

# Coding & Payment Quick Reference Guide for CYTALUX® (pafolacianine) injection



Scan QR code or visit

[www.cytaluxhcp.com/coverage-and-coding/](http://www.cytaluxhcp.com/coverage-and-coding/)  
for more information.

The information described here is intended solely for use as a resource tool to assist hospital inpatient billing staff. Any determination regarding if and how to seek reimbursement should be made only by the appropriate members of the hospital inpatient staff, and in consideration of the procedure performed. You are ultimately responsible for determining the appropriate reimbursement strategy and reimbursement codes.

## CYTALUX Reimbursement Support

Contact Karen Warner, Head of Market Access

1 (765) 269-4419 • [reimbursement@ontargetlabs.com](mailto:reimbursement@ontargetlabs.com)

## CYTALUX FOR OVARIAN CANCER

### CYTALUX NDC NUMBER

**10 DIGIT NUMBER** 81052-138-10

**11 DIGIT NUMBER** 81052-0138-10

### ICD-10-PCS Code

Our new ICD-10-PCS code can be used for discharges effective October 1, 2023.

8E0U0EN	Fluorescence guided procedure of female reproductive system using pafolacianine, open approach
8E0U3EN	Fluorescence guided procedure of female reproductive system using pafolacianine, percutaneous approach
8E0U4EN	Fluorescence guided procedure of female reproductive system using pafolacianine, percutaneous endoscopic approach
8E0U7EN	Fluorescence guided procedure of female reproductive system using pafolacianine, via natural or artificial opening
8E0U8EN	Fluorescence guided procedure of female reproductive system using pafolacianine, via natural or artificial opening endoscopic

### HCPCS Level II Code effective October 1, 2023.

A9603	Injection, pafolacianine, 0.1 mg
-------	----------------------------------

### New Technology Add-On Payment (NTAP)

CYTALUX has been granted a New Technology Add-On Payment (NTAP) effective October 1, 2023.

- ▶ The NTAP is limited to the lesser of 65% of the cost of the new technology or 65% of the amount by which the cost of the case exceeds the MS-DRG payment.
- ▶ Hospitals must report the ICD-10 code on claim forms for procedures related to CYTALUX to receive the add-on payment for eligible inpatient cases.
- ▶ The maximum add-on payment for CYTALUX in Lung Cancer is \$2,762.50 for fiscal year (FY) 2024 and will be reassessed annually for up to 3 years.

## Potential ICD-10-CM Clinical Modification Diagnosis Codes

C561	Malignant neoplasm of right ovary
C562	Malignant neoplasm of left ovary
C563	Malignant neoplasm of bilateral ovaries
C569	Malignant neoplasm of unspecified ovary
C5700	Malignant neoplasm of unspecified fallopian tube
C5701	Malignant neoplasm of right fallopian tube
C5702	Malignant neoplasm of left fallopian tube
C7960	Secondary malignant neoplasm of unspecified ovary
C7961	Secondary malignant neoplasm of right ovary
C7962	Secondary malignant neoplasm of left ovary
C7963	Secondary malignant neoplasm of bilateral ovaries
C7982	Secondary malignant neoplasm of genital organs
D0739	Carcinoma in situ of other female genital organs
D3910	Neoplasm of uncertain behavior of unspecified ovary
D3911	Neoplasm of uncertain behavior of right ovary
D3912	Neoplasm of uncertain behavior of left ovary
D398	Neoplasm of uncertain behavior of other specified female genital organs

## Potential MS-DRG Codes

736	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN ORADNEXAL MALIGNANCY WITH MCC
737	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN ORADNEXAL MALIGNANCY WITH CC
738	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN ORADNEXAL MALIGNANCY WITHOUT CC/MCC
739	UTERINE, ADNEXA PROCEDURES FOR NON-OVARIAN ANDNON-ADNEXAL MALIGNANCY WITH MCC
740	UTERINE, ADNEXA PROCEDURES FOR NON-OVARIAN ANDNON-ADNEXAL MALIGNANCY WITH CC

## Potential Revenue Codes

0360	Operating Room Services General
0250	Pharmacy General

## Potential CPT Codes

38571	LAPAROSCOPY LYMPHADENECTOMY
38572	LAPAROSCOPY LYMPHADENECTOMY
38573	LAPS PELVIC LYMPHADEC
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
58550	LAPARO-ASST VAG HYSTERECTOMY
58552	LAPARO-VAG HYST INCL T/O
58553	LAPARO-VAG HYST COMPLEX
58554	LAPARO-VAG HYST W/T/O COMPL
58570	TLH UTERUS 250 G OR LESS
58571	TLH W/T/O 250 G OR LESS
58572	TLH UTERUS OVER 250 G
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58575	LAPS TOT HYST RESJ MAL
58661	LAPAROSCOPY REMOVE ADNEXA
58700	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58720	REMOVAL OF OVARY/TUBE(S)
58940	Oophorectomy, partial or total, unilateral or bilateral
58943	REMOVAL OF OVARY(S)
58950	RESECT OVARIAN MALIGNANCY
58951	RESECT OVARIAN MALIGNANCY
58952	RESECT OVARIAN MALIGNANCY
58953	TAH RAD DISSECT FOR DEBULK
58954	TAH RAD DEBULK/LYMPH REMOVE
58956	BSO OMENTECTOMY W/TAH
58957	RESECT RECURRENT GYN MAL
58958	RESECT RECUR GYN MAL W/LYM