessed August 11, 2025. <https://www.aapc.com/resources/what-are-medical-coding-modifiers> 5. Billing and coding: immune globulin. Centers for Medicare & Medicaid Services. October 3, 2018. Updated January 1, 2025. Accessed August 11, 2025. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57778> 6. Medicare Claims Processing Manual. Chapter 17 - Drugs and Biologicals. April 11, 2025. 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